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**MECHANICAL, ELECTRICAL, PLUMBING, RE-ROOF, FENCE, DRIVEWAY, MISCELLANEOUS**

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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. ●  **AIR CONDITIONING CHANGE OUT FORM** (Required for all Air Conditioner Change Outs)
9. ●  **HURRICANE MITIGATION RETROFIT (RE-ROOFS ONLY, as applicable per 2007-HB 7058, FS 553.844 and Rule 9B-~~1000~~3.0475 FL Adm. Code). (RE-ROOF ONLY)**
10. ○  **TRUSS/RAFTER UPLIFT LOAD SUMMARY SHEET. AND TRUSS LAYOUTS.**
11. ●  **TWO (2) ENERGY FORM 600A, B, or C. (IF NEW HVAC SYSTEM)**
12. ●  **TWO (2) LOAD CALCULATIONS FOR HVAC (MANUAL J AND N REQUIRED ON NEW) \_\_\_\_\_**
13. ●  **TWO (2) COPIES OF HVAC DUCT LAYOUT. (Attached to plans) (IF NEW HVAC SYSTEM)**
14. ●  **TWO (2) COPIES OF A SITE ~~AND~~ SO 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.
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)
  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 EXEMPTIO'N (for contractor and all subcontractors; see Permit Application).**
  19. ●  **PRODUCT APPROVAL SHEETS (FOR RE-ROOFS)**

BUILDING PERMIT APPLICATION

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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

## 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: \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PLUMB. CONTRACTOR** \_\_\_\_\_  
STATE/CERT/REG # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**ELEC. CONTRACTOR** \_\_\_\_\_  
STATE/CERT/REG # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LP GAS CONTRACTOR** \_\_\_\_\_  
STATE CERT/REG # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**SPECIALITY CONTRACTOR** \_\_\_\_\_  
STATE/CERT/REG # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENGINEER/ARCHITECT** \_\_\_\_\_  
STATE CERT/REG # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**(\*) 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.

## 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 statute 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 2014, 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 \_\_\_\_\_**

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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 of 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

### 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.

## 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](http://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 that list the appropriate products may be accessed by clicking on [Product Approval Forms](#).

# 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](http://www.floridabuilding.org).

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

**Air Conditioning Change Out Form**  
**Florida Building Code 5th Edition (2014)**  
**Air Conditioning System**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
 Single Package Unit: \_\_\_\_\_ Split System \_\_\_\_\_ Ductless Mini \_\_\_\_\_  
 Any Duct Replacement: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Refrigerant Line Replacement: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \*Rooftop A.C. Stand Installation : \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \*Smoke Detector Installation (over 2000 cfm) : \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Commercial Permits Only**

**One form required for each separate A/C system installed**

**NEW REPLACEMENT System Components**

Manufacturer \_\_\_\_\_  
**AIR HANDLER** Model No \_\_\_\_\_  
 SEER/EER \_\_\_\_\_  
 Size \_\_\_\_\_ tons Heat Strip \_\_\_\_\_ KVA/KW  
 HACR Breaker/Fuse size:  
 \_\_\_\_\_ Min. \_\_\_\_\_ Max.  
 Wire size \_\_\_\_\_  
 Refrigerant piping sizes (Liq) \_\_\_\_\_ (Suc) \_\_\_\_\_  
 Refrigerant type \_\_\_\_\_  
 Location: \_\_\_\_\_ Existing \_\_\_\_\_ New  
 Configuration: \_\_\_\_\_ Horizontal \_\_\_\_\_ Vertical

Manufacturer \_\_\_\_\_  
**CONDENSER** Unit Model No \_\_\_\_\_  
 SEER/EER \_\_\_\_\_  
 Size \_\_\_\_\_ tons  
 HACR Breaker/Fuse size:  
 \_\_\_\_\_ Min. \_\_\_\_\_ Max.  
 Wire size \_\_\_\_\_  
 Refrigerant piping sizes (Liq) \_\_\_\_\_ (Suc) \_\_\_\_\_  
 Refrigerant type \_\_\_\_\_  
 Location: \_\_\_\_\_ Existing \_\_\_\_\_ New  
 Location: \_\_\_\_\_ Ground \_\_\_\_\_ Roof top

**OLD EXISTING System Components**

Manufacturer if known \_\_\_\_\_  
 SEER/EER if known \_\_\_\_\_  
 Size \_\_\_\_\_ tons Heat Strip \_\_\_\_\_ KVA/KW  
 Existing HACR Breaker/Fuse size: \_\_\_\_\_  
 Existing Wire size \_\_\_\_\_ (A.W.G.)  
 Refrigerant piping sizes (Liq) \_\_\_\_\_ (Suc) \_\_\_\_\_  
 Refrigerant type \_\_\_\_\_

Manufacturer if known \_\_\_\_\_  
 SEER/EER if known \_\_\_\_\_  
 Size \_\_\_\_\_ tons  
 Existing HACR Breaker/Fuse size: \_\_\_\_\_  
 Existing Wire size \_\_\_\_\_ (A.W.G.)  
 Refrigerant piping sizes (Liq) \_\_\_\_\_ (Suc) \_\_\_\_\_  
 Refrigerant type \_\_\_\_\_

**Certification**

With the authorization of the installing Contractor, I certify that the information entered on this form accurately represents the system(s) installed.

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

**NOTICE TO CONTRACTOR & OWNER-BUILDER**

**HURRICANE MITIGATION RETROFITS FOR RE-ROOFING**

Effective April 6, 2008, the state regulations (2007- HB 7058, FS 553.844 and Rule 9B-3.0475 Florida Administrative Code) require strengthening roof construction on site built single family residential structures which were built under codes before the Florida Building Code (March 1, 2002) were amended.

When a roof is replaced, regardless of the value of the building, roof deck attachments and fasteners must be strengthened or corrected and a secondary water barrier shall be installed per Rule 9B-3.0475\*.

For buildings which are located within the Wind Borne Debris Regions of Florida as stated in 101.2: When a roof is replaced and the building is insured for \$300,000 or more, roof to wall connections must be enhanced per Rule 9B-3.0475 by spending 15% of the re-roofing job cost. This work requires a General, Building, or Residential contractor. The Roofing contractor shall submit a signed sub-verification form indicating such contractor.

The above requirements are to be inspected by a General, Building, Residential, Roofing contractor or a licensed inspector certified under FS 468 who must complete, sign and have the attached inspection affidavit notarized.

Proof of insured value (only when stated insured or ad valorem tax value is less than \$300,000) may be submitted with the permit application. The completed notarized inspection affidavit, photos, sub-verification form (only when insured value is \$300,000 or more), must be submitted to the building department prior to scheduling the dry-in/flashing inspection. ***This may be done in person or by fax.*** Failure to do so will result in a failed inspection and additional fees.

(\*) For more specifics on the mitigation techniques, requirements, and Rule 9B-3.0475, see the Florida Building Commission website:

**<http://www.dca.state.fl.us/fbc>**.

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**NOTE: THIS FORM IS APPLCABLE FOR NAILING PATTERN FOR FLAT ROOF – COMPLETE TOP PORTION, HAVE NOTARIZED AND POST WITH PERMIT INSPECTION CARD ON SITE—PRIOR TO CALLING FOR ROOF IN PROGRESS.** ÜÒWÛÞÁUÁUÔ

# RE-ROOFING HURRICANE MITIGATION RETROFIT

## Inspection Affidavit

MUNICIPALITY: \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

I \_\_\_\_\_, licensed as a(n)  Contractor,  Engineer,  Architect,  FS 468 Building Inspector (\*). License # \_\_\_\_\_

On or about (date & time) \_\_\_\_\_, I did personally inspect the  **Roof to wall connections**  **Roof deck nailing**  **Secondary water barrier** work at the above address. (Include photographs of each plane of the roof with the permit number or address clearly shown marked on the deck for each inspection.)

Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 FS and Rule 9B-3.0475 FAC found at [http://www.dca.state.fl.us/fbc/thecode/1\\_code\\_modifications.htm](http://www.dca.state.fl.us/fbc/thecode/1_code_modifications.htm))

Signature: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Personally known, or  
 Produced Identification; Type of Identification produced \_\_\_\_\_

By \_\_\_\_\_  
Notary Public, State of Florida

(\* General Building, Residential, or Roofing Contractor or licensed inspector certified under FS 468 to make such inspection.)

### **201.2 Roof secondary water barrier for site-built single family residential structures. A secondary water barrier shall be installed using one of the following methods when reroofing.**

#### **YOU MUST CHOOSE WHICH OF THE FOLLOWING METHOD WILL BE IMPLEMENTED:**

\_\_\_\_ **A)** All joints in structural panel roof sheathing or decking shall be covered with a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape applied directly to the sheathing or decking. The deck and self adhering polymer modified bitumen tape shall be covered with one of the underlayment systems approved for the particular roof covering to be applied to the roof.

\_\_\_\_ **B)** The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen sheet. No additional underlayment shall be required on top of this sheet for new installations.

\_\_\_\_ **C)** The entire roof deck shall be covered with an approved asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ. (No additional underlayment shall be required over the top of this sheet).

\_\_\_\_ **D)** Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a shingle-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet).

#### **Exceptions:**

1. Roof slopes < 2:12 having a continuous roof system shall be deemed to comply with section 201.2 requirements for a secondary water barrier.

2. Clay and Concrete tile roof systems installed as required by the Florida Building Code are deemed to comply with the requirements of section 201.2 for Secondary Water Barriers.

# 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:

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\_\_\_\_\_  
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 EXTENSION BELOW:

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**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