

CONTRACTOR DATA SHEET

OWNERS: If you are the Property Owner acting as the Contractor, you are considered to be an Owner/Builder Contractor and you are required to complete all sections of this form as the Contractor. Enter Company Name as Owner/Builder.

Property Control Number: _____ Application Type: _____
 Project Address: _____ Royal Palm Beach, FL 33411
 Property Owners Name: _____
 Address: _____
 Project Name: _____ Tenant Name: _____
 Company Name: _____ Qualifiers Name: _____
 Contractor License No. _____ Contractor Address: _____
 (City) _____ (State) _____ (Zip Code) _____
 Contractor Email: _____ Phone Number: _____
 Point of Contact Name: _____
 FBC Edition#: 2023 8th Edition Project Cost Estimate: \$ _____

| APPLICATION TYPE (CHECK ONLY ONE PER APPLICATION) | | | |
|--|--|---|--|
| <input type="checkbox"/> A/C Change Out <input type="checkbox"/> Awning <input type="checkbox"/> Demo <input type="checkbox"/> Door(s) <input type="checkbox"/> Driveway <input type="checkbox"/> Fence/Height _____ <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Garage Door <input type="checkbox"/> Gas <input type="checkbox"/> Generator (Elect. & Gas) <input type="checkbox"/> Hood and or Fire Suppression <input type="checkbox"/> Irrigation <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Pavers <input type="checkbox"/> Photovoltaic System <input type="checkbox"/> Pool <input type="checkbox"/> Pool Heater <input type="checkbox"/> Repairs <input type="checkbox"/> Re-Roof <input type="checkbox"/> Screen Enclosure | <input type="checkbox"/> Shed <input type="checkbox"/> Sign <input type="checkbox"/> Slab <input type="checkbox"/> Storm Protection (Shutters/Accordion) <input type="checkbox"/> Water Heater Change Out <input type="checkbox"/> Window(s) <input type="checkbox"/> Other: _____ |

| DESCRIPTION OF WORK | | |
|---|---|--|
| <input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Townhouse/Condo | <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Interior Improvement Only <input type="checkbox"/> Electric | <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing |
| Further Description of work: _____ | | |

Commercial Projects Only (Required)

Type of Construction (As defined by Ch.6 FBC) _____

Use & Occupancy (In accordance with Ch.3 FBC) _____

Design Occupancy Load: _____

Is this building Fire Sprinkled? Yes No

 Contractor Signature Print Contractor Name

***** NOTARY *****

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me via physical presence OR online notarizations this ____ day of _____, 20____. By _____, Personally know _____ OR produced identification _____

Type of identification produced _____.

(SEAL)

 NOTARY SIGNATURE Print Notary Name

My Commission Expires: _____