



CITY OF FLAGLER BEACH BUILDING DEPARTMENT

INTERIOR / EXTERIOR RENOVATION / FIRE SAFETY PERMIT CHECKLIST

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

- Permit Application**
- 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 **\$5,000.00**) Recorded and certified by the Flagler County Clerk of Court FS sec 713.135
- 1 Set of Sealed Plans** (detailed scope of work, manufacturers drawings or booklet , including wind loads & fastening detail)
- 1 Electronic Set of Plans** (For large formatted plans, thumb drive, CK, e-mail...)

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



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 surcharge): _____
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 OWNER BUILDER DISCLOSURE STATEMENT

Florida Statutes F.S.489.103(7) quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

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.
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.
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 all permit and contracts.
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 in 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed individual 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 ordinance.
7. I understand that it is frequent practices of unlicensed persons to have the property owner obtain owner-builder permits 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.
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 for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
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. I am of aware of construction practices and I have access to the Florida Building Code.
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 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.
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 address listed below.
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 or in the permit application package.

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, the Department of Business and Professional Regulation and the building department 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.

ACKNOWLEDGMENT: I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above. I agree to comply with all provisions of the City of Flagler Beach ordinances and codes pertinent to the building. In the event the corrections are required to be completed for code violations, I will assume responsibility to insure they are made and upon completion I will call for a re-inspection before proceeding with the building. I will assume full responsibility for the construction and I will not expect supervision of my work from the Building Department. I agree to pay any additional fees, including re-inspection fees in full prior to requesting a final inspection.

Property Address: _____

Signature of Owner-Builder

Print Name

STATE OF FLORIDA
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, by _____, who signed with a mark in the presence of these witnesses:

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced



CITY OF FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

PROJECT DESIGN CRITERIA		YES	NO
COASTAL CONSTRUCTION ZONE (SEAWARD OF CCCL LINE (EXP C, 3109 FBC))			
COASTAL BUILDING ZONE (BARRIER ISLAND)			
WINDBORNE DEBRIS REGION (EAST OF 140 MPH LINE (1609.1.2 FBC))			
IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"			
CHECK APPROPRIATE METHOD			
1609.1.2 FBC			
IMPACT RESISTANT GLASS (1609.1.2 FBC)			

SPECIAL NOTE:

IT IS THE APPLICANTS SOLE RESPONSIBILITY TO VERIFY THAT SPECIFIC PRODUCTS HAVE BEEN INSTALLED IN ACCORDANCE WITH THEIR LIMITATIONS (FOR EX: WINDOWS, DOORS, GARAGE DOORS, SKYLIGHTS AND SHUTTER SYSTEMS NEED TO MEET THE MINIMUM REQUIRED DESIGN PRESSURES FOR THE PROJECT). SPECIFIC COMPLIANCE WILL BE VERIFIED DURING FIELD INSPECTIONS.

TYPE	MANUFACTURER	MODEL#/SERIES	RESERVED FOR PLANS EXAMINER USE	FLORIDA APPROVAL # (INCLUDE DECIMAL IF APPLICABLE)	FLORIDA APPROVAL pdf FILE # (IF APPLICABLE)	MIAMI/DADE N.O.A. (IF APPLICABLE)
EXTERIOR DOORS						
SWINGING						
"						
"						
SLIDING						
"						
"						
OVERHEAD						
"						
"						
OTHER						
WINDOWS						
SINGLE HUNG						
DOUBLE HUNG						
HORIZONTAL ROLLING						
CASEMENT						
FIXED						
AWNING						



CITY OF FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

PASS THRU						
SKYLIGHT						
OTHER						
TYPE	MANUFACTURER	MODEL#/SERIES	RESERVED FOR PLANS EXAMINER USE	FLORIDA APPROVAL #	FLORIDA APPROVAL PDF FILE # (IF APPLICABLE)	MIAMI/DADE N.O.A. (IF APPLICABLE)
ROOFING						
<i>FIELD VERIFY</i>						
SHINGLES						
METAL						
TILE						
OTHER						
SHUTTERS						
ROLL-UP						
PANELS						
PLYWOOD	<input type="checkbox"/> (CHECK HERE IF THIS METHOD IS CHOSEN)					
OTHER						
STRUCTURAL COMPONENTS						
HURRICANE ANCHORS	(SPECIFY MANUFACTURER(S))					
ENGINEERED LUMBER						
LINTELS						
INSULATION FORMS						
OTHER						

CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: _____ DATE: _____
 JOB LOCATION: _____

THE FOLLOWING ALTERNATIVES ARE ACCEPTABLE IF THE PROPOSED PRODUCTS DO NOT HAVE VOLUNTARY STATE APPROVAL OR MIAMI/DADE ACCEPTANCE:

- Copy of product approval/testing information and copy of listing -or- report from a Product Certification Agency approved by the Florida building commission for each different covered product. Approved product certification agencies are shown @ www.floridabuilding.org (click on the product approval button, then click on the organization search tab).
- Copy of product approval/testing information from a Florida Building Commission approved Product Evaluation Entity or Product Testing Laboratory and documentation showing the manufacturer has a Florida Building Commission approved Quality Assurance Agency on retainer. Submittals are required for each different covered product. Approved Product Evaluation Entities, Product Testing Laboratories and Quality Assurance Agencies are shown on the above referenced website (click on the product approval button, then on the organization search tab).

Permit No. _____

Address: Tax Folio No. _____

Notice of Commencement

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:** _____

2. **General Description of Improvement:** _____

3. **Owner Information:** Name and address: _____
Interest in Property: _____
Name and address of fee simple titleholder: (If other than owner): _____

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: _____

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, 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 Owners Authorized Office/Director /Partner/Manger

Signatory's Title/Office

STATE OF FLORIDA
COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, by _____, who signed with a mark in the presence of these witnesses:

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced