



City of
WILLISTON
FLORIDA

50 NW Main St., PO Drawer 160, Williston, Florida 32696-0160
Phone (352) 528-3060 Fax (352) 528-2877

PERMIT CHECKLIST

PLEASE READ AND UTILIZE THIS CHECKLIST CAREFULLY TO ASSIST YOU IN ORGANIZING AND PREPARING YOUR APPLICATION PACKAGE FOR SUBMITTAL. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Items required at time of submittal of application package if applicable to the scope of work to be performed.

1. **BUILDING PERMIT APPLICATION:** Notarized by all applicable parties
2. **PROOF OF OWNERSHIP:** I.E. – Current tax notice, Homestead Exemption Notice, Certificate of Title, or Recorded Deed.
3. **TWO (2) COPIES OF A SITE/BUILDING PLAN**
4. **TWO (2) COMPLETE SETS OF SIGNED AND SEALED CONSTRUCTION DRAWINGS AND SUPPORTING DOCUMENTATION (IF NEW STRUCTURE, PLEASE INCLUDE SOILS REPORT, INDICATE FLOOD ZONE AND OCCUPANCY / USE ON BUILDING PLANS)**
5. **PRODUCT APPROVAL FORM**
6. **NOTICE OF COMMENCEMENT:** Certified and Recorded for projects of \$5,000 or more – mechanical \$15,000 or more.
7. **OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT:** If applicable.
8. **PROVIDE A COPY OF APPLICABLE STATE AND LOCAL LICENSES AND PROOF OF WORKER'S COMPENSATION INSURANCE (OR EXEMPTION):** City of Williston must be listed as the Certificate Holder
9. **EACH SUB TRADE REQUIRES A SIGNATURE OF LISCENSED QUALIFIER ON THE SUBCONTRACTOR LIST, AND MUST BE REGISTERED WITH THE CITY OF WILLISTON:** (Ex: Electric, Plumbing, Mechanical, Roof)

***Before any development activity occurs on a piece of property, a permit must be obtained. All construction or permitted uses MUST meet the current Building Code for the State of Florida. The Building Official will perform inspections and provide approval based on these codes.**

***Permit applications and site plans may be sent via email to Permits@willistonfl.org**



BUILDING PERMIT APPLICATION

City of Williston, Florida -Building Department
50 NW Main Street-Williston, FL 32696-352-528-3060
www.willistonfl.org / permits@willistonfl.org

JOB ADDRESS		DATE RECEIVED		PERMIT#	
PARCEL ID#		FEMA FLOOD ZONE(S)			
PREFERRED METHOD OF CONTACT:					
PHONE		EMAIL ADDRESS			
PROPERTY OWNER'S INFORMATION					
NAME					
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL ADDRESS			
CONTRACTOR'S INFORMATION					
COMPANY NAME					
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL ADDRESS			
LICENSE HOLDER		STATE LICENSE No.			
ARCHITECT/ ENGINEER'S INFORMATION (IF APPLICABLE TO PROJECT)					
COMPANY NAME					
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL ADDRESS			
FLORIDA LICENSE No.					
BONDING COMPANY INFORMATION (IF APPLICABLE TO PROJECT)					
COMPANY NAME					
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL ADDRESS			
BUILDING TYPE (CHECK ONE)			NOTICE OF COMMENCEMENT PROVIDED		
RESIDENTIAL	COMMERCIAL	OTHER	YES	NO	NA
HAS A STOP WORK ORDER BEEN ISSUED?			YES	NO	
SCOPE OF PROPOSED WORK:			TOTAL VALUE OF CONSTRUCTION		
			\$ Construction valuation shall include total value of work, including materials and labor, for which the permit is being sought, such as building, electrical, gas, plumbing, mechanical, equipment and permanent systems.		

IMPORTANT NOTICES TO APPLICANT

- I. The code in effect in this jurisdiction is the Florida Building Code, 8th Edition (2023). Other codes, ordinances or regulations may also apply.
- II. 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

III. An application for a permit for any proposed work shall be deemed to have been abandoned, becoming null and void 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing prior to the abandonment date and justifiable cause demonstrated.

IV. A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six (6) months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.

V. Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. Failure to obtain an approved inspection within 180 days of the previous approved inspection shall constitute suspension or abandonment. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. Permits issued for the demolition of a structure shall expire sixty (60) days from the date of issuance. For a justifiable cause, one (1) extension of time for a period not exceeding thirty (30) days may be allowed. Such request shall be in writing to the Building Official.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a **separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.**

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning

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 .

ACKNOWLEDGEMENT: By signature below the Property Owner/Agent and/or Contractor do hereby acknowledge that they have read and understand the information contained herein.

Signature of Property Owner

Sworn to and Subscribed before me by _____

this _____ day of _____ 20_____

____ Personally known OR ____ Produced Identification

Notary Signature _____

Notary Stamp

Signature of Contractor

Sworn to and Subscribed before me by _____

this _____ day of _____ 20_____

____ Personally known OR ____ Produced Identification

Notary Signature _____

Notary Stamp

FOR OFFICE USE ONLY		APPROVALS	
STAFF REVIEW		INITIALS	DATE
Zoning			
Building			
Fire			
Engineering			
Other			
COMMENTS / REMARKS			

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 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

Plan 3 – Rev 8/15



SUBCONTRACTOR LIST

City of Williston, Florida ♦ Planning & Zoning Department
50 NW Main Street ♦ Williston, FL 32696 ♦ 352-528-3060 ♦ www.willistonfl.org

Permit Application #: _____ Project Address: _____

The primary contractor shall submit this form with all applicable subcontractors listed prior to the issuance of the building permit.

ELECTRICAL CONTRACTOR

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

GAS CONTRACTOR

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

MECHANICAL CONTRACTOR

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

PLUMBING CONTRACTOR

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

ROOFING CONTRACTOR:

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

SPECIALTY / OTHER CONTRACTOR:

Company Name: _____
Company Address: _____
Phone No.: _____
License Holder: _____

State License No.: _____
Email: _____
Signature: _____

STATEMENT OF PRIMARY CONTRACTOR

I hereby state that the above subcontractors will be performing work on the project referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible provided advanced written notification is first submitted to and approved by the Building Official.

PRIMARY CONTRACTOR

Company Name: _____
Company Address: _____
Phone Number: _____ Email: _____
License Holder: _____

Signature:** _____ Date: _____

***Signature of license holder or authorized agent.*

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 7th Edition, 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 _____**

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



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.

Permit Number _____
Parcel ID Number _____

NOTICE OF COMMENCEMENT

State of Florida
County of Levy

THIS AREA IS RESERVED FOR CLERK OF THE COURT CERTIFICATION

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (*legal description*): _____

a) 911 Street (*job*) Address: _____

2. General description of improvements: _____

3. Owner Information or Lessee information if the Lessee contracted for the improvement:

a) Name and address: _____

b) Name and address of fee simple titleholder (if different than Owner listed above) _____

c) Interest in property: _____

4. Contractor Information

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

5. Surety (if applicable, a copy of the payment bond is attached)

a) Name and address: _____

b) Telephone No.: _____

c) Amount of Bond: \$ _____

6. Lender

a) Name and address: _____

b) Telephone 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:

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

8.a. 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.

b) Phone Number of Person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20____

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 INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____ as _____ (type of authority, e.g. officer, trustee, attorney in fact)

for _____, as _____

(Name of Person)

(type of authority, e.g. officer, trustee, attorney in fact)

for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☐ Produced ID ☐

Type of ID _____

Notary Signature _____

Print name _____

NOTARY STAMP



Building Department

Permits are processed 10-30 days from a complete permit package submittal. Once approved a staff member will contact you via phone or email to let you know it is ready for pick up.

All inspection requests must be in before 3:00 P.M. the prior business day.

- Inspections at this time are Monday and Wednesday
- Provide permit number, project address, type of inspection, along with contact name and the telephone number.

If you fail an inspection, there will be a \$80 re-inspection fee, before it can be re-inspected.

For after hours or weekend inspections there is an additional fee.

The INSPECTION RECORD PLACARD must be displayed in a conspicuous location on the construction site, accessible to inspection personnel.

No work shall proceed, and no inspections shall be made unless the placard is posted, and an approved set of plans is available at the job site.

Permits become invalid if an inspection of permanent construction is not requested within 180 days or more than 6 months has passed between inspections.

Questions Concerning Permits, Need an Inspection or Results? Please call (352) 528-3060 or email permits@willistonfl.org

Always call 811 before you dig or disturb land. This includes trimming and removing trees, landscaping and fencing.