

LEVY COUNTY DEVELOPMENT DEPARTMENT

PERMIT REQUIREMENTS FOR HOUSE MOVE ON PERMITS

ALL HOUSE MOVE-ONS MUST BE INSPECTED AND NOTED AS IN COMPLIANCE OR NOT IN COMPLIANCE BY EITHER A STATE CERTIFIED CONTRACTOR OR A STATE REGISTERED CONTRACTOR MEETING THE REQUIREMENTS OF THE LEVY COUNTY CONSTRUCTION INDUSTRY LICENSING BOARD; OR STATE LICENSED INSPECTOR. ALL CONTRACTORS OR INSPECTORS MAY ONLY CERTIFY THOSE CATEGORIES IN WHICH THEY HOLD VALID LICENSES OR CERTIFICATION. A COPY OF THE PRE-INSPECTION CERTIFICATION FORM CAN BE OBTAINED FROM THE LEVY COUNTY DEVELOPMENT DEPARTMENT.

THE COUNTY INSPECTOR OR CONTRACTOR MUST COMPLETE A PRE-INSPECTION CERTIFICATION FORM AND DETERMINE WHETHER OR NOT THE HOME CAN BE PERMITTED IN LEVY COUNTY. A HOME WILL BE CONSIDERED SUBSTANTIALLY DAMAGED OR DETERIORATED WHEN THE COST OF REPAIRS EXCEEDS 50% OF THE MARKET VALUE OF THE HOME. IF THE HOME IS NOT MORE THAN 50% DAMAGED OR DETERIORATED BUT DOES REQUIRE A REMODEL AND REPAIR, A PERMIT WILL BE ISSUED ALONG WITH THE MOVE ON PERMIT.

REQUIREMENTS FOR PRE-INSPECTION PERMIT

A PRE-INSPECTION FOR A HOUSE MOVE-ON CAN BE DONE BY LEVY COUNTY OR THE ABOVE MENTIONED. (YOU CAN OBTAIN A COPY OF THE PRE-INSPECTION FORM FROM OUR DEPARTMENT) FOR LEVY COUNTY TO PERFORM THE PRE-INSPECTION, THE HOUSE MUST BE LOCATED IN LEVY COUNTY.

**** ALL DEFICIENCIES FOUND AT PRE-INSPECTION MUST BE REPAIRED BEFORE FINAL INSPECTION ****

REQUIREMENTS FOR HOUSE MOVE-ONS

1. PROOF OF OWNERSHIP OF LAND (CONTRACT/WARRANTY DEED OR TAX STATEMENT).
IF YOU ARE NOT THE PROPERTY OWNER OR A LICENSED CONTRACTOR YOU MUST PROVIDE A NOTARIZED LETTER OF AUTHORIZATION FROM THE PROPERTY OWNER TO OBTAIN ANY PERMITS.
2. APPLICATION FOR PERMIT
3. SITE PLAN TO SCALE (3 COPIES)
4. FOUNDATION PLAN (ENGINEERED SEALED)
5. ENERGY FORM & MANUAL J&D (UNLESS A/C AND HEAT ARE ALREADY EXISTING)

6. HEATING & COOLING EQUIPMENT SHALL BE SIZED IN ACCORDANCE WITH ACCA MANUAL "S" BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL "J" OR OTHER APPROVED HEATING & COOLING CALCULATION METHODOLOGIES.
7. SEPTIC TANK PERMIT FROM THE ENVIRONMENTAL HEALTH DEPARTMENT. (OR VERIFICATION ON EXISTING)
8. OWNER-BUILDER AFFIDAVIT, UNLESS PULLED BY CONTRACTOR.
9. DISCLAIMER OF LIABILITY DUE TO FLOODING AND/OR UNIMPROVED ROADS & NOTICE TO OWNER
10. DRIVEWAY PERMIT
11. REPLACEMENT AFFIDAVIT (IF APPLICABLE)
12. NOTICE OF COMMENCEMENT (RECORDED IN CLERKS OFFICE)
13. PRE-INSPECTION OF HOUSE

**** THE FOLLOWING IS ALSO REQUIRED IF LOCATED IN A FLOOD ZONE ****

14. IF YOUR PROPERTY IS LOCATED IN THE REGULATORY FLOOD WAY OR THE 100 YEAR FLOOD PLAIN ADJACENT TO THE SUWANNEE RIVER, YOU WILL NEED TO ACQUIRE AN ENVIRONMENTAL RESOURCE PERMIT FROM THE SUWANNEE RIVER WATER MANAGEMENT DISTRICT.
15. ELEVATION CERTIFICATE AFTER FINISHED FLOOR IS ESTABLISHED AND BEFORE CONTINUING SET-UP. (IF YOU CONTINUE WITHOUT ELEVATION CERTIFICATE IT IS AT CONTRACTOR/OWNER'S OWN RISK)

04/01/14 REVISED HD
08/07/15 REVISED HD

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

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 ZONING: _____ SEPTIC PERMIT # _____ FLOOD ZONE: _____ ELEVATION _____ MIN. FINISH FLOOR ELVATION _____	For Office Use Only PERMIT FEE _____
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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 RESIDENTIAL SITE PLAN

Levy County Development Department
P.O. Box 672, Bronson, Fl. 32621 (352) 486-5198

Clerk _____

Date _____

Property Owner Information:

Name: _____ Parcel I.D.# _____
Subdivision: _____ Unit _____ Phase _____ Lot(s) _____ Block _____
Section _____ Township _____ Range _____ 911 Address _____

The following items must be on Site Plan to be complete:

1. Show symmetrical shape and dimensions of property. **Site Plan must be drawn to scale.**
2. Show and identify all existing and proposed buildings.
3. Show dimensions of all existing and proposed buildings and distances of all existing and proposed buildings to all property lines.
4. Show all streets and easements abutting property.
5. Indicate, with a dashed line, any water or depressions.
6. Indicate North direction with arrow. North should be at top of site plan page.
7. Identify all contiguous public owned lands and other natural reservations.
8. Identify proposed driveway.

REQUIRED SETBACKS

NOTE: Setback for parcels contiguous to Natural Reservations – Minimum 100 ft.

R-Residential – Zoning

Front 25 ft.
Sides 10 ft.
Rear 25 ft.

RR – Rural Residential – Zoning

Front 50 ft.
Sides 10 ft.
Rear 50 ft.

A/RR – Agriculture/Rural Residential

Front 50 ft.
Sides 10 ft.
Rear 50 ft.

F/RR – Forestry/Rural Residential

Front 50 ft.
Sides 10 ft.
Rear 75 ft.

Accessory Structures

Sides 10 ft.
Rear 10 ft.

Front – same as current zoning/land use designation.

**Notice: Side street and corner lot
same setback as front.**

Zoning Officer:

This Building Site: IS _____ IS NOT _____ within a flood prone area

Community/Panel No. _____ Flood Zone _____ Elevation _____ Finished Floor _____



I certify that I am the owner of the property, that the information provided on these forms and this Site Plan (or attached Site Plan) and other exhibits is accurate, and that I am aware of my responsibilities under the Levy County Code of Ordinances.

Signature of Property Owner

Date

LEVY COUNTY E911 DATABASE MANAGEMENT APPLICATION FOR 911 ADDRESS

PHONE#: (352) 486-5214

B&Z CLERK: _____	DATE: _____
SEC/TWP/RGE/PARCEL#: _____ / / /	
ACREAGE: _____ (not needed for subdivision lots)	
SUBDIVISION: _____	BLOCK: _____ LOT: _____
PROPERTY OWNER: _____	CONTACT#: _____
RESIDENT: _____ (If different than property owner)	CONTACT#: _____

CHECK ALL THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> NEW RESIDENCE | <input type="checkbox"/> CHANGE OF ADDRESS |
| <input type="checkbox"/> REPLACEMENT | <input type="checkbox"/> VERIFICATION OF EXISTING ADDRESS
(Existing address, no home currently on property) |
| <input type="checkbox"/> ADDITIONAL RESIDENCE | <input type="checkbox"/> HARDSHIP VARIANCE |
| <input type="checkbox"/> COMMUNICATION TOWER
Carrier _____ | <input type="checkbox"/> BUSINESS
<input type="checkbox"/> Agricultural <input type="checkbox"/> commercial |

INCLUDE THE FOLLOWING FOR ALL ADDRESS APPLICATIONS:

- * NUMBER OF HOMES ON PROPERTY, NOT INCLUDING PROPOSED: _____
- * SHOW LOCATIONS OF ALL STRUCTURES & LABEL USE
- * LABEL ANY EXISTING HOME/BUSINESS WITH ADDRESS
- * SHOW ACCURATE LOCATION OF DRIVEWAY(S)-distance in feet from property lines (for residences permitted on more than one lot in a subdivision, you must indicate on which lot the driveway will enter, then distance from property lines)

***WILL SAME DRIVE BE USED FOR ALL HOMES/OFFICES? YES NO**

***SHOW LOCATION AND NAME OR NUMBER OF ALL ROADS ABUTTING PROPERTY**

COMPLETE THE FOLLOWING IF IT APPLIES TO YOU:

SPLIT FROM A LARGER PARCEL (must check this box and include the following if the split is recent and has not been recorded in the Levy County Records.)

***IS THIS A HOMESTEAD DENSITY EXCEPTION? YES NO**

***PARENT PARCEL ACREAGE: _____**

***INDICATE LOCATION OF SPLIT WITHIN PARENT PARCEL**

***INDICATE ANY EXISTING HOMES OR DRIVEWAYS LOCATED ON PARENT PARCEL. INCLUDE ADDRESSES FOR EXISTING HOMES**

PLEASE NOTE:

-ADDRESSES WILL BE ISSUED ONLY WHEN A COMPLETE PERMIT APPLICATION HAS BEEN APPROVED

-THIS FORM MUST BE COMPLETED ENTIRELY FOR ALL ADDRESS APPLICATIONS

-AN INCOMPLETE ADDRESS APPLICATION WILL BE REJECTED AND RETURNED, WHICH MAY CAUSE DELAYS IN THE ADDRESSING PROCEDURE

-YOUR ADDRESS IS BASED ON THE INFORMATION YOU PROVIDED TO OUR DEPARTMENT. WE CANNOT ISSUE A PROPER ADDRESS IF THERE IS MISSING OR INCORRECT INFORMATION

-AN INCORRECT ADDRESS CAN CAUSE DELAYS IN EMERGENCY SERVICE

-THE LEVY COUNTY 9-1-1 DATABASE MANAGEMENT OFFICE RESERVES THE RIGHT TO CORRECT OR CHANGE YOUR ADDRESS WHEN NECESSARY

-IT IS YOUR RESPONSIBILITY TO OBTAIN A COPY OF YOUR ADDRESS AND HOUSE NUMBER POSTING REQUIREMENTS WHEN YOUR PERMIT IS ISSUED

THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ALL INFORMATION DISCLOSED IN THIS APPLICATION.

PROPERTY OWNER

**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 contractor's 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



LEVY COUNTY DEVELOPMENT DEPARTMENT

OWNER/BUILDER AFFIDAVIT

EXEMPTION FOR ELECTRICAL LICENSING

**DISCLOSURE STATEMENT FS 489.503 (6) PART II,
F.S.**

State law requires electrical contracting to be done by **licensed** electrical 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 electrical contractor even though you do not have a license. You may install electrical wiring for a farm out building or a single-family or duplex residence. You may install electrical wiring in a commercial building where the aggregate construction cost of which is under \$25,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease more than one building you have wired yourself within 1 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 un-licensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. 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.

I acknowledge that as an owner/builder, I _____ am
Printed Name, First Name First

responsible to actually physically do the work for which I have requested the electrical permit. I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire a licensed contractor (i.e. Certified or Registered Electrical Contractor). I further understand that the violation of not physically doing the work, not being present and supervising the electrical work, or the use of un-licensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Levy County Building Department and the revocation of the electrical permit.

I hereby assume full responsibility as the owner/builder contractor, and will personally perform or supervise all work covered by the electrical permit requested under the license exemption.

Property Owner's Address: _____

Permit Address: _____

Telephone # (_____) _____ Personally known _____ or ID _____

I hereby acknowledge that I have read and understand the above Disclosure Statement on this
_____ Day, of _____, 20____.

Owner/Builder Signature

Notary Public Signature

Notary Public Printed

My Commission Expires: _____

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

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 Classification: A B C
(Circle one) (Circle one)

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 @

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 FLY 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