

Permit Application Intake Checklist

This checklist is to review Permit Application submittals as they come in. Please use this list to make sure each of these items are contained on the Permit Application before they leave the building. There are other documents that need to be included for most permits but this information needs to be on every Permit Application.

- 1. In the upper right above the Applicant Information make sure they have filled out the Contract Price/Value.
- 2. Make sure they have filled out the Proposed Project Description/Scope.
- 3. Make sure they have filled out the parcel number.
- 4. Make sure page 1 of the Application is Signed and Notarized.
- 5. Make sure they have checked Commercial or Residential.
- 6. If this permit is an Owner/Builder permit, make sure the Owner/Builder Discloser Statement has been filled out Signed and Notarized.
- 7. Please make sure they have included Proof of Ownership. This can include copy of warranty deed or page from Property Appraiser's Website

Click on item to navigate to specific page.
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MECHANICAL, ELECTRICAL, PLUMBING, RE-ROOF, FENCE, DRIVEWAY, MISCELLANEOUS

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Florida Product Approval Information

Florida Product Approval Submittal Forms

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Resubmittal Cover Sheet

Permit Extension Request

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

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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).
DUNNELTON & 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-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/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.
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 EXEMPTION (for contractor and all subcontractors; see Permit Application).**
 19. ● **PRODUCT APPROVAL SHEETS (FOR RE-ROOFS)**

352-628-7904

dallas@fmsbuildingdepartment.com (email)

05-26-16

BUILDING PERMIT APPLICATION

RETURN TO TOC

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

PERMIT # _____ COMMERCIAL _____ RESIDENTIAL _____ OWNER/BUILDER _____

CONTRACT PRICE/VALUE: _____

Property Owner: _____ Applicant: _____
Address _____ Address _____
City _____ City _____
State _____ Zip _____ State _____ Zip _____
Phone _____ Email _____ Phone _____ Email _____

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 _____

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.

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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

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 EXTENSION 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