

Town of Montverde 17404 Sixth Street Montverde, FL 34756 (407) 469-2681

SFR

- 1. Plans electronically signed by the architect or engineer.
- 2. Plans are one file, not multiple files.
- 3. Plans are unlocked.
- 4. Plans are on printable area of 24x36.
- 5. Truss drawings are digitally signed by engineer of record.
- 6. Survey is digitally signed by surveyor and is unlocked and complies with all of the requirements listed below.
- 7. Septic tank permit application submitted.
- 8. Product approval checklist submitted.
- 9. Property records card, warranty deed or other legal document showing ownership.
- 10. Copies of all contractors license and insurance information either on file or submitted with each application.

SURVEY REQUIREMENTS

- 1. Setbacks provided from all property lines.
- 2. Finished floor elevation provided in compliance with the approved subdivision plans.
- 3. Drainage type indicated.
- 4. Corner elevations provided at each lot corner.
- 5. Flood data provided. In AE, in addition to the house elevation, the elevation must be provided and any proposed equipment.
- 6. All easements must be shown on the plans.

Permit Number					mit Number			
Town of Montverde			TOWN OF MONTVERDE PERMIT APPLICATION					
Alternate Key N	umbei	Га	arcel Number	Project Addr	ess			
				Project Desc	ription	SFR		
Owner's Name		Mailing Addres	s	City, State, 2	<u>Zip</u>		Telephone	
Crossil Address								
Email Addres		Mailing Addrso		City State 7	7in		Tolonhono	
Fee Simple Title	noider's Name	Mailing Addres	8	City, State, 2	-ib		Telephone	
General Contrac	ctor	Mailing Addres	ss	City, State, Z	Zip		Telephone	
		J 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		- , ,,	'		1 2 2 2	
Email Address:				State Licens	e Number:			
Construction Co	ntractor	Mailing Addres	lailing Address		City, State, Zip		Telephone	
Electrical Contra	ector	Mailing Addres	ng Address		City, State, Zip		Telephone	
Email Address:					State License Number:			
Plumbing Contra	actor	Mailing Addres	S	City, State, Zip		Telephone		
				I				
Email Address: HVAC Contracto		Moiling Addrso			State License Number:		Talanhana	
HVAC Contracto)I	Mailing Addres	S	City, State, 2	City, State, Zip		Telephone	
Email Address:				State Licens	o Numbor:			
Roofing Contract	tor	Mailing Addres	is.	City, State, Z			Telephone	
		1		21. y , 21, 2		!		
Email Address:				State Licens	e Number:			
Legal Description								
Bonding Cor	npany							
Bonding Compa	•							
Architect's N								
Architect's A	ddress		I					
Dro	ject Informat	ion	Job Name:	vision Name	<u> </u>	Lot No.	Phase	
110	jeet iinomat	.1011	Gubaiv	131011 I Vallie	,	LOCITO.	1 11030	
Zone	Lot	Area						
			Setbacks	(ft)	Front	Rear	Side	Corner
Droinet (a	hook one)		Area	Electrical	LI	<u>l</u> vac	\Mata	r (check one)
Project (c New	neck one)	Living	Alea	Service Size			Municipal	(check one)
Alteration		Garage			.,,	PO	Well	
Addition		Porch(s)			Effic	eiency	Plumbing (check	one)
Repair		Other			Airhandler		Sewer	
Other	ok ono)	Total	er of Bedrooms		Condenser		Septic	do In Effort
Garage (che Attached	T one)	Numbe	er or beardorns		Estimated Co	osi		de In Effect
Detached							6th Edition F	lorida Building Code
Signature of Applicant Date								
						Datc		
STATE OF FLORIDA, COUNTY OF								
Sworn to (or affirmed) and subscribed before me by means of □ physical presence or □ online notarization,								
thisday of, 20, by Personally Known ORProduced								
Identification Type of Identification Produced								
Signature								
Print Name								
1 Thit Name								

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

A POWER OF ATTORNEY <u>CANNOT</u> 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 <u>each statement)</u>
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 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

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 @ www.floridabuilding.org				
Category/Subcategory	Manufacturer	Product Description	Approval 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 PLY 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				
ENVELOPE PRODUCTS				
A.				
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 jobsite; 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.				

. OTHERS			
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6. NEW EXTERIOR			
ENVELOPE PRODUCTS			
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products, the following informati characteristics which the produc	on must be available to the i	oval at plan review. I understand that at the time of inspector on the jobsite; 1) copy of the product appropriate comply with, 3) copy of the applicable manufacture we to be removed if approval cannot be demonstrate.	oval, 2) performance rs installation
		APPLICANT SIGNATURE	DATE
P-1305 01-04			

Afte	er recording return to:	NOTI	ICE OF COMMENCEMENT			
Permit No:						
		ntice that improvement will be made to ce of ollowing information is provided in this	ertain real property, and in accordance with Notice of Commencement.			
Description of property:		(legal description of the property, and street address if available)				
2.	General description of impro					
3.	Owner's Information:	Name: Address: Interest in Property: Name and Address of fee simple titleholder (if other than owner):				
4.	Contractor Information:	Name:Address:Telephone No.	Fax No. (Opt.)			
5.	Surety Information:	Name:				
		Address: Telephone No	Fax No. (Opt.)			
6.	Lender Information:	Name:	Fax No. (Opt.)			
7.	served as provided by Section In addition to himself or hers	Address:	Fax No. (Opt.)			
		Name:	Fax No. (Opt.)			
9.		commencement (the expiration date is 1	year from the date of recording unless a			
PA PR	YMENTS UNDER CHAPTER 713, OPERTY. A NOTICE OF COMME	PART I, SECTION <u>713.13</u> , FLORIDA STATUNCEMENT MUST BE RECORDED AND POS	EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER ITES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR ITED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN CING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.			
			Signature of Owner or Owner's Authorized Officer/Director /Partner /Manager			
			Printed Name & Signatory's Title/Office			
			, 20, by			
who	o is [] personally known to me or [has produced	as identification and [] who did or [] did not take an oath.			
			Signature of Notary Public - State of Florida			
v		FOE Florida Cintuta	Print, type or Stamp Commissioned Name of Notary Public			
	ification pursuant to Section <u>92.</u> der penalties of perjury, I declare th		stated in it are true to the best of my knowledge and belief.			
			Signature of Natural Person (Owner) Signing Above			