



Town of Montverde  
Screen Room Checklist

1. Plans digitally signed by an engineer or architect. Plans must be submitted as one file and must be unlocked. Plans should be a printable area of 24x36.
2. Plans must be designed per the latest edition of the Florida Building Code. Default exposure is C with default wind speed of 130 for cat 1 structures.
3. Contractor must submit a copy of current license and insurance with each permit submitted.
4. Copy of the contract signed by the property owner
5. A power of attorney if needed.
6. A notice of commencement for jobs valued at over \$2,500
7. A site plan showing the distances from side and rear property lines. Structures in the front yard can only be placed under an existing roof.
8. HOA approval if applicable.
9. Owner builder disclosure statement if work being done by the owner. This must be signed at Town Hall and witnessed by the permit clerk.



**TOWN OF MONTVERDE  
PERMIT  
APPLICATION**

Permit Number \_\_\_\_\_

Alternate Key Number	Parcel Number	Project Address	
		Project Description	
Owner's Name	Mailing Address	City, State, Zip	Telephone

Email Address: \_\_\_\_\_

Fee Simple Titleholder's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Construction Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address: \_\_\_\_\_ State License Number: \_\_\_\_\_

Legal Description \_\_\_\_\_

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

Architect's Name \_\_\_\_\_

Architect's Address \_\_\_\_\_

Project Information		Job Name:				
		Subdivision Name	Lot No.	Phase		
Zone	Lot Area	<b>Setbacks (ft)</b>	Front	Rear	Side	Corner
Project (check one)	Area	Electrical	Hvac		Water (check one)	
New	Living	Service Size	Type		Municipal	
Alteration	Garage				Well	
Addition	Porch(s)		Efficiency		Plumbing (check one)	
Repair	Other		Airhandler		Sewer	
Other	Total		Condenser		Septic	
Garage (check one)	Number of Bedrooms	Estimated Cost		Code In Effect		
Attached				6th Edition Florida Building Code		
Detached						

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_.**  
 Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_ Personally Known OR  
 \_\_\_\_\_ Produced Identification Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Owner Builder Affidavit

**OWNER MUST PERSONALLY APPEAR AT THE BUILDING DEPARTMENT TO SIGN THIS DOCUMENT.**

**A POWER OF ATTORNEY CANNOT BE ACCEPTED.**

**Building, Plumbing and/or Mechanical Installation Disclosure Statement required by Florida Statute 489.103(7) and  
Electrical Disclosure statement per Florida Statute 489.503(6)**

***(Initial to the left of each statement)***

\_\_\_\_ 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 permits and contracts.

\_\_\_\_ 4. I understand that I may build or improve a one-family or two-family residence or a farm out building. 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, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 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 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 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 or municipal ordinance.**

\_\_\_\_ 7. 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.

\_\_\_\_ 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.

\_\_\_\_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 [850.487.1395](tel:850.487.1395) or <http://www.myfloridalicense.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 following address:

\_\_\_\_\_

\_\_\_\_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.

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 workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the 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.

**Homeowners who hire unlicensed contractors face several potential costly penalties. The Department of Business and Professional Regulation can issue an order to stop construction and can levy a \$5,000 fine for aiding and abetting unlicensed contractors.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LIMITED POWER OF ATTORNEY

Date: \_\_\_\_\_

I hereby name and appoint: \_\_\_\_\_

an agent of: \_\_\_\_\_  
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option):**

All permits and applications submitted by this contractor.

The specific permit and application for work located at:

\_\_\_\_\_  
(Street Address)

Expiration Date for This Limited Power of Attorney: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is  personally known to me or  who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Signature

(Notary Seal)

\_\_\_\_\_  
Print or type name

Notary Public - State of \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_