CONTRACTOR DISCLOSURE FORM

The purpose of this form is to ensure compliance with Chapter 489 Florida Statutes.

The intent is to assure that all construction work or activities are done by licensed contractors or subcontractors, and that contractors and subcontractors are not working beyond the scope of their licenses.

Date: ____ / ____ / _____ **Parcel I. D. Number:** _____ / _____ / _____

Property Owner: _____
Printed Name

Situs Address (Job Site): _____

Contractor of Record:

_____ _____
Printed Name of Contractor or Owner/builder License Number or Owner/builder

Note: Owner/builders are required to complete Owner/builder affidavits.

Type of License: Registered / State Certified (Circle one) **Classification:** A B C (Circle one)

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Subcontractors:

Plumbing Contractor: _____

Electrical Contractor: _____

Heat, Vent and Air Conditioning _____

Fuel Gas Contractor: _____

Swimming Pool Contractor: _____

Subcontractor Contractor Other Above: _____

Discipline or Trade of Other Subcontractor : _____

Chapter 489.113 (3) (b)

A General, Building or Residential Contractor shall not be required to subcontract the installation, or repair made under warranty, of wood shingles, wood shakes, or asphalt or fiberglass shingle roofing material on a new building of his or her own construction.

Type of Roof Covering To Be Used: _____

Roofing Contractor (When Required): _____

I do Hereby Affirm that the information provided herein is true to the best of my knowledge.

_____
Contractor of Record or Owner/builder's Signature

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 @ www.floridabuilding.org

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 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.

APPLICANT 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: _____
Personaly 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

REVISED 7-1-07