



Residential Addition Permit Requirements FOR CONTRACTORS APPLYING ONLINE

Once approved, items with an asterisk (*) must be printed and made available on the job site by the time of first inspection.

- Permit application
- Notice of Commencement or Affidavit of Notice of Commencement Filing
Only if over \$5,000.00 (Recorded and Certified copy not required until first inspection)
- Copy of recorded deed or Property Appraiser scan showing proof of ownership (if owner does not match the ownership information listed on the Property Appraiser)
- Flagler County Residential Tree Protection and Landscape Compliance **LDC section 6.01.03.(A)** Index tree protection/replacement requirements. Each single-family residential lot must preserve or replant at least forty (40) percent of the total pre-development caliper inches existing on the site. Preserved index trees may be substituted for tree planting required by the landscaping section of this Code.
- Affidavit of Drainage Control
- Proposed survey Elevation of proposed and existing structures shall be in N.G.V.D.
- (*) Site plan - (in accordance with) Land Development Code section 5.01.04(3) Landscape development standards. - Single family dwellings. Each single- family lot must provide at least one (1) tree per three thousand (3,000) square feet of lot area for the first quarter acre of lot area. For lots exceeding one-quarter (1/4) acre, one (1) tree for every additional one-quarter (1/4) acre, or major fraction thereof, must be preserved or planted. Existing shade trees, sabal palms and pine trees may be used to satisfy this requirement, in whole or in part, provided that they have a minimum caliper of two and one-half (2 1/2) inches DBH and overall height of ten (10) feet. When trees are planted to meet the minimum requirement they must be shade trees meeting the material standards of this section.
- A Floor Plan, printable to scale at 11x17", including dimensions (not sealed).
- (*) Construction Drawings designed to the current codes and standards and to the area of the project
- (*) Flagler County Product Approval Permit Application form or 2 sets of manufacturer's specifications and product approval for all exterior windows, doors, overhead garage doors

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE***

It is the applicant's responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13. prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.

and skylights

- (*) Signed and sealed truss engineering or plans must have engineered framing layout and connector schedule
- (*) Energy calculations for Climate Zone 3 with and EPL display card

In lieu of manually signing and sealing plans, design professionals shall affix digital signatures in compliance with Florida Statutes Chapter 481 and Florida Administrative Rule 61G1-16.005 for architects or Florida Statutes Chapter 471 and Florida Administrative Rule 61G15-23.003 for Engineers. Digital signatures must be original and will be verified. Do not upload scanned/copied plans, they will not be accepted. The following statement must accompany a digital signature "This item has been electronically signed and sealed by (name) on (date) using a Digital Signature. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies". A digitally created image of the seal must be on the plans for printing purposes.

Plans

1. Each page must contain the digital signature and will require individual upload for each sheet/page.
2. Must be drawn and formatted for a minimum landscape 24" x 36" sheet or 11" x 17" for smaller scale jobs.
3. Are to be submitted in a pdf format only.
4. Each page must have title block to contain the address of the subject property.
5. Plans shall be uploaded properly oriented in landscape mode.
6. Must be drawn to scale
7. Each page of the plans must have a graphic scale.
8. Plans that are digitally signed and sealed cannot be locked (password protected).
9. Plans must include a digitally created image of the seal along with the digital signature and seal (For printing purposes).

Documents

1. Documents must be submitted in pdf format only.
2. Documents shall be submitted in portrait orientation (unless created in landscape mode)

File Naming Convention

Plans

1. Plans are to be **submitted / uploaded as single page files** (do not combine files) and named according to the name of the page. Example: A.1 M.1 E.4 S.2. If the page does not have a naming convention (blank or named 1, 2, 3, 4) please use a description for the name for quick and easy identification. Example: Floor Plan, Elevations, Wall Sections, Pool Plans, etc. **Do NOT add any verbiage in front of the file name- you may add additional verbiage as a suffix.** Identifiers may be the suffix but not used

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as a prefix.

2. Revisions/ corrections are to be named the SAME NAME as the original document.

Documents

This applies to all documents submitted online, regardless of the phase of the permit (apply, revisions, corrections, supporting documents, etc.)

Documents are to be submitted individually and ***named as identified below***. If a document contains multiple pages, it may be uploaded as a single file. (i.e., energy calculations, etc.)

File names should be named in the examples below: (identifiers only as a suffix)

- Boundary survey
- Early power affidavit
- Electrical Calculations
- Elevation certificate
- Energy calculations
- Final Survey
- Foundation Survey
- Landscape plan
- Lot grading plan
- Manufacturer specifications
- Notice of commencement
- Owner disclosure
- Plumbing riser diagram
- Pool calculations
- Product approval
- Proof of ownership
- Recorded warranty deed
- Roof affidavit
- Roofing worksheet
- Septic Tank Permit
- Sewer Receipt
- Site plan
- Shop drawings
- Specification manual
- TDH
- Tenant affidavit
- Topographic survey
- Tree survey
- Tree Protection and Landscape Compliance form
- Truss layout

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- Water receipt
- Well permit

General Information

1. Permits utilizing the electronic plan review system must maintain the electronic process throughout the permit application review process. (and vice versa if submitted manually)
2. You may utilize this system to upload and maintain your documents at the packet stage up to 30 days prior to choosing to submit.
3. Your packet will expire in 30 days if you do not choose to submit and will require you to start again when you are ready.
4. Once you submit, if the package is incomplete, you will receive any email outlining the deficiencies and the package will not be accepted.
5. Revisions/corrections cannot be uploaded while reviews are being processed. Once all of the reviews have been completed, you will be able to upload any new plans/documents. The red SUBMIT button must be clicked for your documents to reach us. A revision sheet is not required for upload, one will automatically be generated when you hit SUBMIT.
6. Revisions are to be named the SAME NAME as the original document.
7. When the reviews have been completed, you will receive an email notifying you the permit is ready for issuance.
8. Payments continue to be made online or in person.
9. Job/Inspection card, permit, plans, etc. can be downloaded from the portal.
10. Approved plans are to be at the job site for the inspector.
11. Inspections may be requested through the portal.
12. The certificate of occupancy is also available for print online upon issuance.

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Flagler County
Residential Tree Protection and Landscape Compliance
(For all Building Permits other than a New Residential Structure)

Please complete Section I, II, and IV when Index Trees (see definition below) exist on property. If no Index Trees exist on property, please complete Section III and IV.

I, _____, the undersigned, certify that
 Print or Type Name(s)

I am the owner or duly appointed agent for the property described below:

Property Street Address _____

Parcel Number _____

I **Residential Tree Protection Compliance LDC, §6.01.03**

Index tree protection/replacement requirements:

Each single-family residential lot must preserve or replant at least forty (40) percent of the total pre-development caliper inches existing on the site.

- Where replacement trees are required to be planted in order to maintain the minimum number of caliper inches, they shall be from the index tree list, have a minimum caliper of two and one-half (2 ½) inches measured six (6) inches above grade after planting and be Florida Grade #1 or better.

INDEX TREE: A Tree (listed below) having a caliper of 6 inches or greater.

Flagler County Protected Index Trees					
Predevelopment Tree Caliper Inches (TCI):			40% of Predevelopment TCI:		
Total Caliper Inches Post Development:			<i>Minimum replacement tree size 2 ½" diameter, 6" above grade</i>		
Common Name	Number of Trees Provided	Caliper Inches	Common Name	Number of Trees Provided	Caliper Inches
Example:			Magnolia, Southern *		
Elm	3	6", 6", 10"	Magnolia, Sweetbay*		
Ash*			Maple, Red*		
Bay			Oak*		
Black Cherry			Persimmon		
Cherry Laurel			Redbud, Eastern		
Cypress, bald			Red Cedar, Eastern		
Cypress, pond			Red Cedar, Southern*		
Devil's Walking Stick			Sweetgum*		
Elm*			Sycamore, American*		
Hackberry			Tupelo, Black		
Hickory*			Tupelo, Swamp		
Holly			Yellow-Poplar (Tulip tree)		
Totals:			Totals:		



Flagler County
Residential Tree Protection and Landscape Compliance
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II

Please initial the following Statement if no Protected Index Trees over 6 inches in caliper are to be removed from the property.

_____ I certify that no protected index trees will be removed from the above-described property for which a building permit is sought.

III

Please initial the following Statement if no Protected Index Trees over 6 inches in caliper exist on the property.

_____ I certify that no protected index trees exist on the above-described property for which a building permit is sought.

IV

Please sign below to certify that the above information is true and accurate.

Owner/Agent Signature

Date

FLAGLER COUNTY PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

PROJECT DESIGN CRITERIA <i>*Please answer the following questions</i>	YES	NO
COASTAL CONSTRUCTION ZONE? (SEAWARD OF CCCL LINE)		
COASTAL BUILDING ZONE?		
WINDBORNE DEBRIS REGION?		
EXPOSURE CATEGORY (CIRCLE)	(B) (C) (D)	
<i>IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"</i>		
CHECK APPROPRIATE METHOD		
<input type="checkbox"/> DESIGN FOR INTERNAL PRESSURE		
<input type="checkbox"/> SHUTTER SYSTEM		
<input type="checkbox"/> IMPACT RESISTANT GLASS		

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.

IN ADDITION TO THIS FORM, MANUFACTURER SPECIFICATIONS AND INSTALLATION INSTRUCTIONS FOR EACH PRODUCT ARE REQUIRED TO BE ON SITE AT THE TIME OF INSPECTION.

TYPE	MANUFACTURER	MODEL # / SERIES	<i>RESERVED FOR PLANS EXAMINER USE</i>	2023 FLORIDA APPROVAL # <i>(MUST INCLUDE DECIMAL NUMBER)</i>	FLORIDA APPROVAL PDF FILE # <i>(IF APPLICABLE)</i>	MIAMI/DADE N.O.A. <i>(IF APPLICABLE)</i>
EXTERIOR DOORS						
SWINGING						
"						
SLIDING						
"						
OVERHEAD						
"						
OTHER						
WINDOWS						
SINGLE HUNG						
DOUBLE HUNG						
HORIZONTAL ROLLING						
CASEMENT						
FIXED						
AWNING						
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						
SHINGLES	FIELD VERIFY					
METAL						
TILE						
UNDERLAYMENT						
SHUTTERS						
ROLL-UP						
PANELS						
PLYWOOD	D (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).



**Flagler County Growth Management
Building Services Division**

1769 East Moody Blvd
Bldg 2, Bunnell, FL 32110
386-313-4003

NOTICE OF COMMENCEMENT

PERMIT NUM _____

TAX FOLIO NUM _____

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.

DESCRIPTION OF PROPERTY	_____
DESCRIPTION OF IMPROVEMENT	_____

OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR IMPROVEMENT

NAME	_____	INTEREST IN PROPERTY	_____
ADDRESS	_____		
NAME AND ADDRESS OF FEE SIMPLE TITLEHOLDER - (IF OTHER THAN OWNER)	_____		

CONTRACTOR NAME	_____	PHONE	_____
ADDRESS	_____		

SURETY NAME	_____	PHONE	_____
ADDRESS	_____	BOND AMOUNT	_____

LENDER NAME	_____	PHONE	_____
ADDRESS	_____		

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	_____	PHONE	_____
ADDRESS	_____		

IN ADDITION TO HIM/HERSELF, 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	_____	PHONE	_____
ADDRESS	_____		

EXPIRATION DATE OF NOTICE OF COMMENCEMENT

THE EXPIRATION DATE IS 1 YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED HERE: _____

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 LESSEE, OR OWNER'S OR LESSEE'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

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 _____
YEAR NAME OF AFFIANT

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____

SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA

PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC



AFFIDAVIT OF NOTICE OF COMMENCEMENT FILING

I, _____, of
(Owner's Name)

(Street Address)

(City, State and Zip)

hereby certify the attached is a copy of the Notice of Commencement that is being filed with the Clerk of the Circuit Court for the improvement as noted:

(Please specify the improvement/work)

as permitted by Flagler County Building Department.

(Owner's or Contractor's Signature)

(Date)

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20_____

who is personally known to me or produced: _____

as identification.

(Notary Public Signature)

(Seal)

(Printed or Typed Name of Notary)

My Commission Expires: _____