



LEVY COUNTY DEVELOPMENT DEPARTMENT

MOBILE HOME RE-ROOFING AFFIDAVIT

Required to accompany building permit applications for re-roofing
Manufactured Homes

Legal Description:

Subdivision _____ Lot: _____ Block: _____ Unit: _____

Metes and Bounds Description: _____

_____ / _____ South / _____ East Parcel I.D.# _____
Section Township Range

Property Address: _____

Applicant's Mailing Address:

Name: _____

Mailing Address: _____

City, State & Zip _____

DESCRIPTION OF RE-ROOFING WORK (Circle One)

Type to be removed: Shingles Built Up Metal Other _____

Type to be applied: Shingles Built up Metal Other _____

PART I: Owner/Builder Responsibilities

I, _____, Affirm that I will properly dispose of all the
(Printed Name of Owner/builder)

roofing material removed from the above project site and deposit in an approved Land Fill. I understand that if I am not physically performing the work or present supervising that I must hire a **licensed contractor**. I further understand that the **violation** of not physically performing the work, not being onsite personally supervising the work, or the use of un-licensed contractors **will cause a stop work order to be place on the job** by the inspection staff of the Levy County Building Department.

The **Owner/Builder** becomes **liable and responsible** for any employees he/she hires to assist in the construction project. This responsibility may include the following where required by law:

- A. Construction Industry License and Insurance
- B. Workers Compensation Insurance (for workers injured on the job)
- C. Social Security Tax (must be deducted from the employee's wages and matched with the employer's funds)
- D. Federal Withholding Tax

I acknowledge that as an **Owner/Builder**, I _____, am
(Printed Name of Owner builder)

obligated to actually, physically perform the work or be present supervising the work for which the building permit that I have obtained under the exemption provided under Chapter 489 F.S., and that the structure that is the subject of this re-roof permit application is for my **personal use and is not for sale, lease or rent.**

Part II: Inspection Requirements

I, _____, Affirm that all decayed or damaged sheathing or roof
(Printed Name of Owner/builder or contractor)

framing members shall be repaired or replaced to meet the applicable requirements of the manufacturer or HUD rules, and that the roof deck will be fastened to the framing members of the roof structure according to the applicable requirements of the manufacturer:

Type of Roof Deck: _____ Spacing of Framing Members _____ O. C.

Type of Fastener: _____ Spacing of Fasteners: _____ O. C.

The roof deck nailing/fastening and the underlayment are required to be inspected by the Building Department. Due to the critical timing of inspections related to re-roofing, due to the need to protect the structure and contents, the Building Department will work with the licensed roofing contractor or owner/builder by offering an **in-progress inspection**, or allowing **independent inspection** by "Inspection Affidavit."

Independent inspections may be performed by licensed contractors* (Class "A" General, Class "B" Building, Class "C" Residential, Roofing Contractor, Florida registered Architect or Professional Engineer, or any individual certified under F.S. 468 to make such inspection (i.e., licensed Building Code Administrator or Building Inspector).

***General, Building, Residential or Roofing Contractor certified under F.S. 489, or any individual certified under F.S. 468 to make such inspections.**

Inspection Affidavits are available from the Building Department. Inspection affidavits must include photographs of each plane of the roof with the permit number or address number clearly marked on the roof deck indicating the nailing/fastening pattern, and one set of photographs showing the application of the underlayment.

Final inspection of the re-roofing work shall be made by the Building Department (upon receipt of the inspection affidavit and photographs when applicable).

The Levy County Building Department requires that an in-progress roof deck inspection be scheduled at least one day in advance. The appropriate time for inspection of the roof deck is prior to the application of the underlayment system (i.e., dry-in).

It shall be the roofing contractor or owner/builder's responsibility to protect the structure and it's contents from inclement weather. The contractor or owner/builder has the authority to dry-in the roof without inspection in emergency situations or when otherwise deemed necessary to protect the structure and it's contents, while the Building Department retains the authority to cut open the roof covering (dry-in) for spot checks as needed to assure compliance with the applicable nailing or fastening requirements.

I have read and understand the requirements stated in this affidavit and will comply accordingly.

Owner/Builder or Contractor's Signature

Contractor's License Number
(When Applicable)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and Scribed before me this _____ day of _____, 20__ A.D.

By _____.

Notary Public State of Florida

Print, Type or Stamp Name

- Personally known to me**
 - Produced Identification**
- Type of Identification Produced** _____

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 _____
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PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS _____ CITY _____
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PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS _____ CITY _____ COUNTY - LEVY _____
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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.

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