






GENERATOR 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 if ownership is different than Property Appraiser's website

 Survey/Site Plan signed and sealed showing setback, easements, existing structures, proposed location and dimensions of generator and tank, gas diagram, locations of openings in the structure and source of ignition.

 Manufacturer's Specifications

 Load Calculations

***** 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.

Revised 08/2024



Flagler County Building Permit Application

FOR BUILDING USE ONLY
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)**



**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.

LEGAL 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