

## 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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**Permit Application** (Note: this is now a form and can be completed on your computer then printed.)

**Owner-Builder Affidavit**

**Site and/or Building Plan (required for Fence, Driveway, other additional structures)**

**Florida Product Approval Information**

**Florida Product Approval Submittal Forms**

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**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](mailto: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:

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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

\_\_\_\_\_ for \_\_\_\_\_ (Name of Person)

(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