GROWTH MANAGEMENT
1769 East Moody Blvd, Bldg #2
Bunnell, Florida 32110
Phone 386-313-4003
CENTRALPERMITTING@FLAGLERCOUNTY.GOV



Residential Hardscape Permit Requirements

FOR OWNER/BUILDER

Remit Application
☐ Disclosure Statement
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 to the area of the project
⊒ Site Plan

*** 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	: <u> </u>	Lot:	
3.	Contractor / Installer:					
	Address:		State Lice	ense:		
	City/State/Zip Code:		Phone #:_			
	Fax #:		Cell #:			
	E-mail:					
4.	Description of Work:					
	Description of Work:	Commer	cial		Residential	
V	lobile Home: Make	Model`	/earS	Serial Numb	er:	
S	pecify Single or Double Wide sthis a replacement home?	Width:x FS or	Length:(wi cprovide proof)	thout hitch)=Sq Ft:	
	•					
5.	Total Square Footage Und	er Roof:			-	
6.	Type of Construction, Occ	upancy Classific	ation and Area To	otals:		
Т	ype of Construction (check one):	IA IB IIA I	B IIIA IIIB IV	VA VB		
	Occupancy Classification	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 I				
	Living Area:Square	e feet. Non Living:	Square f	eet.		
	Number of Rooms (total):	Number of Be	drooms:	Number o	of Bathrooms:	
	Number of Stories:	_ Habitable Flo	ors:	Number o	of Elevators:	
	Number of Stories: Habitable Floors: Number of Elevators: Patio: Square feet. Driveway:x Pool Area (including deck): Fire Sprinklers: YES or NO (<i>If yes, separate permit required</i>)					
7.	Potable Water Supplied by:Septic Tank Permit #:or Water and Sewer Company:					
8.	Total Cost of Improvemen	<u> </u>				
9.	. Sub Contractor Information:					
	Electrical Contractor:					
	DBA:		License Holders Nar	ne:		
•	State License Number:		Size of Electrical Ser	vice: Phase	e: Amps:	
•	Plumbing Contractor:					
	DBA:		License Holders Na	me:		
	State License Number:		Number of Bathroo	oms :		
	Number of Drains:					

DBA:	License Holders Nar		
State License Number:	Total Cost of Mecha	nical :	
Size of Unit	tons.		
Roofing Contractor:			
DBA:	License Holders Nar	ne:	
State License Number:	Total Cost of Roof :		
Type of Roof to be Installed:	Square Footage of S	tructure:	
Aluminum Contractor:			
DBA:	License Holders Nar	ne:	
State License Number:	Total Cost of Alumir	num Structure:	
Square Footage under Solid Roof	Panels :		
Gas Contractor:			
DBA:	License Holders Nam	ie:	
State License Number:	Total Number of Out	lets:	
Elevator:			
DBA:	License Holders Nar		
State License Number:	Total Cost of Elevat	or:	
Others Contractor:	I .		
DBA:	License Holders Name		
DBA: State License Number: oplication is herby made to obtain	Total Cost of Others	allations as indicate	
DBA: State License Number: Oplication is herby made to obtain work has commenced prior to estandards of all laws regulating "FAILURE TO COMPRESULT IN THE PROBUL	in a permit to do the work and institute issuance of a permit and that a g construction in this jurisdiction. LY WITH THE MECHAN OPERTY OWNER PAYING IMPROVEMENT	allations as indicate all work will be perfo	ormed to n
DBA: State License Number: Oplication is herby made to obtain work has commenced prior to estandards of all laws regulating "FAILURE TO COMPRESULT IN THE PROBULT IN THE	in a permit to do the work and institute issuance of a permit and that a g construction in this jurisdiction. LY WITH THE MECHAN OPERTY OWNER PAYING IMPROVEMENT (Printed Name)	allations as indicate all work will be perfo IICS LIEN LAV IG TWICE FO S"	ormed to n
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State License Number: Oplication is herby made to obtain work has commenced prior to estandards of all laws regulating. "FAILURE TO COMPRESULT IN THE PROBULT IN THE PROB	in a permit to do the work and institute issuance of a permit and that a g construction in this jurisdiction. LY WITH THE MECHAN OPERTY OWNER PAYING IMPROVEMENT (Printed Name) R MOBILE HOME INSTALLER County of	allations as indicate all work will be performed by the second of the se	W CAN R THE

Mechanical Contractor:

Signature of Notary Public or Staff Signature*

*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)

Print, Type or Stamp of Notary

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FLAGLER
COUNTY

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)

DI v	SIGNING THIS STATEMENT, TATTEST: (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. 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. I understand that my failure to follow these laws my subject me to serious financial risk.



OWNER BUILDER STATEMENT/AFFIDAVIT

Page 2 of 2

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 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 perm	it application filed and agree to the conditions specified above.
Signature of Owner-Builder	Date
Form of identification:	<u>_</u>
(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





SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA

Flagler County Growth Management Building Services Division

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

		NOTICE	OF COMMENCEME	NT	
PERMIT NUM			TAX FOLIO	Num	
	HEREBY GIVES NOTICE	THAT IMPROVEMENT WILL BE M IS PROVIDED IN THIS NOTICE O		OPERTY AND, IN ACC	CORDANCE WITH CHAPTER 713, FLORIDA
DESCRIPTION O	OF PROPERTY				
DESCRIPTION O	OF IMPROVEMENT				
(OWNER INFORMAT	TON OR LESSEE INFORMA	ATION IF THE LESSEE	CONTRACTED F	OR IMPROVEMENT
NAME			Interes	Γ IN PROPERTY	
ADDRESS NAME AND ADD	ORESS OF FEE SIMP	T.F.			
	· (IF OTHER THAN O				
CONTRACTOR I	NAME			PHONE	
ADDRESS					
SURETY NAME				PHONE	
ADDRESS				BOND AMOU	UNT
Levinen NAME				DHONE	
ADDRESS				PHONE	
	Control Control	Trong trong		****************	
PERSONS WI		OF FLORIDA DESIGNATED VED AS PROVIDED BY SEC			R OTHER DOCUMENTS MAY BE UTES
NAME			· · · · · · · · · · · · · · · · · · ·	PHONE	
ADDRESS					
IN ADDITION TO	O HIM/HERSELF, O				COPY OF THE LIENOR'S NOTICE
NAME		AS PROVIDED IN SECTIO	on 713.13(1)(B), FLOR	IDA STATUTES PHONE	I
ADDRESS				THONE	
TIDDICESS		P			
THE EVEIDATION	DATE IS 1 VEAD EDON		OF NOTICE OF COMMI		EDE.
THE EXPIRATION	DATE IS T YEAR FROM	A THE DATE OF RECORDING	UNLESS A DIFFERENT DA	TE IS SPECIFIED H	ERE:
ARE CONSIDERE RESULT IN YOU RECORDED AND	ED IMPROPER PAT JR PAYING TWIC POSTED ON THE	YMENTS UNDER CHAPT E FOR IMPROVEMENTS JOB SITE BEFORE THE F	ER 713, PART I, SE TO YOUR PROPER FIRST INSPECTION. IF	CTION 713.13 TY. A NOTICE YOU INTEND T	THE NOTICE OF COMMENCEMEN', FLORIDA STATUTES, AND CAI OF COMMENCEMENT MUST B O OBTAIN FINANCING, CONSUL' NOTICE OF COMMENCEMENT.
STATE OF FLOR	RIDA COUNTY OF F				SIGNATORY'S TITLE / OFFICE
THE FOREGOING	G INSTRUMENT WAS	ACKNOWLEDGED BEFORE N	ME, BY MEANS OF ☐ PH	IYSICAL PRESENC	E OR □ ONLINE NOTARIZATION,
THIS	DAY OF	,, BY	NAME OF AFFIANT		
PERSONALLY KN	IOWN OR PR	ODUCED IDENTIFICATION		_	

PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC