



TOWN OF JUPITER ISLAND

BUILDING DEPARTMENT

2 Bridge Road, Hobe Sound, FL 33455

Phone (772) 545-0150 building@tji.martin.fl.us

Permit No. _____

PERMIT APPLICATION

Please submit one set of paper documents/plans, as well as a digital copy for larger projects (disc or dropbox)

LOCATION OF PROJECT

OWNER

Owner / Builder (per 489.103, F.S.) Yes No

Owner Name : _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____

CONTRACTOR – FL Lic# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

DESIGN PROFESSIONAL

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Project Type: New Main House New Guest House Pool / Spa Dock/Lift Addition Alteration Repair
Demo Temporary Wall / Fence Dune Crossover Other

DESCRIPTION OF PROPOSED WORK

(as detailed as possible)

Development Review Board (DRB) approval date (if applicable): _____

STRUCTURE INFORMATION

Total Sq. Ft. _____ Building Height _____ No. of Stories _____ Flood Zone _____

SUBCONTRACTOR INFORMATION

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Qualifier / Agent _____
Contractor License No. _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone () _____
Email _____