




# **Demolition** **Permit Requirements** **FOR OWNER/BUILDER**

 Permit Application

 Disclosure Statement Affidavit

 Notice of Commencement if over \$5000.00 (Recorded and Certified copy not required until first inspection)

 Copy of Warranty Deed (*A copy of the Recorded Deed can be obtained from Flagler County Clerk's office, Recording Department.*) <https://apps.flaglerclerk.com/Landmark/>

 Survey or Site plan showing existing structures

\*\*\* 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.**



# Flagler County Building Permit Application

<b>FOR BUILDING USE ONLY</b>
Permit # _____
Code # _____
Date _____

1. **Property Owners Name:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. **Location of Property/ Job Address:** \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. **Contractor / Installer:** \_\_\_\_\_  
 Address: \_\_\_\_\_ State License: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

4. **Description of Work:** \_\_\_\_\_  
 **Commercial**  **Residential**  
**Mobile Home:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Specify Single or Double Wide \_\_\_\_\_ Width: \_\_\_\_\_ x Length: \_\_\_\_\_ (*without hitch*)=Sq Ft: \_\_\_\_\_  
 Is this a replacement home?  YES or  NO (*If yes provide proof*)

5. **Total Square Footage Under Roof:** \_\_\_\_\_

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	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.  
 Number of Rooms (total): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Habitable Floors: \_\_\_\_\_ Number of Elevators: \_\_\_\_\_  
 Patio: \_\_\_\_\_ Square feet. Driveway: \_\_\_\_\_ x \_\_\_\_\_ Pool Area (including deck): \_\_\_\_\_  
 Fire Sprinklers:  YES or  NO (*If yes, separate permit required*)

7. **Potable Water Supplied by:** \_\_\_\_\_ **Septic Tank Permit #:** \_\_\_\_\_  
**or Water and Sewer Company:** \_\_\_\_\_

8. **Total Cost of Improvements:** \_\_\_\_\_

9. **Sub Contractor Information:**

**Electrical Contractor:**

DBA:	License Holders Name:
State License Number:	Size of Electrical Service: Phase: _____ Amps: _____

**Plumbing Contractor:**

DBA:	License Holders Name:
State License Number:	Number of Bathrooms :
Number of Drains :	

**Mechanical Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

**Roofing Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

**Aluminum Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

**Gas Contractor:**

DBA:	License Holders Name:
State License Number:	Total Number of Outlets:

**Elevator:**

DBA:	License Holders Name:
State License Number:	Total Cost of Elevator:

**Others Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Others:

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

**“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”**

\_\_\_\_\_  
(Signature) (Printed Name)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER\* (Check one)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and Subscribed before me, the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or has produced

\_\_\_\_\_ as identification.

(Type of Identification)

\_\_\_\_\_  
Signature of Notary Public or Staff Signature\*

\_\_\_\_\_  
Print, Type or Stamp of Notary

**\*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**



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

## OWNER BUILDER STATEMENT/AFFIDAVIT

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Florida Statutes are quoted here in part for you information to indicate the authority for exemptions for homeowners from qualifying as contractor and to express any applicable restrictions and responsibilities

### OWNERS MUST PERSONALLY APPEAR AT CENTRAL PERMITTING TO SIGN THIS DOCUMENT AND THE PERMIT APPLICATION

**BY SIGNING THIS STATEMENT, I ATTEST: (*Initial to the left of each statement*)**

	I understand that state law requires constructions to be done by licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that. I as the owners of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
	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.
	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 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 contractor.
	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 costs do exceed \$75,000.00. The building or residence must be my only 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 improve 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.
	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise person working on my building or residence. It is my responsibility to ensure that the person whom I employ have the licenses required by law and by county ordinance.
	I understand that it is a frequent practice of unlicensed person to have the property owner obtain 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 I am aware of the limits of my insurance coverage for injuries to workers on my property.
	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. <u>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 provide workers compensation for the employee.</u> I understand that my failure to follow these laws my subject me to serious financial risk.



# OWNER BUILDER STATEMENT/AFFIDAVIT

	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-builder as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
	I am aware of construction practices and I have access to the Florida Building Code.
	I understand that I may obtain more information regarding my obligations as an employer from 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 License Board at 1-850-487-1395 or at <a href="http://www.myflorida.com/dbpr/pro/cilb/">www.myflorida.com/dbpr/pro/cilb/</a> for more information about licensed contractors.
	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.
	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 contractor with a person does not have license, the Construction Industry Licensing Board, the Department of Business and Professional Regulations 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 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 property licensed and status of contractor workers compensation coverage.
	I agree to comply with all provisions of the county 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 up completion I will call for a reinspection before proceeding with 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 reinspections fees in full prior to requesting a final inspection.

## THE BELOW AFFIDAVIT MUST BE SIGNED IN FRONT OF A PERMIT TECHNICIAN

Property Address: \_\_\_\_\_.

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.

\_\_\_\_\_  
Signature of Owner-Builder

\_\_\_\_\_  
Date

Form of identification: \_\_\_\_\_  
(Must be Photo ID)

\_\_\_\_\_  
Permit Technician Signature

**A Violation of this exemption is a misdemeanor of the first degree punishable by term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.**



## Pulling an Owner/Builder Permit is Risky Business!



If you do not intend to do the work yourself and have been asked by someone without a contractor's license to pull the permit, you are at risk of financial harm.

**Section 489.103 (7), Florida Statutes** requires that when property owners act as their own contractor, they must supervise the work being performed. Any person working on your building who is not licensed must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee.

Without workers' compensation insurance, you could be held liable for injuries incurred on your property. Typically, your homeowners' insurance policy will not honor your claim if the work being performed required a licensed contractor. You could end up responsible for thousands of dollars of medical bills.



**Not only is it dangerous, but it's against the law.**

**Section 455.227(1)(J), Florida Statutes** prohibits any person from aiding, assisting, procuring, employing or advising any unlicensed person or entity. Individuals who aid unlicensed persons may face fines of up to \$5,000.

## Is it worth it?

For more information, speak with your local building department before you apply for a permit or contact the Department of Business and Professional Regulation at 850.487.1395 or online at [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)





**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.

<b>LEGAL DESCRIPTION OF PROPERTY</b>	_____
<b>DESCRIPTION OF IMPROVEMENT</b>	_____

**OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR IMPROVEMENT**

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

<b>CONTRACTOR NAME</b>	_____	<b>PHONE</b>	_____
<b>ADDRESS</b>	_____		

<b>SURETY NAME</b>	_____	<b>PHONE</b>	_____
<b>ADDRESS</b>	_____	<b>BOND AMOUNT</b>	_____

<b>LENDER NAME</b>	_____	<b>PHONE</b>	_____
<b>ADDRESS</b>	_____		

**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**

<b>NAME</b>	_____	<b>PHONE</b>	_____
<b>ADDRESS</b>	_____		

**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**

<b>NAME</b>	_____	<b>PHONE</b>	_____
<b>ADDRESS</b>	_____		

**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



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? YES NO
IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name
Address
City State Zip County
Site Consultant Inspecting Site
Building Size (Square Feet) # of Floors Building Age in Years
Prior Use: School/College/University Residence Small Business Other
Present Use: School/College/University Residence Small Business Other

II. Facility Owner Phone Email Address
Address
City State Zip

III. Contractor's Name Phone Email Address
Address
City State Zip

Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start: Finish: Demo/Renovation (mm/dd/yy) Start: Finish:

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

VI. Procedures for Unexpected RACM:

VII. Asbestos Waste Transporter: Name Phone
Address
City State Zip

VIII. Waste Disposal Site: Name Class
Address
City State Zip

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM\*
RACM ACM
square feet surfacing material
linear feet pipe
cubic feet of RACM off facility components
square feet cementitious material
square feet resilient flooring
square feet asphalt roofing
\*Identify and describe surfacing material and other materials as applicable:

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator) (Date)
(Signature of Owner/Operator) (Date)



## Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.