





Interior/Exterior Renovations Permit Requirements FOR OWNER/BUILDER

 Permit Application

 Disclosure Statement Affidavit

 Notice of Commencement if over \$5,000.00 (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/>

 Construction Drawings designed to the current codes and standards and a detail scope of work

 Flagler County Product Approval Form

*** 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

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)**



Permit Number: _____

OWNER BUILDER
STATEMENT/AFFIDAVIT

Page 1 of 2

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 www.myflorida.com/dbpr/pro/cilb/ 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 properly 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



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.

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