



CITY OF TAVARES RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST

Please read the following requirements. Your signature on this form verifies that you have completed this application and have submitted all of the required information needed to review your permit package to The City of Tavares.

- A completed permit application with:
 - Construction Waste Disposal Statement (signed and notarized).
 - A completed driveway application.
 - A site specific Power of Attorney, if applicable.
 - Owner/Builder Affidavit, if applicable.
 - Proof of ownership (copy of property record card from lakecorpopappr.com)
- Two sets of signed and sealed building plans (or a [preferred] digital submittal), drawn to scale, showing the following information:
 - Foundation plan reflecting footer sizes for bearing walls. Provide a side detail reflecting the placement and size of reinforcing steel. Detail shall also reflect slab thickness and reinforcement if used.
 - Floor plan indicating all interior walls, room sizes and identification, door and window location and sizes, smoke detector locations, all landings and stairs, plumbing fixture placement with distances from walls, plumbing riser diagram, air handler location, duct work layout, location of grilles – register – energy ratings, and the electrical layout including the service location load and size. ** The State of Florida requires bathroom compliance with Florida Accessibility Code.
 - Fireplace details reflecting type of fireplace, hearth size and chimney clearances above roof.
 - An elevation of all exterior walls – north, south, east, and west.
 - Cross section of the exterior wall reflecting all components used for construction of the wall assembly.
 - Framing plan for all floor joist systems, ceiling joist systems, and roof rafters when the roof systems are conventionally framed. The details shall include the size, species, and spacing of members. All bracing requirements shall be detailed reflecting size and fastening means.
 - For stairs, detail treads and risers in accordance with codes and reflect the locations of handrails.
 - A square footage table reflecting the square footages for living area, garages, porches, entry, and patios including total.
 - Fuel gas piping plans and details.

- Two copies of the State of Florida Product Approval for all windows, siding, exterior doors, garage doors, and roofing materials and three copies of State of Florida Product Approval form (available in our office)
- Two copies of Manufacturer's installation specifications and wind-load calculations for all windows, exterior doors, garage doors, roofing materials.
- Two surveys sealed by an architect, engineer or surveyor, drawn to scale, showing the Special Flood Hazard Area (SFHA)*, proposed finished floor elevation, size of the lot, setbacks, easements, and all the improvements to be added to the site, including off-street parking, driveways, and sidewalks.
- Two (2) sets of the Florida Energy Code Compliance Form – State Energy Code Requirements.
- Two sets of signed and sealed Truss Engineering detail and layout.
- Certified copy of the Notice of Commencement (**before the 1st inspection**).

*When a home is being built in the Special Flood Hazard Area (SFHA).

- The City will require the following Elevation Certificate(s) (EC).
- The First (EC) is required before vertical construction can proceed, and the Second (EC) at the Finished Construction stage before the home is C.O. (Section 110.3(1.1) of the Florida Building Code).

SIGNATURE _____

DATE _____



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

(SEAL)

Notary Signature



DRIVEWAY PERMIT APPLICATION, & APRON SPECIFICATIONS

BLDG PERMIT NO _____ VALUE\$ _____ DATE _____

JOB ADDRESS _____

OWNER _____ PHONE _____
ADDRESS _____

CONTRACTOR _____ PHONE _____
ADDRESS _____

These *Driveway Apron Specifications* shall constitute the minimum standard required for the protection of the public roadways. The Owner shall be responsible for determining if the proposed use of the driveway apron will justify construction in excess of the minimum.

A DOT driveway permit is required for all proposals to access a State Road.

A Lake County driveway permit is required for all proposals to access the County Road system.

GENERAL REQUIREMENTS

1. Driveways shall not be permitted in the radius return of an intersection.
2. Driveway radii or flares must be constructed within the extensions of side boundary lines.
3. On roads with curb and gutter, valley gutters shall be required in line with the gutter line.
4. No driveway shall be located within three (3) feet of a storm water inlet.
5. Residential driveway minimum widths shall be 10 feet.
6. Commercial driveway minimum and maximum widths shall be as follows:

One-way	18 feet minimum	24 feet maximum *
Two-way	20 feet minimum	36 feet maximum *

* or as required for multi-lane driveways

RESIDENTIAL DRIVEWAY APRON

Unpaved Road No apron required
 Pipe drain may be required (15" min. diameter culvert, 20' min.)

Paved Road 6" limerock base with 1" asphalt, or
 6", 3000 psi concrete with fibermesh or 10-10/6x6 wire mesh
 Apron must extend from edge of existing road to property line. Pipe
 drain may be required (15" min. diameter culvert, 30' min.) Culvert
 pipe must have mitered ends with concrete collars.

COMMERCIAL DRIVEWAY APRON

Unpaved Road

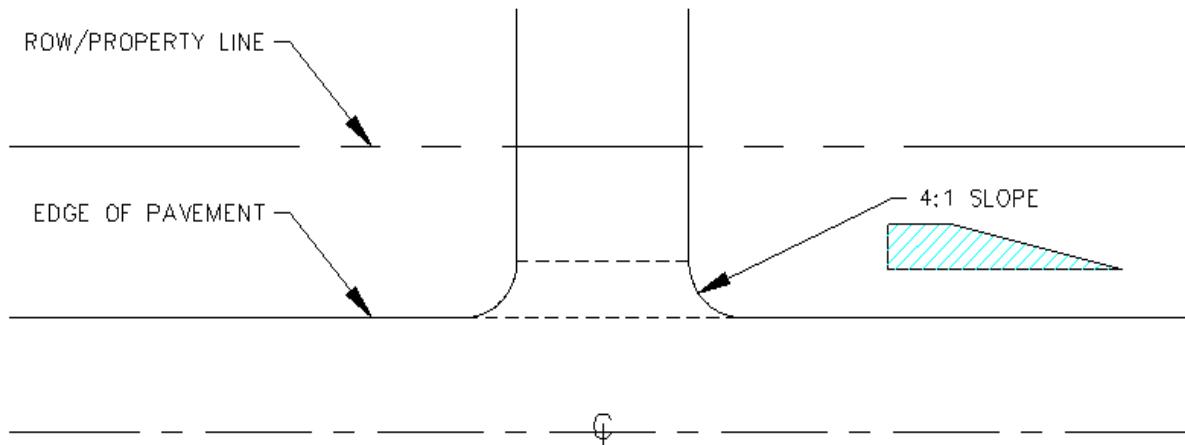
12" minimum thick stabilized clay apron.
Apron must extend from edge of existing road to property line. Pipe drain may be required (15" min. diameter culvert, 40' min.) Culvert pipe must have mitered ends and concrete collars.

Paved Road

8' limerock base with 1" asphalt, or
6", 3000 psi concrete with fibermesh or 10-10/6x6 wire mesh.
Apron must extend from edge of existing road to property line. Pipe drain may be required (15" min. diameter culvert, 40' min.) Culvert pipe must have mitered ends and concrete collars.

Surfaced Drained

Construct _____ ft of _____ inch pipe



_____Base Depth

_____Pavement Depth

Owner will construct driveway in accordance with City of Tavares Regulations as noted on this Permit. An inspection is required before concrete or asphalt is placed. A final inspection will be made when the Master project final inspection is made.

SIGNED _____ DATE _____
Owner/Contractor

APPROVED _____ DATE _____
Planning & Zoning



CITY OF TAVARES, FLORIDA

Building Department

TEMPORARY POWER REQUEST

Please print or type in black ink

Project Name: _____ # _____
Permit Number: _____ **Contractor:** _____
Parcel Number: _____
Building Address: _____

This request for temporary power for commercial/residential structures under construction for the purpose of testing the electrical system, operation and maintenance of HVAC systems, electronic monitoring systems and fire protection systems shall be subject to the following restrictions. Violations of any of the restrictions shall result in the immediate termination of power.

1. The electrical distribution system shall be substantially complete. All panels and overcurrent devices installed and all conductors pulled and terminated.
2. All panels not in equipment rooms shall have lockable covers or enclosures.
3. Only the electrical contractor holding the permit for the job may have keys to the equipment rooms or panels. The owner and/or general contractor shall not have access to these areas once power is turned on.
4. Should it be necessary for personnel who are not employees of the electrical contractor to have access to an equipment room or panel, one of the electrical contractor's personnel shall be in the room at all times when any work is performed in the electrical room.
5. Electrical equipment rooms and energized panels shall be kept closed and locked at all times when electrical contractors' personnel are not in the room.
6. The electrical contractor understands that he assumes full liability for any hazards, damages or injuries caused by the power being on, and that the City and/or Building Official assumes no liability for the power or any damages that may result from the use thereof.

We have read, understand and agree with the above terms for temporary power to be energized for the above listed building under construction.

Electrical Contractor: _____ **Signature:** _____ **Print or Type Name:** _____

EC License Number: _____ **Company:** _____

General Contractor: _____ **Signature:** _____ **Print or Type Name:** _____

GC License Number: _____ **Company:** _____

Owner or Owner Agent: _____ **Signature:** _____ **Print or Type Name:** _____

Owner or Owner Agent Company Name: _____

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)

**Phone: (352) 742-6213
Fax: (352) 742-6087
P.O. Box 1068**



**Building Department
201 E. Main Street
Tavares, FL 32778**

Product Approvals

All plans submitted for plan review must include information meeting the requirements of Florida Statutes 553.842 and Florida Administrative Code 9b-72 for eight product groups:

Windows	Exterior Door	Shutters	Structural Components
Skylights	Panel Walls	Roofing	New Building Envelope Products

Florida product approval numbers may be obtained from suppliers or by visiting the Dept. of Community Affairs Florida Building Code website at www.floridabuilding.org. Use the Product Approval link to search for current approval products.



America's Seaplane City®

SUBCONTRACTOR LIST

City of Tavares, Florida ♦ Community Development Department
201 E. Main St. ♦ Tavares, FL 32778 ♦ 352-742-6213 ♦ www.tavares.org

Permit Application #: _____ **Project Address:** _____

The primary contractor shall submit this form with all applicable subcontractors listed prior to the issuance of the building permit.

ELECTRICAL CONTRACTOR

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

GAS CONTRACTOR

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

MECHANICAL CONTRACTOR

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

PLUMBING CONTRACTOR

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

ROOFING CONTRACTOR:

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

SPECIALTY / OTHER CONTRACTOR:

Company Name: _____
Company Address: _____
City, State Zip: _____
Email: _____

State License No: _____
License Holder: _____
Phone No.: _____

STATEMENT OF PRIMARY CONTRACTOR

I hereby state that the above subcontractors will be performing work on the project referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible provided advanced written notification is first submitted to and approved by the Building Official.

PRIMARY CONTRACTOR

Company Name: _____
Company Address: _____
Phone Number: _____ Email: _____
License Holder: _____

Signature:** _____ Date: _____

**Signature of license holder or authorized agent.



*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)