

**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:
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OWNERS NAME	OWNERS ADDRESS
	City _____

PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS
	CITY _____

PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS
	CITY _____ COUNTY - LEVY _____

LEGAL DESCRIPTION
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SUBDIVISION _____	LOT _____	BLK _____
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UNIT _____	PHASE _____	SECTION _____	TOWNSHIP _____	RANGE _____
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TYPE OF CONSTRUCTION: RESIDENCE _____	NEW MOBILE HOME _____	USED MOBILE HOME _____	ADDITION _____	POOL _____	REMODEL/REPAIR _____	DEMO _____	PREINSPECTION _____
OTHER _____							

DRIVING DIRECTIONS TO JOB SITE:
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TOTAL COST OF IMPROVEMENTS _____	TOTAL SQ FT. _____
TOTAL LAND AREA _____	NUMBER OF STORIES _____
NUMBER OF BATHROOMS-FULL _____	PARTIAL _____
SQ FT HEATED _____	UNHEATED _____

<b>For Office Use Only</b>	<b>For Office Use Only</b>
ZONING: _____	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

**LEVY COUNTY DEVELOPMENT DEPARTMENT  
OWNER/BUILDER AFFIDAVIT FOR CONSTRUCTION, ROOFING,  
PLUMBING, MECHANICAL & FUEL GAS**

DISCLOSURE STATEMENT CONSISTENT WITH FS 489.103 (7)

I understand that state law requires construction to be done by a licensed contractor and I 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 below, may act as my own contractor with certain restrictions even though I do not have a license.

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.

I understand that, as an owner/builder, I am the responsible party of record on the 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 the permit and contracts.

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 at a cost not to exceed \$75,000.00. 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 one (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 license exemption.

I understand that, as the owner/builder, I must provide direct, onsite supervision of the construction.

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 license required by law and by county or municipal ordinance.

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.

I understand that I may not delegate the responsibility for supervising work to 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 worker's compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

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.

I understand that I may obtain more information regarding my obligations as an employer for 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 **1-850-487-1395** or **www.myflorida.com/dbpr/pro/cilb/** for more information about licensed contractors.

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: \_\_\_\_\_

I agree to notify the **Levy County Development Department** 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 contractors general liability and worker's compensation insurance coverage.

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

I hereby acknowledge that **I have read and understand** the above **Disclosure Statement** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Owner/Builder's Printed Name

\_\_\_\_\_  
Owner/Builder's Signature

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_ NOTARY SEAL \_\_\_\_

\_\_\_\_\_  
Notary Public's Printed Name

# 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)
<b>1. EXTERIOR DOORS</b>			
a. SWINGING			
b. SLIDING			
c. SECTIONAL/ROLL UP			
d. OTHER			
<b>2. WINDOWS</b>			
a. SINGLE/DOUBLE HUNG			
b. HORIZONTAL SLIDER			
c. CASEMENT			
d. FIXED			
e. MULLION			
f. SKYLIGHTS			
g. OTHER			
<b>3. PANEL WALL</b>			
a. SIDING			
b. SCOFFITS			
c. STOREFRONTS			
d. GLASS BLOCK			
e. OTHER			
<b>4. ROOFING PRODUCTS</b>			
a. ASPHALT SHINGLES			
b. NON-STRUCT METAL			
c. ROOFING TILES			
d. SINGLE PLY ROOF			
e. OTHER			
<b>5. STRUCT COMPONENTS</b>			
a. WOOD CONNECTORS			
b. WOOD ANCHORS			
c. TRUSS PLATES			
d. INSULATION FORMS			
e. LINTELS			
f. OTHERS			
<b>6. NEW EXTERIOR</b>			
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 the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

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APPLICANT SIGNATURE

DATE