



TOWN OF GRANT-VALKARIA
 1449 Valkaria Road
 Grant-Valkaria, FL 32950
 Phone: 321-951-1380 Fax: 321-956-5660

Permit #: _____
 Entered by: _____
 Approved by: _____

BUILDING PERMIT APPLICATION
 6th Edition (2017) Florida Building Code

PROPERTY INFORMATION

TWP: _____ RNG: _____ SEC: _____ SUB#: _____ BLK/PAR: _____ LOT: _____

Site Address: _____

Owner's name: _____ Phone number: _____

Owner's address: _____

Zoning: _____ Flood Zone: _____ Scrub Jay: _____

CONTRACTOR'S INFORMATION (APPLICANT)

Qualifier name: _____ License: _____

Company name: _____

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

Phone #: _____ Fax: _____

Email: _____

PROJECT INFORMATION

- Residential Commercial
 Driveway/Culvert Land Clearing Right-of-Way Sign Other

Description of work to be completed: _____

Value of Construction: _____

A Recorded Notice of Commencement is required to be filed in this office for all work valued \geq \$2,500.00.

Proposed Building Area in square feet (sq. ft):

Conditioned: _____ Non-Conditioned: _____ Total: _____

SUBCONTRACTOR INFORMATION

Electrical Contractor: _____ License #: _____ Phone #: _____

Plumbing Contractor: _____ License #: _____ Phone #: _____

Mechanical Contractor: _____ License #: _____ Phone #: _____

Roofing Contractor: _____ License #: _____ Phone #: _____

Other Contractor: _____ License #: _____ Phone #: _____



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: 321-951-1380 Fax: 321-956-5660

Permit #: _____
Entered by: _____
Approved by: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

**** NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this Town or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installations as indicated. I acknowledge and accept responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of legally constituted fees regarding development application, including but not limited to **ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.**

SIGNATURE OF OWNER

Date: _____

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____, by _____ who is personally known to me, or has produced _____ as identification, and who did/did not take an oath.

Notary Public Signature

Seal

SIGNATURE OF CONTRACTOR

Date: _____

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ____, by _____ who is personally known to me, or has produced _____ as identification, and who did/did not take an oath.

Notary Public Signature

Seal

FINAL INSPECTION IS REQUIRED: Failure to obtain a final inspection may result in a penalty.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF BREVARD

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.

- 1. Description of property: (legal description of property, and street address if available)
2. General description of improvement:
3. Owner information:
a. Name and address:
b. Phone number:
c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
a. Name and address:
b. Phone number:
5. Surety:
a. Name and address:
b. Amount of bond \$
c. Phone number:
6. Lender:
a. Name and address:
b. Phone number:
7. Persons with 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:
a. Name and address:
b. Phone number:
8. In addition to himself, 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:
a. Name and address:
b. Phone number:
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

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 Owner's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this day of by (name of person) as (type of authority, ...e.g. officer, trustee, attorney in fact) for (name of party on behalf of whom instrument was executed).

Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

Personally, Known OR Produced Identification
Type of identification produced

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of natural person signing above



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

Permit #: _____

Site Address: _____
Street City State Zip

SUBCONTRACTOR AUTHORIZATION

I hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

Contractor Name: _____ **License #:** _____
(Print Name of License Holder or Property Owner)

Contractor Company Name: _____
(Print Company Name)

Subcontractor Name: _____ **License #:** _____
(Print Name of License Holder)

Subcontractor Company Name: _____ **Phone #:** _____

TYPE OF WORK

- Plumbing Electrical Mechanical
 Roofing Other _____
(specify)

Signature of License Holder (subcontractor)

Date

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____ who is personally known to me or who has produced _____ as identification.

SEAL

Notary's Signature

Name of Notary (Typed, Printed, or Stamped)



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

BUILDING DEPARTMENT

OWNER-BUILDER DISCLOSURE STATEMENT

Florida Statute 489.103(7) requires all owners of property acting as their own contractor to complete the following disclosure statement and **personally appear to sign for the building permit**. This is an affidavit for owner/builders applying for building permits under owner/builder contractor exemption.

1. **I understand** that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. **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.
3. **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 financial 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 permits and contracts.
4. **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 the costs do not exceed \$75,000. **The building or residence must be for my own 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 improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. **I understand** that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. **I understand** I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. **I understand** it is a frequent practice of unlicensed persons to have the property owner obtain an 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 am aware of the limits of my insurance coverage for injuries to workers on my property.
8. **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 must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

- 9. **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-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
- 10. **I understand** that I may obtain more information regarding my obligations as an employer from the 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 Licensing Board at (850)487-1395 or www.myfloridalicense.com for more information about licensed contractors.
- 11. **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 following address: _____
_____.
- 12. **I agree** to notify the Town of Grant-Valkaria Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation 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 to 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 the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. The property owner's driver license or other type of verification acceptable to the local permitting agency is required to be provided for notarization when the permit is issued.

I have read the above and understand it and will comply with all rules and regulations and statutes.

Printed Owner Name

Owner Signature

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me, or who has produced _____ as identification and who did not take an oath.

S E A L

Notary Public Signature