

City of Quincy
One & Two Family Dwelling, Building Permit Application

Owner's Name(s) _____

Address _____ City _____ St. _____ Zip _____

Hm. No. _____ Bus. No. _____ 911 Address _____

Legal Description: Lot _____ Block _____ Sub _____ Township _____ Range _____

Parcel I. D. No. _____ Valuation of Project \$ _____ Occupancy _____

Description of Work _____

Check All The Boxes That Apply To The Proposed Job:

Description of Work	Basement On -Site	Grading Activities	Is The Property Flood Prone
New DCA Approved	Yes, Specify	Yes	Yes
New Construction	No	No	No
New Construction			Date of Flood Letter
Addition			
Alteration			Does Property Include, or Is It Near A Wetland, Such As:
Repair & Replacement	Building Foundation	Describe Slope of the Land	Lake, Pond
Foundation	Monolithic	Flat 0% to 2%	Sink Hole
Swimming Pool	Block Wall	Slight Slope 2% to 10%	Swamp, Marsh
Roofing	Pier or Piling	Steep Slope 10% to 20%	Other
Other Specify:	Other, Specify	Very Steep Slope 20% & Over	None
			Type Of Sewage Disposal?
Class of Building (proposed)			Public or Private Company
Single Family Dwelling	Clearing Activities	Check Development Restrictions That Apply	Private (Septic, etc.)
Duplex	Selective Clearing	Natural Area	
Mobile Home	Entire Site	Land Use Buffer	Type Of Water Supply
	No Clearing	Plat Restrictions	Public Or Private Company
	Access & Construction Only	None	Private (Well, Custom)

Fee simple titleholder's name (if other than the owner's) _____

Address (if other than owner's) _____ City _____ St. _____ Zip _____

Bonding Company _____ Address _____

City _____ St. _____ Zip _____

Mortgage Lender's Name _____ Address _____

City _____ St. _____ Zip _____

CONTRACTOR INFORMATION

CONTRACTOR	LICENSE NO.	ADDRESS	PHONE
Principal			
Electrical			
Plumbing			
Mechanical			
Gas			
Architect/Engineer			
Other			

If you have questions please call 850-618-0030 Ext. 6682; Fax 850-875-7313

DISCLOSURE STATEMENT-OWNER-CONTRACTOR-AND/OR-ASBESTOS-ABATEMENT-PERMIT
FLORIDA STATUTES 489.103/469.002 & FLORIDA BUILDING CODE 104.4.4

F. S. 489.103

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTOR. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS, OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR EVEN THOUGH YOU DON'T HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY BUILD OR IMPROVE A ONE OR TWO-FAMILY HOME RESIDENCE OR A FARM BUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING AT A COST OF \$25,000 OR LESS. THE BUILDING MUST BE FOR YOUR OWN USE AND OCCUPANCY. IT MAY NOT BE BUILT FOR SALE OR LEASE. IF YOU SALE OR LEASE MORE THAN ONE BUILDING YOU HAVE BUILT WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE. THE LAW PRESUMES THAT YOU HAVE BUILT IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. IT'S YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY LICENSING ORDINANCES. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND 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, AS PRESCRIBED BY LAW, YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS. OWNERS MUST PROVIDE DIRECT, ONSITE SUPERVISION THEMSELVES OF ALL WORK NOT PERFORMED BY LICENSE CONTRACTORS, THAT DUTY CANNOT BE DELEGATED.

F.S. 469.002 & FLORIDA BUILDING CODE 104.4.4

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 ONE 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 MINICIPAL LICENSING ORDINANCES.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF AN OWNER/BUILDER PERMIT.

PROPERTY OWNER

DATE

MINIMUM PROPERTY SET-BACK REQUIREMENTS

The structure shall be set back as follows:

Front Setback: 35' from a dedicated or maintained right-of-ways or a minimum of 65' from centerline, whichever is greater.

Side Setbacks: 10' on one side and 15' on other. Corner lots require a 20' setback.

Rear Setback: 10'

The septic tank and drain field, building overhang, well and any other structure located on the property must meet these minimum setbacks.

No structure can be placed on any public right-of-way, i.e. mailbox, covert retaining wall, fence. Please call Public Works at 875-8672.

I have read the above setback requirements and agree not to erect, setup or place any structure, well, drain field in those dedicated areas. If I violate the required minimum setbacks I understand that I will be required to abate the setback violations at my expense.

Owner/ Authorized Agent _____

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit(s) to do work and installations as indicated. I certify that no work or installation 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. I understand that a permit must be secured for Electrical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks and Air Conditioners, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner fee, the applicant shall certify to be acting as owner's authorized agent. I also acknowledge that my failure to record a notice of commencement may result in my paying twice for improvements to my property, and that if I am intending to obtain financing, I should consult with my lender or my attorney before recording a notice of commencement.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and on my own to identify if there are any Deed Restriction and/or Covenants on the use of the site associated with this permit application.

Signature Owner/Agent _____

Contractor _____

STATE OF FLORIDA, COUNTY OF GADSDEN

The foregoing information was sworn to, subscribed and acknowledged before me this _____ day of _____, 20_____,
by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an
oath.

Notary Public, State of Florida _____

Commission Number _____

My Commission Expires _____

REQUIRED PLANS
WIND LOAD DESIGN 110 MPH

SUBMIT: Two complete copies of specifications and drawings drawn to scale with sufficient clarity and detail to indicate the nature and character of the work, plus one additional floor plan.

- ☐ FOUNDATION
- ☐ ELEVATIONS
- ☐ SITE PLAN: setback dimensions, septic location, lot dimensions, easements, existing buildings
- ☐ MECHANICAL EQUIPMENT LOCATION
- ☐ FLOOR PLAN, EMERGENCY EGRESS, i.e. window size & location, stairs, accessible bath, fire blocking & draft stopping, smoke detector(s) location.
- ☐ Sealed & Signed Engineered Wind Load Analysis: as per Chapter 16 Florida Building Code. (Forms are available)
Each plan must include the following:
 1. Wall section(s) from the foundation through the roof.
 2. Shear wall(s) and /or segments external and internal.
 3. Roof decking & nailing requirements.
 4. Fasteners i.e. bolts, screws, nails, etc.
 5. Special uplift areas i.e. girder trusses, columns, vaulted ceiling wall(s), common frame ridge beams, etc.
 6. Connectors: Hurricane clips, straps, uplift tie-down apparatuses.
 7. Roof truss plan.
 8. Any area that is deemed to be part of the structural integrity of the building.

REQUIRED FORMS

- ☐ GARAGE DOOR & WINDOW WIND LOAD CERTIFICATION (see supplier)
- ☐ ENERGY FORM/EPI & MANUAL-J FORM (signed, see mechanical contractor or engineer)
- ☐ SOIL TEST – 2 Copies signed and sealed by a registered professional engineer. 10' borings in each corner of proposed construction. (IF PIPE CLAY IS PRESENT ON THE SOIL TEST, A SEALED ENGINEERED FOUNDATION PLAN WILL BE REQUIRED).
- ☐ FLOOD LETTER (if your property touches any body of water or is deemed to be in a flood prone area: see surveyor or engineer)
- ☐ NOTICE OF COMMENCEMENT (if valuation is over \$2,500.00)
- ☐ ADDRESS (See Building and Planning Department)

Note: Failure of the contractor/owner builder to submit the required documents will delay the issuance of the permit until the application is complete.

LETTER OF AUTHORIZATION

This letter serves as notice on this date I, _____ hereby give authorization to, _____ to obtain all necessary permits for me in Gadsden County at the property located at the following address and parcel Id.:

Physical Address _____ Parcel Id. _____

Property Owners Signature _____ Date _____

Sworn and subscribed this _____ day of _____, 20_____.

Notary _____ for State of Florida. _____ Personally Known _____ Produced Identification

Drivers license or Identification Number _____ Commission No.:

Expiration Date:

STAFF USE ONLY

OCCUPANCY TYPE	TYPE CONSTRUCTION
(1) R3 _____ MIXED _____ PREVIOUS OCCUPANCY TYPE: _____	(2) I II III NUMBER OF STORIES _____ IV V VI HEIGHT _____ SPRINKLED _____ BUILDING AREA _____ PROTECTION 1 HR. _____ 2 HR. _____ 3 HR. _____ 4 HR. _____
FLOOD ZONE YES _____ NO _____ FFE _____ FT.	

Wind Analysis Review

Foundation Type		Other Straps	
Anchoring System		Gable End Wall Bracing	
Wall Blocking		Corner or Shear Wall Hold Downs	
Wall Sheathing		Interior Shear Walls	
Roof Deck		End Zone	
Vaulted Ceilings @ Gable End		Hurricane Clips E-Z & Porch(s)	
Wall Straps		Hurricane Clips Interior	
Header Straps		Porch & Beam Anchors	
Girder Truss Straps			

Plan Review Record	First Review Date/Reviewer	Second Review Date/Reviewer	Amount	Authorized Staff Signatures	Date
Site			\$	Plan Reviewer	
Building			\$	Fire Reviewer	
Electrical			\$	Permit Clerk	
Mechanical			\$	Other	
Plumbing			\$		
				Developmental Impact Fees	
Category			\$		Comments
Gas			\$	Fire Rescue	
State Surcharge			\$	1. (< 1600sq.ft) = \$0.113/sq.ft. 2. > 1600 sq. ft = \$180.08	
Driveway			\$	Law Enforcement	
Plan Review			\$	1. (< 1600sq.ft) = \$0.073/sq.ft. 2. > 1600 sq. ft = \$116.80	
				Parks and Recreation	
				1. (< 1600sq.ft) = \$0.111/sq.ft. 2. > 1600 sq. ft = \$177.60	
Total			\$	Public Facilities	
				1. (< 1600sq.ft) = \$0.163/sq.ft. 2. > 1600 sq. ft = \$260.80	
GRAND TOTAL (Impact fees + Permit fees)				TOTAL IMPACT FEES	

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____

Project Name: _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature

Print Name

Date

Location

Permit # (FOR STAFF USE ONLY)

Permit # _____ Tax ID # _____

NOTICE OF COMMENCEMENT

State of Florida
County of Gadsden

The undersigned hereby gives notice that improvements 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.

1. Description of property: _____

2. General description of improvement _____

3. Owner information:
 - a. Name & Address _____

 - b. Interest in Property _____

 - c. Name & Address of fee simple titleholder (other than owner) _____
4. Contractor's Name: _____
Address _____
Phone # _____ Fax # _____
Bond amount \$ _____
5. Lender's Name & Address _____
Phone # _____ Fax # _____
6. Person with the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13(1)(a), 7 Florida Statutes: Name & Address _____
Phone # _____ Fax# _____
7. In addition himself, owner designates _____ to
_____ to receive a copy of the Lienor's Notice as provided in section
713.13(1)(b), FL Statutes.
8. Expiration date of notice of Commencement (the expiration date is one (1) year from the date of Recording unless a different date is specified) : _____

Signature of Owner _____

Sworn to and subscribed before me this
_____ day of _____, _____

THIS INSTRUMENT WAS PREPARED
BY: _____

Notary: _____
Known personally /ID Shown _____

OF: _____

My Commission Expires _____