



CITY OF EUSTIS -- BUILDING PERMIT APPLICATION

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068

Telephone: 352-483-5462---Fax: 352-589-2651

Code in Effect: FLORIDA BUILDING CODE 2017, 6th Edition

Property Owner _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____

Contractor(Applicant) _____
License Holder _____
License Number _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail Address: _____

Project Address _____ Alt. Key # _____
Subdivision _____ Phase _____ Blk _____ Lot _____

Responding to a Code Violation? _____ Yes _____ No Within a Historic District? _____ Yes _____ No
Is property in a Floodplain? _____ Yes _____ No If "Yes" Base flood elevation must be provided on your Site Plan.

Contract Price/Value: \$ _____ Proposed Project Description/Scope: _____

It is agreed that in all respects the work will be performed & 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.

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 certify that, per Chapter 469, F.S., Asbestos Abatement, I will contact FDEP and provide the Notice of Asbestos Renovation or Demolition Form, and will comply with all requirements, including, but not limited to, conducting a thorough asbestos inspection prior to the commencement of demolition or renovation.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (Contractor/Applicant) _____ **DATE** _____

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

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 _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

M/H Set-up Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Plumb Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

HVAC Contractor: _____ (*)
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Elec. Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

LP Gas Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
State _____ Zip _____
Phone _____ Fax _____
Cell _____ Email: _____
Signature _____

Specialty Contractor: _____
State/Cert/Reg # _____
Address _____
City _____
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 AND REPLACEMENT HVAC SYSTEMS ; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.

Approved by _____ **Date:** _____



Building Code in Effect:
2017 (Sixth Edition) Florida Building Code

Permit Number: _____

Important!

Yes No (Check one) I am filling and /or excavating the property. If yes, provide the Finish Floor Elevation (FFE) , lot corner elevations and drainage plan for the site. Depending on the type of development, not all information will be required. Note: Failure to respond correctly will make you personally liable for future damages.

III. OWNER & LENDER INFO			
A. OWNER OR LESSEE		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES			
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement > \$7,500).			
NAME	ADDRESS,	CITY,	STATE & ZIP TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) <input type="checkbox"/>		SAME AS OWNER <input type="checkbox"/>	
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE			
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE			
DESIGN PROFESSIONAL	LICENSE #		
		PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT CELL PHONE NO.



Office of Building Services Scope of Work

Reroofing

Permit: _____

Date: _____

Job Address: _____

Structure: Single-Family Residence/Townhouse Mobile home Commercial/Condominium

Re-Roof Type: Replacement - Tear off Existing and Replace Re-cover – New Roof over Existing Roof
If damaged decking replacement is required, an inspection is required.

Job Description: Square Footage _____ Special Notes: _____

Type of Roof & Florida Product approval numbers:

- Coating Only FL # _____
- Underlayment FL # _____
- Fiberglass Shingle FL # _____
- Wood Shingle or Shake FL # _____
- Modified Bitumen FL # _____
- EPDM - hypalon or pvc one ply FL # _____
- Smooth Surfaced Built-up FL # _____
- Built-up with Aggregate FL # _____
- Tile FL # _____
- Metal – Direct attachment FL # _____
- Metal with Purlins FL # _____

Slope of Roof:

- Less than 2:12* 2:12 – 4:12** 4:12 or greater

*No shingle application allowed

**Multi-layer underlayment requires inspection or digital photographs for verification

Ventilation:

- Turbines – qty _____, Off-ridge Vent - qty _____, Powered Vent – qty _____, Ridge Vent – length _____,
 Other / Un-vented: _____

Flashing:

- Use existing Repair Existing flashing Replace all Flashing
 Replace w/L-Flashing Replace w/Step Flashing

Drip Edge:

- Use Existing Repair Existing Drip edge Replace All Drip Edge

Valley Treatment:

- Use Existing valley New Metal New Mineral Surface

Note: The following information is required on site for final inspection:

1. This scope of work form with the signed and notarized roofing affidavit included.
2. Florida product approval installation instructions, current master filed systems or site specific engineering for all products used on the job.
3. Digital photographs of sheathing (if re-nailed), underlayment (if used), Purlins or insulation (if used) with a measurement devices shown to reference required spacing.

All the documents will become part of the inspection record. On-site inspections, per Florida Building Code 110, may be required by the Building Division to verify Code compliance.

**Reroofing Inspection Affidavit
Nailing, Sheathing, Dry-In & Flashing**

REROOF ONLY – NOT NEW CONSTRUCTION

Permit No: _____

Address: _____

_____ Eustis, FL _____

I _____, as a(n) General*, Building*, Residential*, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance to the Hurricane Mitigation Retrofit Manual (Based on F.S. Chapter 553.844).

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder OR Owner if owner/builder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____ who is personally known to me ___or has produced _____ as identification and who ___did or ___did not take an oath.

Notary Public

Printed Name: _____

My Commission Expires: _____

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.