



RESIDENTIAL
 COMMERCIAL

FOR OFFICE USE ONLY
FBC Version: _____ Permit #: _____
Date Rec'd: _____ Accepted By: _____

BUILDING PERMIT APPLICATION

SURVEY OR PLOT PLAN REQUIRED FOR NEW STRUCTURES, ADDITIONS, SHEDS AND MOBILE HOME PLACEMENT

Job Address: _____ AltKey _____

Job Description / Details of Work _____

Property Legal Description _____ Attached

Point of Contact _____ Phone # _____

Point of Contact E-mail _____

Owner Name(s) _____ Owner Phone # _____

Address _____ Email: _____

Fee Simple Title Holder (*if other than owner*) Name(s) _____

Fee Simple Title Holder Address _____

Contractor Company Name _____ Phone# _____

Address _____ Email _____

License Holder _____ State Cert/Reg # _____

Bonding Company _____ Address _____

Architect / Engineer Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Building Type: IA IB IIA IIB IIIA IIIB IV VA VB

Building Type can be found on the first page of your engineered plans/drawings

VALUE OF WORK (Total Value of all Construction)	\$ _____ (Required)	SQUARE FOOT CONDITIONED SQUARE FOOT UNCONDITIONED SQUARE FOOT TOTAL	_____
POTABLE WATER METER SIZE	_____	EXISTING IMPERVIOUS AREA PROPOSED IMPERVIOUS AREA	_____
IRRIGATION: Yes <input type="checkbox"/> No <input type="checkbox"/>	IRRIGATION METER: Yes <input type="checkbox"/> No <input type="checkbox"/>	METER SIZE	_____
WILL EXISTING TREES BE REMOVED: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach Tree Removal Permit Application)			

MECHANICAL	LICENSE # _____
ELECTRICAL	LICENSE # _____
PLUMBING	LICENSE # _____
ROOFING	LICENSE# _____
GAS	LICENSE # _____
OTHER	LICENSE # _____

Homeowner's Association Verification

Is the property or job address located in a neighborhood with an active Homeowner's Association?

Yes No

Has the planned improvement been reviewed by the Homeowner's Association making sure that the improvement complies with HOA covenants and restrictions?

Yes No

Note: If you answered YES to the above questions please submit an approval letter from the HOA along with your building permit application. The City of Tavares reserves the right to deny a building permit request if Homeowner's Association approval has not been granted.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has 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 separate permit may be required for ELECTRIC, PLUMBING, MECHANICAL, SIGNS, FENCES, DOCKS, POOLS, ETC.

OWNERS AFFIDAVIT: I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

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.

SIGNATURE OF OWNER or AGENT

STATE OF FLORIDA
COUNTY OF _____

*Sworn to (or affirmed) and subscribed before me this
____ day of _____, 20____, by*

Notary Signature

SIGNATURE OF CONTRACTOR

STATE OF FLORIDA
COUNTY OF _____

*Sworn to (or affirmed) and subscribed before me this
____ day of _____, 20____, by*

Notary Signature

[] Personally Known _____ OR
[] Produced Identification
Type of Identification Produced: _____

[] Personally Known _____ OR
[] Produced Identification
Type of Identification Produced: _____

Notice to Contractor/Owner

If you have not recently pulled permits within the City of Tavares, please include all necessary copies of your license, occupational license, workman's compensation coverage or valid exemption, and insurance liability coverage. Failure to provide all necessary information or fill out this application completely could result in a delay in processing or a denial/rejection of your permit application.



CONSTRUCTION WASTE DISPOSAL STATEMENT

CITY OF TAVARES
COMMUNITY DEVELOPMENT
201 E. Main Street, P.O. Box 1068
Tavares, Florida 32778

PRIOR to the issuance of a Building Permit for the construction or renovation of any structure, the Applicant shall provide for the collection and disposal of any construction waste which may result from construction. Construction waste **MUST** be disposed of at a properly permitted landfill or recycling facility.

The City of Tavares is not responsible for construction or vegetation debris resulting from a permitted construction project. Therefore, there are two (2) alternatives whereby the Applicant may satisfy this requirement.

Alternative I

Use a licensed collector or specialty hauler to collect and properly dispose of/or recycle all construction wastes resulting from this project.

Alternative II

The owner/contractor will collect and properly dispose of/or recycle all construction waster resulting from this project.

Please indicate which method of disposal will be used for this project: (PLEASE CHECK ONE)

Alternative I **Alternative II**

Regardless of which method the applicant chooses, ultimately the responsibility to properly dispose of/or recycle all construction waste will fall to the general contractor/owner. Please be advised that removal of construction waste is one of many requirements for the issuance of a certificate of occupancy.

I hereby swear or affirm that I have read the requirements indicated above, and agree to the terms as directed by the City of Tavares.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____ by,
_____ who is personally known to me or has produced _____ as
identification.

(SEAL)

Notary Signature



Building Permit Scope of Work

Reroofing

Permit: _____

Date: _____

Job Address: _____

Structure: Single-Family Residence/Townhouse Mobile home Commercial/Condominium

Re-Roof Type: Replacement - Tear off Existing and Replace Re-cover - New Roof over Existing Roof
If damaged decking replacement is required, an inspection is required.

Job Description: Square Footage _____ **Special Notes:** _____

Type of Roof & Florida Product approval numbers:

Coating Only FL # _____
 Underlayment FL # _____
 Fiberglass Shingle FL # _____
 Wood Shingle or Shake FL # _____
 Modified Bitumen FL # _____
 EPDM - hypalon or pvc one ply FL # _____
 Smooth Surfaced Built-up FL # _____
 Built-up with Aggregate FL # _____
 Tile FL # _____
 Metal - Direct attachment FL # _____
 Metal with Purlins FL # _____

Slope of Roof:

Less than 2:12* 2:12 - 4:12** 4:12 or greater

*No shingle application allowed

**Multi-layer underlayment requires inspection or digital photographs for verification

Ventilation:

Turbines - qty _____, Off-ridge Vent - qty _____, Powered Vent - qty _____, Ridge Vent - length _____,
 Other / Un-vented: _____

Flashing:

Use existing Repair Existing flashing Replace all Flashing
 Replace w/L-Flashing Replace w/Step Flashing

Drip Edge:

Use Existing Repair Existing Drip edge Replace All Drip Edge

Valley Treatment:

Use Existing valley New Metal New Mineral Surface

Note: The following information is required on site for final inspection:

1. Signed and notarized roofing affidavit unless submitted with final .
2. Florida product approval installation instructions, current master filed systems or site specific Engineering for all products used on the job.
3. Digital photographs of sheathing (if re-nailed), underlayment (if used), Purlins or insulation (if used) with a measurement devices shown to reference required spacing.

All the documents will become part of the inspection record. On-site inspections, per Florida Building Code 110, may be required by the Building Division to verify Code compliance.



Reroofing Inspection Affidavit

Nailing, Sheathing, Dry-In & Flashing

REPOOE ONLY - NOT NEW CONSTRUCTION

*****DO NOT SIGN AND SUBMIT THIS FORM UNTIL THE DRY-IN WORK IS COMPLETED*****

Permit No:

Address: _____

I _____, as a(n) General*, Building*, Residential*, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance to the Hurricane Mitigation Retrofit Manual (Based on F.S. Chapter 553.844).

License #:

Company/Contractor:

Contractor's Signature: _____ Date: _____
(Must be signed by license holder OR Owner if owner/builder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site along with photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. The completed affidavit (no photos) may be sent to inspections@tavares.org at the time of the request for the final roofing inspection.

STATE OF FLORIDA
COUNTY OF

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

Notary Public

Printed Name:

My Commission Expires:

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.

After recording, return to:

Permit No.: _____
Tax Folio No.: _____

Notice of Commencement

State of Florida | County of Lake

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 the Property: (*legal description of the property and street address if available*)

Legal Description: _____

Street Address: _____

2. General Description of Improvement

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

Name: _____

Address: _____

Interest in Property: _____

Name & Address of fee simple titleholder (*if different than owner*): _____

4. Contractor Information

Name: _____ Phone No.: _____

Address: _____

5. Surety (*if applicable, a copy of the payment bond must be attached*):

Name: _____ Phone No.: _____

Address: _____ Amount of Bond: \$ _____

6. Lender Information:

Name: _____ Phone No.: _____

Address: _____

7. Persons within 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:

Name: _____ Phone No.: _____

Address: _____

8. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: _____ Phone No.: _____

9. Expiration date of notice of commencement (*the expiration date will be 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____, by _____ as
for _____

Type of authority (i.e. officer, trustee, attorney in fact) _____ Name of party on behalf of whom instrument was executed _____

is personally known or produced _____ as type of identification.

Signature of Notary Public – State of Florida (print, type or stamp commissioned name of Notary Public)



*City of Tavares
Community Development
201 E. Main Street, P.O. Box 1068
Tavares, FL 32778
Phone 352-742-6213 Fax 352-742-6087*

POWER OF ATTORNEY

Date _____

I, _____, hereby appoint _____, to be my lawful attorney in fact, to act for me to apply for, receipt for, and sign for and do all things necessary to this appointment in reference to permitting in the City of Tavares.

Check and complete one of the following.

To sign for any and all documents until further notice.

OR

To sign for this specific job only.

For work to be performed at _____

Property Owner _____

Alternate Key # _____ Section _____ Township _____ Range _____
Lot _____ Block _____ Subdivision _____

Name of Certified Contractor (Type or Print)

Signature of Certified Contractor

**State of Florida
County of Lake**

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

Notary Public Signature

(Seal)