

HOLD C.O. by: \_\_\_\_\_

TRB #: \_\_\_\_\_

**\*\*\*APPLICANT NOTICE:** CHECKLIST ON PAGE 2 OR 3 MUST BE COMPLETED **OR**  
ATTACH THE APPROPRIATE CHECKLIST IF PERMIT IS FOR POOL, POOL RELINER, **OR**  
RETAINING WALL

**Location:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
*Street Number Street Name*

Subdivision Name: \_\_\_\_\_ Lot \_\_\_\_\_ Blk \_\_\_\_\_ Unit Phase \_\_\_\_\_

Parcel I.D. No. (Tax Folio No.): \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor License No.: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

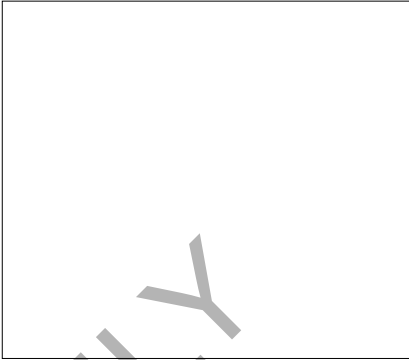
Contractor & Firm Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contractor Mailing Address: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Fax #: \_\_\_\_\_

A/E Mailing Address: \_\_\_\_\_

Sediment & Erosion Contact Name: \_\_\_\_\_ DEP #: \_\_\_\_\_ Telephone #: \_\_\_\_\_



DESCRIPTION OF IMPROVEMENT	BUILDING CLASSIFICATION	TOTAL COST OF IMPROVEMENT:
01 <input type="checkbox"/> New	01 <input type="checkbox"/> One Family Detached	\$ _____
02 <input type="checkbox"/> Addition	02 <input type="checkbox"/> Duplex	
03 <input type="checkbox"/> Alteration / Repair	12 <input type="checkbox"/> One Family Attached ( ___ # of attached units)	<b>PRIVATE PROVIDER TO BE USED:</b>
09 <input type="checkbox"/> Foundation Only	___ <input type="checkbox"/> Other _____	FL Statute 553.791 <input type="checkbox"/> Yes <input type="checkbox"/> No
10 <input type="checkbox"/> Pool / Pool Reliner		<b>HAZARDOUS MATERIAL:</b>
11 <input type="checkbox"/> Retaining Wall (separate permits required for Retaining Wall and Pool)		<input type="checkbox"/> Yes <input type="checkbox"/> No

THIS PERMIT IS FOR A NEW MASTER PLAN

THIS PERMIT HAS AN EXISTING MASTER PLAN

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

**NUMBER of NEW DRIVEWAY CONNECTIONS:** \_\_\_\_\_

**WATER & SEWER ACCOUNT & TAPS** (MUST be completed for NEW construction)

Use Master Utility Account number (1 bill for multiple addresses)

**OR** Create A New Utility Account number (separate bill for each address)

Ship work orders at issuance of permit (water is needed within 2 weeks)

**OR** Delay shipping of work orders until: (provide date) \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

By signing below, the contractor acknowledges that products used in the construction of this building, requiring approval per FL Statutes 553.842 must have the required approval prior to installation in this building. Issuance of this building permit does not constitute approval of any product. Products that require approval per FS 553.842 are (1) panel walls, (2) exterior doors, (3) roofing products, (4) skylights, (5) windows, (6) shutters, (7) structural components, and (8) products comprising a building's envelope introduced as a result of new technology.

Contractor's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION CHECKLIST

For ALL Construction, provide the following: (for Alteration/Repairs also see Pg.3)	Applicant	Staff Initials
1. Completed Permit Application (signed by Contractor)	_____	_____
2. Owners Affidavit (signed by Owner, designating Contractor as Agent, and notarized)	_____	_____
3. Disclosure Statement (signed by owner & notarized): Required If Owner is acting as their own Contractor	_____	_____
4. Affidavit of Occupancy (signed by Owner and notarized)	_____	_____
5. Florida Lien Law form (signed by Owner): Required If the contractor and owner are the same	_____	_____
6. Certified copy of recorded Notice of Commencement, submitted @ appl:Y/N	_____	_____
<ul style="list-style-type: none"> <li>• Required if cost of improvement is greater than \$2500.00 AND Required to be on job-site AND in permit file by first inspection</li> </ul>		

For NEW, ADDITION, SHEDS AND UTILITY BUILDINGS, also provide the following:	Applicant	Staff Initials
7. <b>Two (2) Sets of Construction Plans</b> (1 Set/Master Plan) each including: (ALL Aluminum Structures require plans to be engineered, signed & sealed)	_____	_____
<ul style="list-style-type: none"> <li>• Floor Plan - ¼ " scale</li> <li>• Elevations (ALL views of structure)</li> <li>• Foundation Plan or Floor Framing Plan</li> <li>• Wall Section (s)</li> <li>• Roof Plan</li> <li>• Two (2) Gas Diagrams (if &gt;2,500 sq. ft. heated and cooled)</li> <li>• Manufactures truss layout</li> <li>• Fire Resistant Framing Plan, if applicable</li> </ul>		
8. <b>Two (2) Engineered Wind Analysis</b> per Florida Bldg Code (signed and sealed by Engineer)	_____	_____
<ul style="list-style-type: none"> <li>• Required IF any of the following apply: Structure is over 400 sq ft, openings w/in 3' of a corner, or any 2 story structure</li> <li>• Engineer must have subdivision name, lot and block or complete address</li> <li>• If submittal is for a new master plan 3 sets required, 2 sets for existing</li> </ul>		
9. <b>Environmental information</b> required per Sections 5-56(2) & 5-84(o) of the TLDC includes:	_____	_____
<ul style="list-style-type: none"> <li>• SITE PLAN: Two (2) copies drawn to an engineering scale to fit on 8.5" x 11", 8.5" x 14" or 11" x 17" size paper, to include the following information</li> <li>• Property located on FIRM Flood Zone "A" will require a 100-year flood elevation determination letter prepared by a Florida registered professional engineer.               <ul style="list-style-type: none"> <li>A. Street name, lot dimensions, setback dimensions, north arrow, show all easements &amp; restrictions;</li> <li>B. Show location, size and CPZ of all protected trees with an indication of whether they are to be removed or to remain. Removal of protected trees will require a mitigation plan. Protected trees are as follows:                   <ul style="list-style-type: none"> <li>• Lots for single-family structures- trees greater than 36 DBH;</li> <li>• Lots for two or three family structures - trees greater than 12" DBH &amp; 4" in lot perimeter zone</li> </ul> </li> <li>C. Show the limits of clearing &amp; location for placement of all sediment &amp; erosion control measures</li> <li>D. Show all existing and proposed structures labeled accordingly</li> <li>E. Show existing and proposed two-foot contour lines labeled accordingly</li> <li>F. Show all grading or other methods of stormwater conveyance to an approved stormwater management facility or off site conveyance.</li> <li>G. Show Finished Floor Elevation</li> </ul> </li> </ul>		
10. <b>Florida Building Code, Energy Conservation, 7<sup>th</sup> ed. (2020) Form R402 or R405</b> (signed by the Preparer and Owner/Agent)	_____	_____
11. <b>EPL Display Card</b> (signed by Builder with date and address of home completed on card)	_____	_____
12. <b>Manual J Form-</b> HVAC load sizing summary for residential signed by preparer	_____	_____
13. <b>Soil Test</b> , Engineer shall sign & seal & state subdivision name, lot & block or complete address	_____	_____
<ul style="list-style-type: none"> <li>• Required for New Construction or when Addition is &gt; than 400 square feet</li> <li>• Pipe Clay, Site Fill or Old Fill, all require a Special Foundation OR</li> <li>• Letter signed, sealed &amp; dated from Soils Engineer stating "Special Foundation Not Required"</li> </ul>		
14. <b>Completed Driveway Connection Application</b>	_____	_____
<ul style="list-style-type: none"> <li>• Required if new driveway connection is to be installed</li> </ul>		

**APPLICATION CHECKLIST continued**

For ALTERATION and/or REPAIRS , also provide the following:	Applicant	Staff Initials
7. <b>Two (2) Sets of Construction Plans</b> <ul style="list-style-type: none"> <li>• Floor Plan - 1/4" scale</li> <li>• Elevations (1)</li> <li>• Wall Section (s), Typical &amp; Attachment to existing structure</li> <li>• Description &amp; Detail of work to be performed (see describe improvement pg 1)</li> </ul>	_____	_____
8. <b>Florida Building Code, Energy Conservation 7<sup>th</sup> ed. (2020) Form R402 or R405 (with signatures)</b> <ul style="list-style-type: none"> <li>• EPL card (signed by Builder with date and address of home completed on card) &amp;</li> <li>• Manual J Form (with Sizing summary signed by preparer)</li> </ul>	_____	_____
9. <b>Driveway Connection Application: Required if new driveway connection is to be installed</b>	_____	_____
10. <b>Hazardous Materials Checklist:</b> Any remodel or demolition requires applicant be given the Hazardous Materials Checklist . Applicant will indicate on Page 1 if hazardous materials are present.	_____	_____
11. <b>State Asbestos Notification:</b> Any remodel or demolition requires applicant be given a copy of the State Asbestos Notification form.	_____	_____
12. <b>Residential Pool Re-Liner Checklist:</b> Pool re-liner checklist shall be submitted with application	_____	_____

**PLEASE INQUIRE IF ANY OF THE FOLLOWING WILL BE REQUIRED FOR YOUR PROJECT:**

**Residential Building, Environmental, Sediment & Erosion and Driveway Connection Permit Fees:**

- |   |                              |
|---|------------------------------|
| <b>Separate SubTrade Permits:</b>         | <b>Affidavits and Forms:</b> |
| Electrical Permit                         | Notice of Commencement       |
| Plumbing Permit                           | Notice to Swimming Pool      |
| Gas Permit                                | Owner Affidavit              |
| Roofing Permit                            |                              |
| Mechanical Permit                         |                              |
| <b>Checklists and Information sheets:</b> |                              |
| Residential Swimming Pool & Spa Checklist |                              |
| Retaining Wall Checklist                  |                              |
| Typical Wall Section                      |                              |
| IVRS Inspection Call In Information Sheet |                              |

**SEE GROWTH MANAGEMENT FEE SCHEDULE**

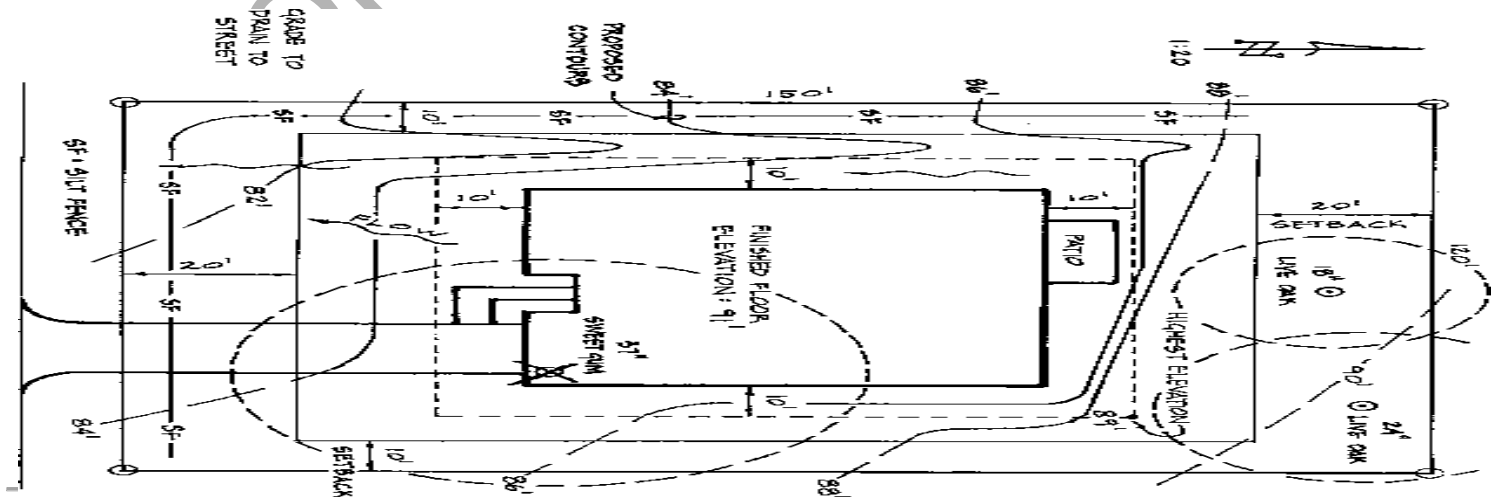
**PLEASE NOTE:** Separate permits and fees are required for subtrade permits. In addition, water and sewer fees may be applicable if connections are needed.

**\*\* NOTICE \*\***

The Contractor / Owner shall be aware of overhead power lines located near the property and maintain a safe distance of ten (10) feet from all buildings and equipment.

If you have any questions, contact the City Power Engineering Division at (850) 891-5031.

**SITE PLAN EXAMPLE:**



Growth Management Department | Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-0948  
 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B-28, Tallahassee, FL 32301

**STAFF USE ONLY**

**PERMIT FEES**

**APPLICABLE CODE EDITION:**

**FEES PD at APP \_\_\_\_\_ PD**

**PARKING REQ'D** \_\_\_\_\_

**Florida Building Code, Residential 7<sup>th</sup> ed. (2020)**

**Application** \_\_\_\_\_

**Driveway Application** \_\_\_\_\_

**ZONING DIST.** \_\_\_\_\_

**CONSTR. TYPE** \_\_\_\_\_

**Expedited** \_\_\_\_\_

**Environmental** \_\_\_\_\_

**FLOOD ZONE** Y / N

**BLDG AREA** \_\_\_\_\_

**Driveway Connection** \_\_\_\_\_

**Building** \_\_\_\_\_

**MFFE (if Flood Zone)** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_

**S & E Control** \_\_\_\_\_

**Water & Sewer** \_\_\_\_\_

**FEMA BASE ELEV** \_\_\_\_\_

**# OF STORIES** \_\_\_\_\_

**State Surcharge** \_\_\_\_\_

**Training Surcharge** **\$ 2.50**

**SUBSTANTIAL IMP** Y / N

**# OF BEDROOMS** \_\_\_\_\_

**Other** \_\_\_\_\_

**Other** \_\_\_\_\_

**IMPERVIOUS** \_\_\_\_\_

**# DRIVEWAY CONN** \_\_\_\_\_

**BALANCE DUE \$** \_\_\_\_\_

Required Review	Date of 1st Rev	Date of 2nd Rev.	Final Approval
<input type="checkbox"/> Zoning			ZNG
<input type="checkbox"/> Environmental			ENV
<input type="checkbox"/> Gas			GAS
<input type="checkbox"/> Fire			FIRE
<input type="checkbox"/> Building			BLDG

**APPLICATION STATUS, CONTACT INFORMATION & STAFF RECORDS:**

Date/Reviewer	