BUILDING PERMIT REQUIREMENTS FOR NEW CONSTRUCTION AND ADDITIONS

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 inspector will perform inspections and provide approval based on these codes.

Below are a list of items required at time of application submittal. Please note that incomplete applications will NOT be accepted.

- Complete permit application, notarized by all applicable parties.
- Copy of signed contract, if applicable.
- Owner-Building Affidavit, unless contractor is performing work.
- Proof of ownership (i.e. Current tax notice, Homestead Exemption notice, Recorded Deed).
- Two copies of the site plan, drawn to scale.
- Two complete sets of signed and sealed construction drawings and supporting documentation.
**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 2023, 8th Edition**

<table>
<thead>
<tr>
<th>Property Owner</th>
<th>Contractor(Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>License Holder</td>
</tr>
<tr>
<td>Phone</td>
<td>License</td>
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<tr>
<td>City</td>
<td>Number</td>
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<td>Zip</td>
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<td>State</td>
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<tr>
<th>Address</th>
<th>Phone</th>
<th>E-mail Address:</th>
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<td>State</td>
<td>Zip</td>
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</tbody>
</table>

| License Holder | Phone | Fax |
| City | State | Zip |

| License Holder | Phone | Fax |
| City | State | Zip |

| Property Owner | Contractor(Applicant) |
| Mailing Address | License Holder |
| Phone | License |
| City | Number |
| Zip | |
| State | Fax |
| Fax | |

<table>
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<tr>
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| Address | Phone | Fax |
| City | State | Zip |

| Address | Phone | Fax |
| City | State | Zip |

**Project Address**

<table>
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<tr>
<th>Alt. Key #</th>
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**Subdivision**

<table>
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<tr>
<th>Phase</th>
<th>Blk</th>
<th>Lot</th>
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</table>

**Responding to a Code Violation?**

- [ ] Yes
- [ ] No

**Is property in a Floodplain?**

- [ ] Yes
- [ ] No

**Within a Historic District?**

- [ ] Yes
- [ ] No

<table>
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<tr>
<th>If &quot;Yes&quot; Base flood elevation must be provided on your Site Plan.</th>
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</table>

**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.

__________________________
Permit Application Form - Dec 2020

Notary Public
Permit #
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 ___________________________________
City __________________________ State/Zip ________
Phone __________________________ Fax __________
Cell __________________________ Email:__________

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:__________

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:__________

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:__________

Engineer/Architect:
State/Cert/Reg # __________________________
Address ___________________________________
City __________________________ State/Zip ________
Phone __________________________ Fax __________
Cell __________________________ Email:__________

Signature __________________________
_____________________________________

(*) 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/TAPEING HAVE BEEN COMPLETED.

Approved by __________________________Date: __________________________
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

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL ADDRESS</th>
<th>FAX NO.</th>
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<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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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).

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS, CITY, STATE &amp; ZIP</th>
<th>TELEPHONE NO.</th>
</tr>
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</table>

FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) □ SAME AS OWNER

BONDING COMPANY □ NOT APPLICABLE

MORTGAGE LENDERS □ NOT APPLICABLE

DESIGN PROFESSIONAL

<table>
<thead>
<tr>
<th>LICENSE #</th>
<th>PRIMARY CONTACT EMAIL ADDRESS</th>
<th>PRIMARY CONTACT CELL PHONE NO.</th>
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HOMEOWNER AFFIDAVIT

Parcel ID #: ____________________________
Property Owners Name: ____________________________
Property Owners Address: ____________________________

The undersigned, being first duly sworn by me an officer authorized to take oaths and make acknowledgments in the State of Florida as follows:

Notice to Property Owner: Prior to filling out a Notice of Commencement, it is important to consult an attorney or any lending institution that you may have applied for a mortgage or construction loan to finance the improvements to your property.

The Notice of Commencement should not be filed before the mortgage or construction loan is closed.

"FAILURE TO COMPLY WITH THE MECHANICS' LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS". NOTICE OF COMMENCEMENT MUST BE FILED WITH THE CLERK OF THE COURT, AND A COPY MUST BE PROVIDED TO THE CITY OF EUSTIS PRIOR TO THE FIRST INSPECTION.

__________________________________________  ____________________________
Property Owners Signature                  Date

STATE OF FLORIDA, COUNTY OF ____________
Sworn to and subscribed before me this ____________ day of ____________, 20__
by ________________________________.

Personally Known _____ OR
Produced Identification _____
Type of Identification Produced: ____________________________

__________________________
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Stephanie Ramsay
2017-07-07 16:57:45
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 2020, BUILDING 105.3.6 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 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 acknowledgments, personally appeared ______________________ who is personally known to me or who has produced ______________________ as identification and who did/did not take an oath.

______________________________

NOTARY PUBLIC
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 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: ____________________________
   
   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)(e)(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 ____________________________
   (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

Jan 2020