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NEW CONSTRUCTION/ADDITIONS

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Notice of Commencement (prints 8-1/2" X 14")

Florida Municipal Services, Inc.

NEW CONSTRUCTION/ADDITIONS

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PERMIT CHECKLIST

Before **any** development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the use, or change in appearance of any structure.

PLEASE READ AND UTILIZE THIS CHECKLIST CAREFULLY TO ASSIST YOU IN ORGANIZING AND PREPARING YOUR APPLICATION PACKAGE FOR SUBMITTAL – Items marked with filled in circle are required.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Items Required At Time Of Submittal Of Application Package:

1. ● ___ **BUILDING PERMIT APPLICATION** Indicate the Electric Utility Company.
2. ● ___ **COPY OF SIGNED DATED CONTRACT** - (if applicable), or value of project.
3. ● ___ **RAISED SEAL FLOOD ELEVATION SURVEY W/SPOT ELEVATION WHERE STRUCTURE TO BE LOCATED**
   Required if any part of property in an A zone or V zone (also required at slab and final inspection)
4. ● ___ **LEGAL DESCRIPTION** - Section, Township, Range, Lot, and Block, Parcel #, Alternate Key #and Subdivision name.
5. ● ___ **PROOF OF OWNERSHIP** – i.e., Current tax notice, Homestead Exemption Notice, Certificate of Title, or Recorded Deed.
6. ● ___ **PROOF OF PAYMENT** – IMPACT FEE (if applicable--collected).
7. ● ___ **TWO (2) SEALED SETS OF CONSTRUCTION PLANS** (Signed & Sealed by Florida Architect or Engineer).
   DUNNELLON & WILLISTON REQUIREMENT: SUBMIT AN ELECTRONIC VERSION OF PLANS WITH APPLICATION
8. ○ ____**HURRICANE MITIGATION RETROFIT** (RE-ROOFS ONLY, as applicable per 2007-HB 7058, FS 553.844 and Rule 9B-3.0475 FL Adm. Code).
9. ● ___ TRUSS/RAFTER UPLIFT LOAD SUMMARY SHEET. AND TRUSS LAYOUTS.
10. ● ___ TWO (2) ENERGY FORM 600A, B, or C.
11. ● ___ TWO (2) LOAD CALCULATIONS FOR HVAC **(MANUAL J AND N REQUIRED ON NEW)**
12. ● ___ TWO (2) COPIES OF HVAC DUCT LAYOUT. (Attached to plans)
13 ● ___ TWO (2) COPIES OF A SITE/BUILDING PLAN : Drawn to scale (1"=30') (one inch equals thirty feet) using Site plan or survey with the following showing: ***NOTE: PROPERTY RECORDS CARD ACCEPTABLE IF IT SHOWS DIMENSIONS.***

** PLEASE BE SURE EACH OF THE ITEMS LISTED BELOW ARE INCLUDED ON THE SITE PLAN **

A. Dimensions of the property.
B. Location of all existing and proposed structures.
C. Setbacks from all property lines to existing and proposed structures.
D. Location of all roads and right-of-ways (including center lines) in relation to the property.
E. A directional arrow indicating North.
F. The scale used for the site plan (such as 1" = 30')
G. Septic, drain field, and well location on the proposed building site. If any one of these locations is within 75 feet of the property line, then the site plan must encompass those areas adjoining the proposed building site indicating location of property's septic, drain field and well locations.
H. Location of all natural and man made surface waters (i.e., lakes streams, canals, wetlands, etc.).
I. Location of proposed and/or existing water lines and meters.
J. Location of driveways and sidewalks.
K. Location of LP tanks, size, type. Distance from tank to structure. Distance from all external ignition sources, i.e. air conditioner.

14. ● ___ **Asbestos Renovation or Demolition Application (if Applicable)**
15. ● ___ **NOTICE OF COMMENCEMENT** (Certified and Recorded for projects $2,500 or more—mechanical $7,500 or more)
16. ● ___ **OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT** (If applicable—not allowed on modular/mobile homes)
17. ● ___ ONE (1) COMPLETE STATE HEALTH DEPT. APPLICATION PACKAGE REQUIRED TO BE SUBMITTED TO THE HEALTH DEPARTMENT FOR SEPTIC AND/OR WELL (If Applicable).
18. ● ___ PROVIDE COPY OF APPLICABLE STATE AND LOCAL LICENSES, PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION (for contractor and all subcontractors; see Permit Application).
19. ● ___ PRODUCT APPROVAL SHEETS

352-628-7904
dallas@fmsbuildingdepartment.com (email)

BUILDING PERMIT APPLICATION

RETURN TO TOC

Date Rcvd: _____ Time Rcvd: _____ Rcvd By: _____

PERMIT # _____ **COMMERCIAL** ____ **RESIDENTIAL** ____ **OWNER/BUILDER** ____

CONTRACT PRICE/VALUE: _____

Property Owner: _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____

Applicant: _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____

PROPOSED PROJECT DESCRIPTION/SCOPE _____

PROJECT ADDRESS _____ ***FLOOD ZONE DESIG.*** _____

Subdivision _____ Phase _____ Blk _____ Lot _____

Directions to Project Site: _____

_____

PARCEL #/ ALT KEY #: _____

BONDING COMPANY: _____ **POWER COMPANY** _____

It is agreed that in all respects the work will be performed and completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal governments.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE **(OWNER/AGENT/APPLICANT/CONTRACTOR):** _____

STATE OF FLORIDA, COUNTY OF: _____

I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared _____, who is personally known to me or produced _____ as identification, and did not take an oath. Witness my hand and official seal this _____ day of _____, 20____.

_____
Notary Public

PERMIT APPROVED BY BLDG DEPT REPRESENTATIVE _____ DATE _____

CONTRACTOR(S) - COMPLETE PAGE 2

RETURN TO TOC

BUILDING PERMIT APPLICATION - PAGE 2

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

BUILDING CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

M/H SETUP CONTRACTOR _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

PLUMB. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

HVAC CONTRACTOR _____ **(*)**
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

ELEC. CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

LP GAS CONTRACTOR _____
STATE CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

SPECIALITY CONTRACTOR _____
STATE/CERT/REG # _____
ADDRESS _____
STATE _____ ZIP _____
PHONE _____ FAX _____
CELL _____ EMAIL: _____

SIGNATURE _____

ENGINEER/ARCHITECT _____
STATE CERT/REG # _____

(*) NOTE TO HVAC CONTRACTOR: ***FLORIDA BUILDING CODE - ENERGY EFFICIENCY,*** REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION HVAC SYSTEMS ; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.

Print Reset Form

RETURN TO TOC

OWNER/BUILDER DISCLOSURE STATEMENT

F.S. Chapter 489, CONTRACTING; PART 1 CONSTRUCTION CONTRACTING (SS 489.103): State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a commercial building at a cost of $75,000 or less. The building must be for your own use or occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. **Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law.** Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

Section 6. Subsection (1) of Section 455.228 Florida Statutes - F.S. 455.228 Unlicensed practice of a profession; cease and desist notice; civil penalty; enforcement.------

(1) When the department has probable cause to believe that any person not licensed by the department or the appropriate regulatory board within the department or the appropriate regulatory board within the department has violated any provision of this chapter or any stature that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a *notice to cease and desist* from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking *issuance of an injunction or a writ of mandamus* against any person who violates any provisions of such order. In addition to the foregoing remedies, the department may impose an administrative penalty not to exceed **$5,000.00 per incident**, pursuant to F.S. 120.58, it shall be entitled to collect its attorney's fees and costs, together with any cost of collection.

FLORIDA BUILDING CODE 2010, BUILDING 105.3.6 ASBESTOS REMOVAL: State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within one year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. **Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law.**

ANY PERSON WHO AIDS AND ABETS UNLICENSED CONTRACTORS OR SUBCONTRACTORS WILL FACE IMPOSED PENALTIES AS PROVIDED BY LAW.

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner/builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license. ***OWNER INITIAL*** _____

2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. ***OWNER INITIAL*** _____

3. I understand that, as an owner/builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. ***OWNER INITIAL*** _____

4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed $75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. ***OWNER INITIAL*** _____

5. I understand that, as the owner/builder, I must provide direct, onsite supervision of the construction. ***OWNER INITIAL*** _____

RETURN TO TOC

6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
OWNER INITIAL _____

7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner/builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner/builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner/builder and am aware of the limits of my insurance coverage for injuries to workers on my property. ***OWNER INITIAL*** _____

8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation. ***OWNER INITIAL*** _____

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner/builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. ***OWNER INITIAL*** _____

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at WWW.DBPR.COM for more information about licensed contractors.
OWNER INITIAL _____

11. I am aware of, and consent to, an owner/builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address :_____.
OWNER INITIAL _____

12. I agree to notify the Building Department, immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. ***OWNER INITIAL*** _____

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner/builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

This _____ Day of _____ the Year _____, I, the undersigned, have read the preceding and understand the responsibility off acting as my own contractor, and having been noticed of the above Florida Statutes, will abide by the laws governing the municipality having jurisdiction and the State of Florida.

I further state that I have the knowledge and ability to do the work proposed, and I assume full responsibility for familiarizing myself with all the municipality having jurisdiction codes and building regulations. In the event a building inspector requires corrections to be made, I will make such corrections and call for a re-inspection before proceeding. I understand the Building Department is not responsible for instructing me on what to do. I understand I may subject myself to code enforcement action by not requesting and obtaining, Final Inspection Approval prior to engaging in the use of the proposed development.

STATE OF FLORIDA, COUNTY OF _____

_____
SIGNATURE OF OWNER/BUILDER AND DATE

I HEREBY CERTIFY that on this day, before me on this _____ day of _____, _____, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____ who is personally known to me or who has produced _____as identification and who did/did not take an oath.

_____
NOTARY PUBLIC

RETURN TO TOC

Product Approval Statewide

The implementation date for the Florida Product Approval System was October 1, 2003. Rule 9B-72 of the Florida Building Commission establishes a higher standard of practice for product evaluations, as well as uniformity and consistency of enforcement statewide.

The Rule covers the following eight categories of products: (Items in parentheses are examples of sub-categories of products specific functionality, but are not limited to these examples)

1. **Exterior Doors** (rollup, sectional, sliding, swinging, automatic or other)
2. **Windows** (awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other)
3. **Panel Walls** (siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other)
4. **Roofing Products** (built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cement-adhesives-coatings, liquid applied roof systems, underlayments, non-structural metal roofing, roofing tiles, waterproofing or other)
5. **Shutters** (accordion, bahama, storm panels, colonial, roll-up, equipments or other)
6. **Skylights** (skylight or other)
7. **Structural Components** (truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing or other)
8. **Products Comprising a Building's Envelope Introduced as a Result of New Technology**(as applicable)

The product approval system includes a statewide website for submittal of applications and payment of fees for statewide product approvals. In addition, a database is available to search a list of approved entities and products approved for statewide use. For more information on statewide product approval and the Florida Building Code, visit www.floridabuilding.org or call the Florida Department of Community Affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the Codes and Standards Section.

The forms to list the appropriate products may be accessed by clicking on Product Approval Forms.

RETURN TO TOC

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at www.floridabuilding.org.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
A. ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; **(1)** copy of the product approval **(2)** performance characteristics which the product was tested and certified to comply with **(3)** copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

_____

_____

_____ _____

APPLICANT SIGNATURE DATE

RETURN TO TOC

							Revision Date:6/11/06	
Permit #:	**Building Address:**		**Owner:**				**Contractor:**	
Product	Model # or Name	Series	Manufacturer	Design Pressure	Attachment Method	Approval Number/Seq#	Valid./Cert./ Approval Entity	Expiration Date
Roofing								
Hurricane panels/Shutters								
Panel walls and Soffits								
Structural Components&Fasteners								
New/Bld Envelope								

RETURN TO TOC

SITE PLAN

Note: This form may be replaced by comparable form that contains detail according to numbered items below.

Site Plan For:_____			
Lot:_____	Block:_____	Subdivision:_____ (Platted or Unrecorded)	Parcel Zoning: _____
Setbacks (in ft.): Front _____ Side _____ Rear _____ Property Size _____			

Scale Used 1" = _____

A. Indicate subdivision name, lot and block numbers (or letters) or parcel number if unrecorded subdivision. (Information can be found on deed or tax bill.) A. Dimensions of the property.
B. Location of all existing and proposed structures.
C. Setbacks from all property lines to existing and proposed structures.
D. Location of all roads and right-of-ways (including center lines) in relation to the property.
E. A directional arrow indicating North.
F. The scale used for the site plan (such as 1” = 30’)
G. Septic, drain field, and well location on the proposed building site. If any one of these locations is within 75 feet of the property line, then the site plan must encompass those areas adjoining the proposed building site indicating location of property’s septic, drain field and well location.
H. Location of all natural and manmade surface waters (i.e., lakes streams, canals, wetlands, etc.).
I. Location of proposed and/or existing water lines and meters.
J. Location of driveways and sidewalks.
K. Location of LP tanks, size, type. Distance from tank to structure. Distance from all external ignition sources, i.e. air conditioner.

RETURN TO TOC

INSPECTION GUIDELINE

Please note that it is a State law that permits are valid for six (6) months. If you have not called for an inspection within six (6) months of picking up the permit or requested an extension in writing, your permit will be expired and you must apply for a new permit, which will be subject to new permit fees. The fee for an extension request is the minimum fee for municipality.

Below is a list of inspections that are usually required on new construction. There may be others, depending upon the complexity of the project and other State and local requirements.

1. T-Pole Inspection
After pole/pedestal installation complete, properly grounded, and braced. Outlets to be GFCI protected. Two eight foot long 5/8" ground rods required 6' apart.

2. Footer Inspection
After trenches are formed, all rebar in place, grade stakes set prior to pouring concrete.

3. First Rough Plumbing
Water lines required to be underground and sanitary lines installed prior to back filling. All plastic to have colored primer used on the solvent joints. All sanitary lines to be properly pitched: 3" and larger diameter = minimum 1/8" per foot, less than 3" diameter = ¼" per foot.

4. Slab
Compaction, soil treatment, vapor barrier, and steel in place, and before pouring concrete. Minimum 95% compaction in 12" lifts. Vapor barrier required in all slabs. Soil treatment for subterranean termites is required for all slabs under roof or adjacent to dwellings. Be sure all copper water piping is sleeved where in contact with cement.

5. Lintel
After all steel is in place and tied, and before pumping.

6. Sheathing
All roof sheathing and frame wall sheathing to be inspected before felt or house wrap installed.

7. Frame
This inspection would include all truss bracing and all truss anchors, headers, and all truss, girders and beam anchors. Interior walls, fire blocking, etc. and window installations, sliding glass door installations, exterior entry doors and wire lathe installation. Note: #7, 8, 9, 10 & 11 preferred at same time.

8. Second Rough Plumbing
At framing inspection. Tubs and shower pans set, traps arms run, vents through the roof, water line complete with a minimum of working pressure on the system.

INSPECTION GUIDELINE (CONT'D.)

9. Rough Electric
After all branch circuits, feeder, outlet boxes, and panels in place. All conductors pulled (including low voltage) and home runs complete.

10. Rough Mechanical
All duct work complete. This includes all exhaust and venting systems. Condensate piping and refrigerant lines run.

11. Partial Roof
On new construction would be called in along with the frame inspection above. The eave drip, valley liners and flashings to be installed at this time. Do not start shingling until after the partial roofing inspection has passed.

12. Insulation
After the frame approval and prior to drywall installation. All batts, baffles, and depth indicators in place. Shingle roofs must be complete, and tile roofs mopped in by this inspection.

13. Final Roofing
To be done with the insulation inspection.

14. Drywall Inspections
To be done with the lathing inspection or lateral inspection. Ridge ceiling board or 5/8" drywall required on ceiling.

15. Water Service and Sewer (sewer/water connection lines)
When sewer/septic and water lines are in place from the structure to the point of connection to distribution systems serving the structure.

16. Finals
When the building is ready for occupancy. All electric, plumbing, mechanical, and building items must be complete. Any required landscaping to be in place.

RETURN TO TOC

NOTICE TO CONTRACTORS

Rule 9B.0472 Carbon Monoxide Protection

Rule 9B-3.0472, Carbon Monoxide Protection, became effective for permits issued July 1, 2008 or later. This will be inspected under Electrical Inspections during construction. Please see the complete Rule below. Please read the information in section (2) carefully; this requirement is not just for structures having a fossil-fuel-burning appliance. If the structure has a fireplace or an attached garage, carbon monoxide alarms are required.

9B-3.0472 Carbon Monoxide Protection.

(1) Definitions: For purposes of this rule, the following definitions shall apply:

(a) CARBON MONOXIDE ALARM. A device for the purpose of detecting carbon monoxide, that produces a distinct audible alarm, and is listed or labeled with the appropriate standard, either ANSI/UL 2034 - 96, Standard for Single and Multiple Station CO Alarms, incorporated herein by reference, or UL 2075 - 04, Gas and Vapor Detector Sensor, incorporated herein by reference, in accordance with its application. Both documents may be obtained by writing to: Codes and Standards Section, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100.

(b) FOSSIL FUEL. Coal, kerosene, oil, fuel gases, or other petroleum or hydrocarbon product that emits carbon monoxide as a by-product of combustion.

(2) Every building for which a permit for new construction is issued on or after 7/1/08 and having a fossil-fuel-burning heater or appliance, a fireplace, or an attached garage shall have an operational carbon monoxide alarm installed within 10 feet of each room used for sleeping purposes.

(3) In new construction, alarms shall receive their primary power from the building wiring when such wiring is served from the local power utility. Such alarms shall have battery back up.

(4) Combination smoke/carbon monoxide alarms shall be listed or labeled by a Nationally Recognized Testing Laboratory.

Specific Authority 553.885(2) FS. Law Implemented 553.72, 553.73(2), (3), (7), (9), 553.885(2) FS. History–New 11-18-07.

RETURN TO TOC

Florida Department of
Environmental Protection
Division of Air Resources Management

DEP Form 62-257.900(1)
Effective 2-9-99
Page 1 of 2

NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY): ☐ **ORIGINAL** ☐ **REVISED** ☐ **CANCELLATION** ☐ **COURTESY**

TYPE OF PROJECT (CHECK ONE ONLY): ☐ **DEMOLITION** ☐ **RENOVATION**
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? ☐ YES ☐ NO
IF RENOVATION:
IS IT AN EMERGENCY RENOVATION OPERATION? ☐ YES ☐ NO
IS IT A PLANNED RENOVATION OPERATION? ☐ YES ☐ NO

I. Facility Name _____
Address _____
City _____ State _____ Zip _____ County _____
Site _____ Consultant Inspecting Site _____
Building Size _____ (Square Feet) # of Floors _____ Age in Years _____
Prior Use: ☐ School/College/University ☐ Residence ☐ Small Business ☐ Other_____
Present Use: ☐ School/College/University ☐ Residence ☐ Small Business ☐ Other_____

II. Facility Owner _____ Phone (_____)_____
Address_____
City _____ State _____ Zip_____

III. Contractor's Name _____ Phone (_____) _____
Address _____
City _____ State _____ Zip _____
Florida License No. _____ Is the contractor exempt from licensure under section 469.004(7), F.S.? ☐ YES ☐ NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start:_____ Finish:_____
Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Procedures to be Used (Check All That Apply):

	Strip and Removal		Glove Bag		Bulldozer		Wrecking Ball
	Wet Method		*Dry Method		Explode		Burn Down
OTHER:							

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM:_____
_____

VII. Asbestos Waste Transporter: Name _____ Phone (_____) _____
Address _____
City _____ State _____ Zip _____

VIII. Waste Disposal Site: Name _____ Class _____
Address_____
City _____ State _____ Zip _____

IX. Amount of RACM or ACM
_____ square feet surfacing material
_____ linear feet pipe
_____ cubic feet of RACM off facility components
_____ square feet cementitious material
_____ square feet resilient flooring
_____ square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

_____ _____
(Signature of Owner/Operator) (Date)

DEP USE ONLY Postmark/Date Received ID#

RETURN TO TOC

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."

II. Complete the facility owner information.

III. Complete the contractor information; however, a Florida license number or disclosure of that number is not required to comply with the notice requirements.

IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.

V. Check the methods and procedures to be used. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method.)

VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.

VII. Complete the asbestos waste transporter information.

VIII. Complete the waste disposal site information.

IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.)

X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled **(DO NOT FAX)**. The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.

RETURN TO TOC

RESUBMITTAL COVER SHEET

(Check One)

☐ Resubmittal to Correct Noted Deficiencies

☐ Voluntary Design Revision to Plans

Date: _____

Owners Name: _____ **Permit #**: _____

Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

If this is a Plans Revision, briefly but fully identify the revisions made:

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
SIGNATURE OF PROPERTY OWNER OR CONTRACTOR DATE

Phone # of Signor: _____

_____ _____
APPROVAL – BUILDING DEPARTMENT DATE

_____
Fee (for use by Building Department Only)

RETURN TO TOC

PERMIT EXTENSION REQUEST

DATE: _____

PERMIT#: _____

LENGTH OF EXTENSION WILL BE 90 DAYS FROM THE APPROVED DATE.

PLEASE STATE THE REASON FOR THE PERMIT EXENSION BELOW:

_____

_____

_____

_____

_____

_____

Minimum permit fee is required at the time the extension is granted.

_____ _____

SIGNATURE OF PROPERTY OWNER OR CONTRACTOR DATE

Phone # of Signor: _____

_____ _____

APPROVAL – BUILDING DEPARTMENT DATE

_____

Fee (for use by Building Department Only)

RETURN TO TOC

Record and Return to:

File No: _____ Prepared by: _____
Name

Permit No.: _____ Address: _____

Key No. _____ _____

Tax Folio/Parcel ID: _____

NOTICE OF COMMENCEMENT

State of Florida County of _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida State Statutes, the following information is provided in this Notice of Commencement.

1. Description of Property: (Legal description of the property): _____
   Property Address: _____

2. General Description of Improvement: _____

3. Owner Information: Name: _____
   Address: _____ City: _____ State _____
   Interest in Property: _____
   Name and Address of Fee Simple Titleholder (If other than owner): _____

4. Contractor: Name:_____
   Address: _____ City: _____ State _____
   Phone No. _____ Fax No. _____

5. Surety: Name: _____ Amount of Bond $_____
   Address: _____ City: _____ State _____
   Phone No. _____ Fax No. _____

6. Lender: Name: _____
   Address: _____ City: _____ State _____
   Phone No. _____ Fax No. _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)(7). Florida Statutes:
   Name: _____
   Address: _____ City: _____ State _____
   Phone No. _____ Fax No. _____

8. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b). Florida Statutes.

9. Expiration date of Notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified). _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_____
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

_____
Signatory's Title/Office

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____, as
(Name of Person)

_____ for _____.
(Type of authority e.g., office, trustee, attorney in fact) (Name of party on behalf of who instrument was executed)

_____ _____
Signature of Notary Print, Type or Stamp Name of Notary

Personally known_____ OR Produced Identification _____ Type of Identification Produced: _____

Verification pursuant to Section 92.525, Florida Statutes: under Penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_____
Signature of Natural Person Signing Above