



City of Dunnellon - Community Development

20750 River Dr. | Dunnellon, Florida 34431

Phone: (352) 465-8500 x1010 | Email: planning@dunnellon.org

Website: www.dunnellon.org

For Office Use Only

Permit Number:

DEMOLITION PERMIT APPLICATION CHECKLIST 2023 Florida Building Code, 8th Edition

REQUIRED ATTACHMENTS FOR **ALL** PROJECTS:

1. **COMPLETED PERMIT APPLICATION**
2. **NOTICE OF COMMENCEMENT (NOC)** for jobs over \$5,000 (\$15,000 for HVAC) - The city requires a copy of the recorded NOC before scheduling first inspection. To be recorded at Marion County Clerk of Court Annex Building at 19 N Pine Ave, Room 124. Ocala FL 34478.
3. **PROOF OF PROPERTY OWNERSHIP**
4. **COPY OF CONTRACTORS' CURRENT INSURANCE CERTIFICATES** with City of Dunnellon, 20750 River Dr, Dunnellon, FL 34431 as certificate holder.

PLEASE ATTACH THE CORRESPONDING DOCUMENTS **BASED ON PROJECT:**

DEMOLITION:

1. **OWNER-BUILDER DISCLOSURE STATEMENT** - ONLY if owner acts as contractor - An affidavit signed by the owner/ builder certifying that the responsibilities and requirements of the construction process are understood by the owner.
2. **SITE PLAN** – Two (2) copies
3. **EROSION CONTROL MEASURES** – may be displayed on site plan or separate sheet.
4. **TREE SITE PLAN** – To identify and number each tree to be removed/preserved.
5. **UTILITY LOCATE TICKET NUMBER**
6. **DUKE ENERGY SERVICE DISCONNECT REQUEST**
7. **ASBESTOS PACKET** - must be provided prior to FDEP regardless if asbestos exists, attached.



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2023 FLORIDA BUILDING CODE 8TH ED.D.

PERMIT # _____

| | | | |
|------------|--------------------|-------------------|----------------------|
| Date _____ | Residential | Commercial | Owner-Builder |
|------------|--------------------|-------------------|----------------------|

Parcel ID _____ Project # / Related Permit / Code Case _____

Project Address _____ Flood Zone: _____

| | | | | | | |
|-----|-----|------|-----|-----|-----|-----------------------|
| Lot | Blk | Unit | Sec | Twp | Rge | Subdivision / MH Park |
|-----|-----|------|-----|-----|-----|-----------------------|

Property Owner _____

Address _____

Phone _____ E-mail: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Electric | <input type="checkbox"/> Residential (Add. / Alt.) |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Exterior Door / Window | <input type="checkbox"/> Re- Roof |
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Fence / Wall | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Commercial (New) | <input type="checkbox"/> Fire | <input type="checkbox"/> Swimming Pool / Spa |
| <input type="checkbox"/> Commercial (Add. / Alt.) | <input type="checkbox"/> Mechanical / Gas / HVAC | <input type="checkbox"/> Tent / Temp Use |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Waterfront Structure |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Window /Exterior Door |
| <input type="checkbox"/> DCA - Modular Building | <input type="checkbox"/> Residential (New) | <input type="checkbox"/> Other: _____ |

Description of Work _____

o Co t \$ _____

Was This Building Damaged by Fire, Flood, or Other? Yes No Damage Assessment Report # _____

BUILDING: New sqft _____ Added sqft _____ Alteration/Renovation sqft _____ Temp Power Pole? Yes No

Stories _____ Bedrooms _____ Bathrooms _____ Under A/C _____ sqft No A/C _____ sqft

Water: Existing Well New Well Replacement Well Central Water Irrigation: Yes No Existing

CONTRACTOR'S Business Name _____

Contractor's Name _____ State Lic _____ County Cert _____

Address _____

Contact Phone _____ E-mail _____

| SUBCONTRACTORS: Qualifier Name | County Cert # | State License # | E-mail |
|--------------------------------|---------------|-----------------|--------|
| MECHANICAL | _____ | _____ | _____ |
| ELECTRIC | _____ | _____ | _____ |
| PLUMBING | _____ | _____ | _____ |
| GAS | _____ | _____ | _____ |
| ROOFING | _____ | _____ | _____ |
| IRRIGATION | _____ | _____ | _____ |
| OTHER | _____ | _____ | _____ |

Fee Simple Titleholder's Name (if other than owner): _____

Mortgage Lender Name: _____ Mortgage Lender Address: _____

PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all State and City laws and ordinances regulating construction, whether specified herein or not. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all re-inspection fees

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.

Owner's Signature _____

Print Name _____

Date: _____

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization,

this _____ day of _____ 20_____

By _____

Personally Known or Produced Identification

ID: _____

Notary Signature: _____

Notary Stamp:

Contractor's Signature _____

Print Name _____

Authorized Agent's Signature _____

Print Name _____

Date: _____

STATE OF FLORIDA, COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 20_____

By _____

Personally Known or Produced Identification

ID: _____

Notary Signature: _____

Notary Stamp:

Pursuant to Florida Statute 713.135(7) all signatures must be notarized

PERMIT APPROVED BY BUILDING OFFICIAL:

DATE:



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 Phone: (352) 465-8500 x1010 | Email: planning@dunnellon.org
 Website: www.dunnellon.org

File this form at Marion County Clerk of Courts at 19 NW Pine Ave, Room 124, Ocala FL. Submit a copy of the recorded NOC to City of Dunnellon prior to scheduling the first inspection. F.S. 713.135 requires this form for jobs with direct contract value greater than \$5,000 OR greater than \$14,999 for repair/replacement of existing heating/AC systems.

Notice of Commencement

Permit no.: _____ Tax folio/Parcel ID: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Florida Statutes (FS) chapter 713, the following information is provided in this notice of commencement.

1. Description of property should include the full legal description of property and street address, if available:

2. General description of improvement: _____
3. Owner or lessee information, if lessee is contracted for the improvement:
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if different from owner listed above): _____
4. Contractor / Qualifier: _____
 - a. Name and address: _____
 - b. Contractor phone number: _____
5. Surety name, address, and phone number (if applicable, attach copy payment bond): _____
 _____ 5c. Amount of bond: \$ _____
6. Lender name, address and phone number: _____
7. Persons within the state of Florida as designated by owner upon whom notices or other documents may be served as provided by FS section 713.13(1)(a),7 (provide name, mailing address and phone number of designated person): _____

8. In addition to himself or herself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section FS section 713.13(1)(b). Phone number of person/entity designated by owner:

9. Notice of commencement expiration date (the expiration date will be 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 I, SECTION 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 authorized agent) _____ Date _____

 Signatory's title/office

STATE OF FLORIDA, County of _____ The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization, this _____ day of, _____ 20_____,

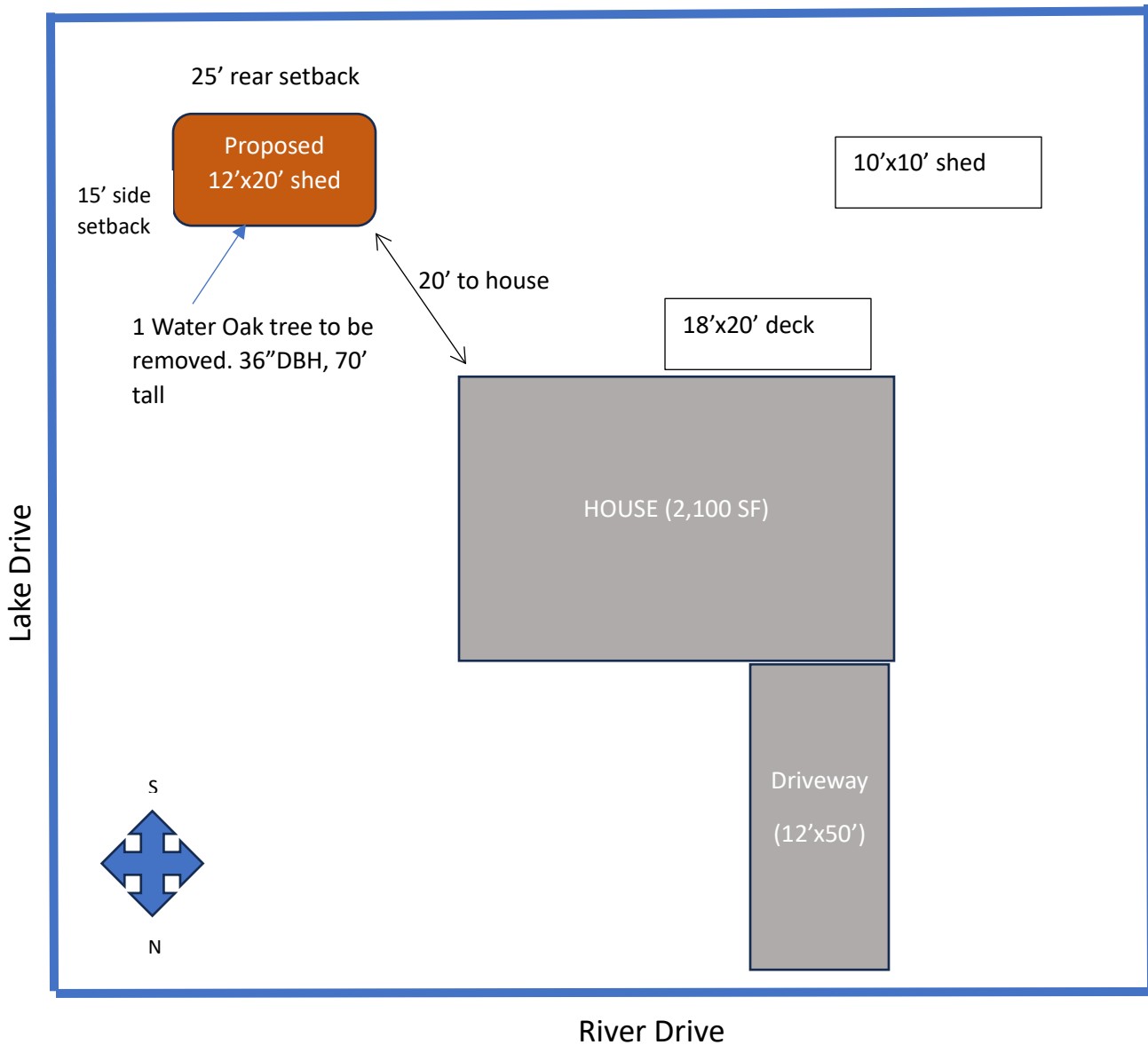
By _____, as _____ for
Authority / representative type; officer, trustee or attorney-in-fact

 Name of party/corporation/company for whom instrument was executed Signature of Notary Public

Personally, known or Produced identification _____

RESIDENTIAL SAMPLE SITE PLAN

Do not use this example as your site plan. Use page 2 to create your site plan.



The following must be included on the site plan. Measurements should be identified in feet.

1. Identify location of proposed structure(s) and all existing structures on the property (include underground items).
2. Identify all setbacks from proposed structure to the property line using feet.
3. Identify the distance between the proposed structure to existing surrounding structures.
4. Show street names.
5. Show trees to be removed as a result of this request. Include species, circumference of tree at chest height and approximate height. A separate tree removal application needs to be submitted.
6. Show dimensions of all impervious surfaces on property. Include pavers, decks, buildings, concrete, pools, etc. The city will use this information to conduct an impervious surface assessment.

RESIDENTIAL SITE PLAN

Applicant site plan

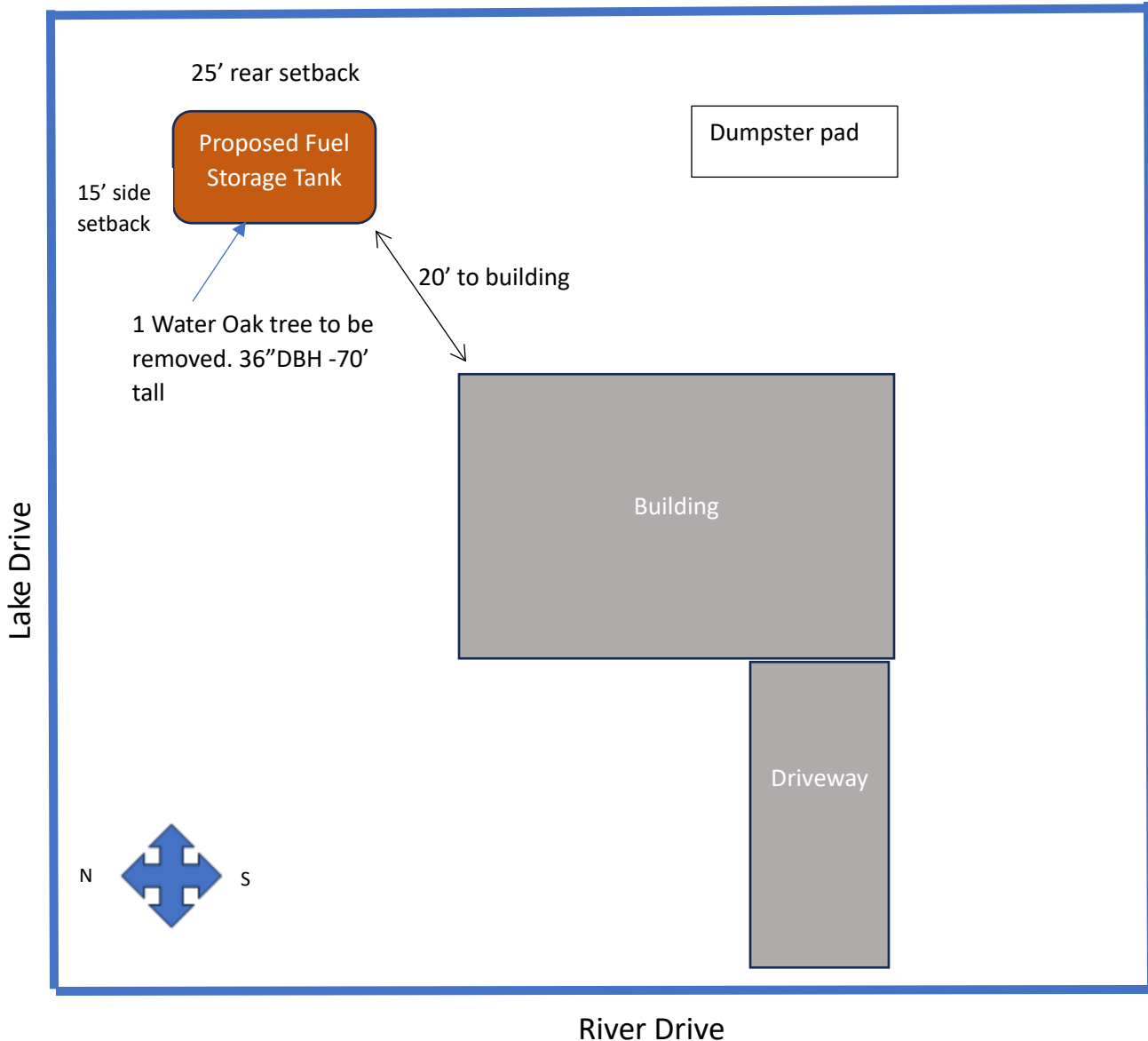
The following must be included on the site plan. Measurements should be identified in feet.

1. Identify location of proposed structure(s) and all existing structures on the property (include underground items).
2. Identify all setbacks from proposed structure to the property line using feet.
3. Identify the distance between the proposed structure to existing surrounding structures.
4. Show street names.
5. Show trees to be removed. A separate tree removal application will need to be submitted.
6. Show dimensions of all impervious surfaces on property. Include pavers, decks, buildings, concrete, pools, etc. The city will use this information to conduct an impervious surface assessment.



COMMERCIAL SAMPLE SITE PLAN

Do not use this example as your site plan. Use page 2 to create your site plan.



The following must be included on the site plan. Measurements should be identified in feet.

1. Indicate North, South, East and West.
2. Identify location of proposed structure(s) and all existing structures on the property (include underground items).
3. Identify all setbacks from proposed structure to the property line using feet.
4. Identify the distance between the proposed structure to existing surrounding structures.
5. Show street names.
6. Show parking spaces
7. Show trees to be removed as a result of this request. Include species, circumference of tree at chest height and approximate height. A separate tree removal application needs to be submitted.
8. Show dimensions of all impervious surfaces on property. Include pavers, decks, buildings, concrete, pools, etc. The city will use this information to conduct an impervious surface assessment.

COMMERCIAL SITE PLAN

Applicant site plan

The following must be included on the site plan. Measurements should be identified in feet.

1. Indicate North, South, East and West.
2. Identify location of proposed structure(s) and all existing structures on the property (include underground items).
3. Identify all setbacks from proposed structure to the property line using feet.
4. Identify the distance between the proposed structure to existing surrounding structures.
5. Show street names.
6. Show parking spaces and number the spaces. Identify ADA spaces.
7. Show trees to be removed. A separate tree removal application will need to be submitted.
8. Show dimensions of all impervious surfaces on property. Include pavers, decks, buildings, concrete, pools, etc. The city will use





**Florida Department of
Environmental Protection**
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
Page 1 of 2

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

- 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 _____ Building 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 (____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

III. Contractor's Name _____ Phone (____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), 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. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

| | | | |
|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Strip and Removal | <input type="checkbox"/> Glove Bag | <input type="checkbox"/> Bulldozer | <input type="checkbox"/> Wrecking Ball |
| <input type="checkbox"/> Wet Method | <input type="checkbox"/> Dry Method* | <input type="checkbox"/> Explode | <input type="checkbox"/> 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. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*

- RACM** **ACM**
- _____ square feet surfacing material
- _____ linear feet pipe
- _____ cubic feet of RACM off facility components
- _____ square feet cementitious material
- _____ square feet resilient flooring

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

| |
|------------|
| Name: |
| Address: |
| City: |
| State/Zip: |

*Identify and describe surfacing material and other materials as applicable: _____

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.

(Print Name of Owner/Operator) _____ (Date) _____

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

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.
- 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. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (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 in accordance with 40 CFR section 61.145(3)(c)(i).)
- 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.) Identify and describe the listed surfacing material and other listed materials as applicable.
- 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.



ASBESTOS NOTIFICATION AFFIDAVIT

The National Emission Standards for Hazardous Air Pollutants (NESHAP) 40 CFR 61, Subpart M, requires written notification 10 working days prior to a demolition and 10 working days prior to any removal of regulated asbestos containing material (RACM). This rule also requires that an asbestos survey be completed and submitted to Florida Department of Environmental Protection prior to any renovation or demolition to determine if asbestos containing materials are present.

I, _____ (Applicant), understand the requirements stated above, and I have completed these requirements prior to acceptance of this building permit. I further understand that there are additional asbestos rules which may apply to me, and I have read, and understand these requirements.

The notice requirements of Chapter 62-257, F.A.C., Asbestos Program, apply to each owner or operator of a renovation of a facility involving the removal of a threshold amount of regulated ACM or any demolition of a facility regardless of whether or not asbestos is present and to each owner or operator of the site for a renovation of a facility involving the removal of a threshold amount of regulated ACM or any demolition of a facility regardless of whether or not asbestos is present.

Under penalties of perjury, I declare that I have read the foregoing ASBESTOS NOTIFICATION AFFIDAVIT and that the facts stated in it are true.

Name of Owner/Authorized Agent

Date



City of Dunnellon - Community Development

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2020 Florida Statute – Chapter 489.103 (7c) and 489.503 OWNER- BUILDER DISCLOSURE STATEMENT

The Owner builder must be present at the time of application. To qualify under this subsection, the Owner builder must personally appear to sign the building permit application, the owner builder disclosure statement and associated documents to satisfy local permitting agency requirements, if any, proving that the owner has a complete understanding of the owner's obligations under the law as specified in this disclosure statement.

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.
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.
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.
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, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. 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.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
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.
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.
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 for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
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.

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 [850-487-1395](tel:850-487-1395) or <http://www.myfloridalicense.com/DBPR/> for more information about licensed contractors.

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 (parcel # if address not yet assigned): _____

12. I agree to notify the City of Dunnellon Community Development Office immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

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.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or the type of verification acceptable to the local permitting agency is required when the permit is issued.

Owner's Signature: _____

Print Name: _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or **online notarization**, this _____ day of _____ 20____

By _____

Personally known or Produced Identification _____

Notary Signature

Print, Type, or Stamp Commissioned Name of Notary Public