

**LEVY COUNTY DEVELOPMENT DEPARTMENT
APPLICATION FOR PERMIT**

P.O. BOX 672, BRONSON, FL. 32621 352-486-5198, 352-486-5200, 352-486-5202

TAX FOLIO NO: (PARCEL#)		DATE:
OWNERS NAME		OWNERS ADDRESS
		City _____
PHONE #	State _____	Zip _____
CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)		CONTRACTOR'S ADDRESS
		CITY _____
PHONE #	STATE _____	ZIP _____
		JOB ADDRESS
JOB NAME	CITY _____	COUNTY - LEVY
LEGAL DESCRIPTION		
SUBDIVISION _____ LOT _____ BLK _____		
UNIT _____ PHASE _____ SECTION _____ TOWNSHIP _____ RANGE _____		
TYPE OF CONSTRUCTION: RESIDENCE _____ NEW MOBILE HOME _____ USED MOBILE HOME _____		
ADDITION _____ POOL _____ REMODEL/REPAIR _____ DEMO _____ PREINSPECTION _____		
OTHER _____		
DRIVING DIRECTIONS TO JOB SITE:		
TOTAL COST OF IMPROVEMENTS _____ TOTAL SQ FT. _____		
TOTAL LAND AREA _____ NUMBER OF STORIES _____ WALL TYPE _____		
NUMBER OF BATHROOMS-FULL _____ PARTIAL _____ SQ FT HEATED _____ UNHEATED _____		
For Office Use Only		For Office Use Only
ZONING: _____	SEPTIC PERMIT # _____	PERMIT FEE
FLOOD ZONE: _____	ELEVATION _____	MIN. FINISH FLOOR ELVATION _____
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.		

APPLICATION FOR PERMIT

Signature of Owner

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____

Type of Identification Produced _____

Signature of Contractor/ Installer

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____

Type of Identification Produced _____

County Competency Card # _____

Contractor's State Certification No. _____ or Registration No. _____

Installer's State License # _____

(OFFICE USE ONLY)

Application Approved by	_____	_____
	Permit Officer	Date
Zoning Approved By :	_____	_____
	Building Official or Zoning Signature	Date
Zoning Denied By:	_____	_____
	Building Official or Zoning Signature	Date
Plans Reviewed By:	_____	_____
	Plans Examiner Signature	Date

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: _____

Address: _____

Permit No: _____

Tax Folio No: _____

STATE OF: _____

COUNTY OF: _____

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: _____

Legal Description: _____

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): _____

3. OWNER INFORMATION: a.) Name: _____ Address: _____

b.) Interest In Property: _____

c.) Fee Simple Titleholder (if other than owner) Name: _____ Address: _____

4. CONTRACTOR: a.) Name: _____ Address: _____ b.) Phone: _____

5. SURETY: a.) Name: _____ Address: _____

b.) Amount of bond \$: _____ c.) Phone: _____

6. LENDER: a.) Name: _____ Address: _____ b.) Phone: _____

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: _____ Address: _____ b.) Phone: _____

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

a.) Name: _____ Address: _____ b.) Phone: _____

9. Expiration date of notice of commencement (the expiration date is one (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 Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/ Office

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year)

by _____ (name of person) as _____ (type of authority, e.g. officer,
trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number: _____
Personally Known _____ or Produced identification _____

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

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 @

Category/Subcategory	Manufacturer	Product Description	Approved 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 job site: 1) copy of this 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