



Building & Zoning Department
Application for Permit

FLORIDA BUILDING CODE

2004

Unless otherwise noted, complete every field.
 Write "N/A" if a section is not applicable to your property/project

(Please use blue or black ink)

Application Number _____

| | |
|--|----------------------|
| Primary Contact's Name: _____ | Phone No.: () _____ |
| Mailing Address: _____ | Fax No.: () _____ |
| City: _____ State: _____ Zip Code: _____ | E-mail: _____ |

Parcel Address: _____

SITE ADDRESS: _____

Tenant: _____ Unit: _____

Type of Construction: I II III IV V One-Hour Protected

Description of Work: _____

Existing: Gross Square Footage ("Under Roof"): _____ Net Square Footage ("Under A/C"): _____

Additional: Gross Square Footage ("Under Roof"): _____ Net Square Footage ("Under A/C"): _____

Number of Buildings: _____ Number of Units: _____ Number of Stories: _____

Type of Use: Single- or 2-Family Res Multi-Family Residential Apartments Commercial

Type of Work: New Shed/Garage Reroof Electrical Sign

Demo Add Bedroom(s) Repair Mechanical Tent

Move Addition (No BRs) Alteration Plumbing Canopy / Shade

Construction Valuation: \$ _____ 25% Prepaid Amount: \$ _____

Occupancy Use Code: _____ Occupant Load: _____ Notice of Commencement Req'd: Yes No

Blueprints, Drawings and Supporting Documents (Max 36" x 24"): Number of pages per set: _____ # of sets: _____

Contractor's Name: _____ City Registration No.: _____

Contractor's Address: _____ State Cert./Reg No.: _____

City: _____ State: _____ Zip Code: _____ Phone No.: () _____

E-mail: _____ Fax No.: () _____

Property Owner's Name: _____ Phone No.: () _____

Owner's Address: _____ Fax No.: () _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Architect/Engineer's Name: _____ Phone No.: () _____

Architect/Engineer's Address: _____ Fax No.: () _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Section §3401.7.2 of the Florida Building Code requires that you bring your entire structure into compliance with the code if the cumulative value of construction during any one year period exceeds 50% of the value of the structure (all new work done must be in full compliance regardless). You can ask us to use the Property Appraiser's valuation of your structure for this calculation or you can provide an independent appraisal. Please note that the valuation you provide here **will affect the amount of construction you can perform for the next twelve months** before you are required to upgrade your structure.

Check here to request that we use the Property Appraiser's valuation of your structure (not available for mobile homes).
 If you check this option, we will obtain the Property Appraiser's valuation for you.

Check here to use the certified appraisal (attached) that you provided valuing the structure at \$ _____

Check here if the permit is for a mobile home, and provide the market value of the mobile home: \$ _____

Tree Protection Ordinance

Check here if **no trees or palms exist** which will be removed or relocated

If you were NOT able to check the above box, you are required to apply for a separate Tree Removal Protection Permit. Call 941-954-4125 if you need more information.

Pollution Control Division

A) If the activity involves an underground fuel storage tank, check the appropriate box:

No change in tanks Yes, tank(s) to be installed Yes, tank(s) to be removed

If you checked a box indicating tanks are to be installed or removed, your building permit must reflect this and you must contact the Air & Water Quality Protection Storage Tank Program at 941-861-6220.

B) If the activity involves renovation or demolition, answer the following:

| | | |
|---|------------------------------|-----------------------------|
| Has the building even been used for any non-residential purpose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If the building is residential, does it contain more than four (4) living units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If the building is residential, is it being demolished to make way for a commercial, municipal or multi-unit residential project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked "Yes" for any of these three questions, you may be required to submit an Asbestos Project Notification Form in accordance with Federal Law. Please contact Sarasota County at 941-861-6220 and ask for the Air Quality Program for further details.

**ASBESTOS REMOVAL DISCLOSURE STATEMENT
FOR PROPERTY OWNERS ACTING AS THEIR OWN CONTRACTOR**

State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal ordinances.

Owner's Affidavit

I certify that I have read the Asbestos Removal Disclosure Statement printed above and that I understand my obligations under Florida law and local and municipal ordinance. I further certify that I will comply with all provisions of those laws and ordinances and that I will allow any authorized employee of the City of Sarasota to enter the premises associated with this project for the purpose of ascertaining full compliance.

Signature of Owner

Notary

Date

My Commission Expires

OWNER DISCLOSURE STATEMENT
APPLICABLE ONLY TO OWNERS ACTING AS THEIR OWN CONTRACTOR

Florida Statute Chapter 489 requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor, with restrictions, even though you do not have a license. You must provide direct, on-site supervision of the construction yourself. You may build or improve a one or two-family residence or a farm outbuilding. You may also build or improve a commercial building provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by State law and City Ordinances. You 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 your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide Worker's Compensation for that employee, all as described by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

The undersigned states and affirms that he/she is the owner of the property under the legal description of property to be used for the proposed construction as described on the **permit application number** _____, and that the building is for his/her own use and occupancy and is not being built or offered for sale or lease.

Owner's Affidavit

I certify that all the foregoing information is accurate, and that all work will be done in compliance with all the applicable laws regulating construction. I agree to allow any authorized employees of the City of Sarasota to enter upon the premises associated with this project for the purpose of ascertaining compliance with the terms and conditions of the application or permit.

Warning to owners: Your failure to record a notice of commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Signature of Owner

Notary

Date

My Commission Expires

Note: Subcontractor's verification for electrical, plumbing, gas, mechanical and roofing must be submitted prior to that subcontractor's first inspection request. **Call 941-954-4126 for inspections.**

Complete the following if applicable to your property:

Fee Simple Titleholder's Name (if other than owner): _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mortgage Lender's Name: _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

APPLICATION FOR PERMIT BY CONTRACTOR:

Complete whenever work under this permit is contracted to be done by anyone other than the owner of the property.

Personally appeared _____, who affirms that he/she is the applicant for the foregoing; and that all statements made on the attached permit application are true to the best of his/her knowledge, and that the work to be done, thereon, is authorized by the owner and will be done by contract.

Contractor's Signature: _____ Date: _____

The rest of this page for City use only.

| <u>Fee Schedule</u> | <u>Department</u> | <u>Init.</u> | <u>Date</u> |
|--|-------------------------|--------------|-----------------|
| <input type="checkbox"/> Triple Fee | Building | _____ | _____ |
| | Zoning | _____ | _____ |
| Zoning | Engineering | _____ | _____ |
| Building | Water/Sewer | _____ | _____ |
| Electrical | Refuse | _____ | _____ |
| Plumbing | General Services | _____ | _____ |
| AC/Mechanical | Health | _____ | _____ |
| Roofing | Planning | _____ | _____ |
| Fire: Alarms | Other | _____ | _____ |
| Suppression | Notified | _____ | _____ |
| Sprinkler | | | |
| Fire Final | | | |
| Radon | | | |
| Demolition | | | |
| Historic Demo | | | |
| Cert. Of Occupancy or CC | | | |
| Signs | | | |
| Miscellaneous | | | |
| Registration | | | |
| Fire Impact Fees | | | |
| TOTAL DUE WHEN PERMIT IS ISSUED | | | |
| | | | \$ _____ |

| | |
|---------------------|-------------------|
| Zoning Notes | Flood Zone |
| | |
| | |
| | |
| | |

| | |
|---------------------------|------|
| Approved/Declined | Date |
| Conditional: _____ | |
| _____ | |
| _____ | |

Zoning: Check here if EXEMPT from Impact Fees.

| | |
|----------------------------|-------|
| Road Impact Fees | _____ |
| Park Impact Fees | _____ |
| Library Impact Fees | _____ |
| School Impact Fees | _____ |

TOTAL DUE WHEN C. O. IS ISSUED \$ _____