CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

HVAC PERMIT CHECKLIST

Contractors must be current with Flagler County Building Services for permitting.

- ☐ **Permit application**
- ☐ **Replacement Information Form & Tie Down Specification Sheet**
- ☐ **Certificate of Product Rating**
- ☐ **Proof of property ownership** (Copy of recorded warranty deed or print out from the Property Appraiser's office)
- ☐ **Disclosure Statement (**owner is acting as his/her own contractor) FS 489.103
- ☐ **Notice of Commencement (**required when value of labor and materials is over $15,000.00) must be recorded and certified Flagler County Clerk of Court) FS sec 713.135

Applicant must obtain all required inspections. Failure to close out permits may result in additional fees and/or suspension of permitting rights.

City of Flagler Beach Building Department, P.O. Box 70, 800 South Daytona Avenue, Flagler Beach, FL 32136,
Phone (386) 517-2000 ext. 232, Fax (386) 517-2016

CITY OF FLAGLER BEACH BUILDING DEPARTMENT
800 S Daytona Avenue, Flagler Beach, Fl 32136

FOR BUILDING USE ONLY

Permit No.: _____

Fee $_____

BUILDING PERMIT APPLICATION

1. Property Owners Name: _____
   Mailing Address: _____ Phone No._____

2. Location/Job Address: _____
   Parcel No.: _____ Block _____ Lot_____

3. License Contractor Name (must sign the application) _____
   Business Name: _____
   Address: _____ State License No.: _____
   City/State/Zip Code: _____ Phone No.: _____
   Email: _____ Cell No.: _____

4. DESCRIPTION OF WORK: ◯ Commercial ◯Residential
   *** Indicate Water Meter Size requested for new build_____(if applicable)

   _____

   _____

   _____

   _____

5. Construction Dumpster Company: ◯Contractor Owned ◯Dumpster Company Name_____
   Pursuant to Section 11-17, City of Flagler Beach Code of Ordinances, all collectors shall be required to obtain a license from the City to collect, transport, and dispose solid waste and construction and demolition debris from roll-off containers within the City limits.

6. Total Square Footage Under Roof*: (Square footage subject to state surcharg*e):_____
   Total square footage under roof – including but not limited to: new construction, carports, roofed screen room, modular buildings, boathouse, accessory structure) (DCA Rule 9B-62.003

7. Type of Construction, Occupancy Classification and Area Totals:
   Type of Construction (Circle One): IA IB IIA IIB IIIA IV VA VB
   Occupancy Classification (Circle One): A-1 A-2 A-3 A-4 B E F-1 F-2 H-1 H234 H-5 I-1
   I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

   Living Area:_____ square feet Non Living:_____ square feet Total # of Rooms_____
   # of Bedrooms_____ # of Bathrooms_____ # of Stories_____ # of Habitable Floors: _____
   Patio sq. ft_____ Driveway: _____x _____ Pool Area (including deck): _____

   Mobile Home: Make_____ Model_____ Year_____ Serial Number_____
   ◯Single Wide ◯Double Wide Width _____x Length_____ Without Hitch=sq. ft. _____
   Is this a replacement home◯ Yes ◯ No (If yes provide proof)

8. Total Cost Improvements: $_____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

9. Sub-Contractor Information:

- Electrical Contractor - Business Name: _____
  License Holder Name: _____ State License No: _____
  Size of Electrical Service: Phase _____ Amps _____
  Email: _____ Phone No: _____
  Address: _____
- Plumbing Contractor – Business Name: _____
  License Holder Name _____ State License No: _____
  Number of Bathrooms: _____ Number of Fixtures, Drains & Traps _____
  Email: _____ Phone No: _____
  Address: _____
- Mechanical Contractor – Business Name: _____ License Holder Name _____
  State License No: _____ Total Cost of Mechanical$ _____ Size of Unit _____ tons
  Email: _____ Phone No: _____
  Address: _____
- Roofing Contractor – Business Name: _____ License Holder Name: _____
  State License No: _____ Total Cost of Roof $ _____
  Type of Roof to be installed: _____ Square Footage of Structure _____
  Email: _____ Phone No: _____
  Address: _____
- Aluminum Contractor – Business Name: _____
  State License No.: _____ License Holder Name: _____
  Email: _____ Phone No: _____
  Address: _____
- Gas Contractor – Business Name: _____
  State License No.: _____ License Holder Name: _____
  Email: _____ Phone No: _____
  Address: _____

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

****To qualify as an owner/builder, the owner of the property must personally appear at the Flagler Beach Building Department and sign this application (FS489.103.7).

IS SIGNING AS: ◯CONTRACTOR ◯MOBILE HOME INSTALLER ◯OWNER

_____ _____

Signature Printed Name

STATE OF FLORIDA
COUNTY OF FLAGLER

The foregoing instrument acknowledged before me by means of ◯physical presence or ◯ online notarization, this _____ day of, _____ 20____, by _____, individual submitted: _____ who is personally known to me or has produced _____ as identification.

_____ _____

Signature of Notary Public Typed, Printed or Stamped Name of Notary Public

CITY OF FLAGLER BEACH
BUILDING DEPARTMENT
Air Conditioning Replacement

Job Name: _____

Address: _____

Note: On existing equipment make and model number are only required for components proposed to remain on site. If the entire system is replaced only the make and model number for the new equipment is required.

Existing Equipment

Package Unit Make / Model # : _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

Condenser Make / Model #: _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

A.H.U. Make / Model #: _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____

New Equipment

Package Unit Make / Model #: _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____
Show Wire Size: _____ Type: _____ (T.W. or T.H.W.)

Condenser Make / Model #: _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____
Show Wire Size_____ Type: _____ (T.W. or T.H.W.)

A.H.U. Make / Model #: _____
Minimum Circuit Amps: _____ Max. Overcurrent Protection: _____
Show Wire Size: _____ Type: _____ (T.W. or T.H.W.)
(S).E.E.R.: _____

1) Size Disconnect Circuit Breaker or Fuse: _____
2) Disconnect Readily Accessible: Yes ☐ No ☐
3) For **Condenser or A.H.U. replacement only** (partial system): provide verification of energy rating documentation from ARI or another independent testing agency, manufacturers support documentation.

Signature of Contractor: _____ Date: _____

Note: Original and a copy of this form are required to be submitted with permit application.

Notice of Commencement

This Instrument Prepared by:_____Address: _____
Tax Folio No. _____Name:_____
Permit No. _____

State of Florida
County of Flagler
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 and street address)
2. General Description of Improvement:
   (Be specific – no "all improvements")
3. Owner Information: Name and address:
   Interest in Property:
   (If other than owner) Name and address of fee simple titleholder:
4. Contractor Information: Name and address:
   Phone number:
5. Surety Information: Name and address:
   Phone number:
   Amount of bond:
6. Lender Information: Name and address:
   Phone number:
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:
   Name and Address:
   Phone Number:
8. In addition to himself, owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
   Name and Address:
   Phone number:

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, 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 COMMENCMENT.

_____ _____
Signature of Owner or Owners Authorized Office/Director Signatory's Title/Office
Partner/Manger
The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year) by_____ (name of person) as _____(type of authority... officer, trustee, attorney in fact) for _____(name of party on behalf of whom instrument was executed).

_____
Signature of Notary Public – State of Florida
Personally known _____ or produced identification_____ Stamp

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

City of Flagler Beach

P.O. Box 70 • 105 South Second Street
Flagler Beach, Florida 32136
Phone 386-517-2000 Ext. 248

Material & Waste Management

1. The purpose of this section is to promote good housekeeping practices that are designed to significantly reduce and control stormwater runoff pollution which runs into storm drains, treatment facilities and local waterways during construction operations.

2. All construction sites shall adhere to the following practices:

   a. Never dispose of any waste material into storm drains or sanitary sewers.
   b. Portable waste receptacles must be on the construction site and must be serviced on a regular basis.
   c. Ensure the disposal of scraps, waste, recyclables and surplus materials is in accordance with Federal regulations and local codes.
   d. Paint/solvent storage shall not be within fifty (50) feet of an Environmentally Sensitive Area (ESA) and shall be enclosed in weather/leak proof storage facility. Frequently schedule the safe collection and removal of combustible waste.
   e. Fuel storage tanks shall be located seventy five (75) feet or more from an ESA or storm drain and shall be in a State approved leak proof container.
   f. All above ground tanks for fueling shall be secondarily contained.
   g. Construction site driveways can be installed with or without wheel washing stations, but must prevent construction site vehicle wheels from transporting soil and sediment off of construction site and onto roadways.
   h. All hazardous waste material will be disposed of in a manner specified by Federal, State, local regulations and manufacturer's specifications.
   i. All on-site vehicles and tanks will be monitored for leaks and receive regular preventative maintenance to reduce the chance of leakage. Petroleum products shall be stored in tightly sealed containers, which are clearly labeled. Storage shall be at least seventy-five (75) feet from an ESA or storm drain.
   j. Any pesticide and herbicide usage shall be applied by a State licensed applicator.
   k. Fertilizers used shall be applied only in the minimum amount recommended by the manufacturer. If stored on-site, covered storage shall be provided. Any contents of any partially used bags of fertilizers shall be transferred to a sealable container.