

**FLAGLER BEACH BUILDING DEPARTMENT
PERMIT REQUIREMENTS
Residential Addition**

Provide 2 complete sets of all required documents unless otherwise noted. Return this checklist with your application

GENERAL REQUIREMENTS CHECKLIST

Note: Property owner responsibility to adhere to deed restrictions on certain subdivisions.

**PLEASE READ CAREFULLY
CONTRACTORS MUST HAVE CURRENT LICENSING DOCUMENTS ON FILE WITH
FLAGLER COUNTY BUILDING SERVICES, IF YOU ARE NEW OR UNSURE OF YOUR
STATUS PLEASE CALL (386)-313-4003**

- Permit application
- Tree removal permit application (if applicable)
- Recorded warranty deed
- Disclosure Statement (owner is acting as his/her own contractor) FS 489.103
- Mechanics Lien Affidavit (owner signs when using a contractor, required when value of labor and material is over \$2,500.00 in value) FS Ch 713 part 1
Provide a stamped envelope addressed to homeowner
- Certified copy of Notice of Commencement or Affidavit of Notice of Commencement filing and unrecorded copy of Notice of Commencement Recorded and certified copy not required until first inspection (required when value of labor and materials is over \$2,500.00)_FS sec 713.135
- Sub cards for sub contractors with **postage affixed** (electrician, plumber, mechanical and roofing)
- 3** sets of Building plans - (folded & stapled) sealed by an architect or engineer (FB sec 104.2.1)
***Must include:** Pervious/Impervious lot coverage
Building height
- 3** Surveys to include:
 - *Elevations relative to the National Geodetic Vertical Datum (NGVD)
 - *Proposed finished floor elevation
 - *Spot elevations at property corners, and at least two intermediate points along side property lines, and the high & low points along the centerline of the property
 - *Finished floor elevation of adjacent residences (if applicable)
 - *Wetlands jurisdiction line and wetlands buffer delineation (if applicable)
- 3** Site Plans to include:
 - *All proposed structures
 - *Setbacks
 - *Building dimensions and/or other proposed improvements
 - *Surface water management plan (to include compensating storage volume calculations) if fill is proposed
 - *Final grading plan
- 3** sets of Energy calculations for climate zone 3w/EPL display card
- 3** sets of engineered truss plans, truss layout and connector schedule-conventional framing shall be included on the engineered plans
- 3** Sets of engineering and test reports for doors and windows – if not included on the signed and sealed construction plans **OR**
Flagler Beach Product Approval Application Information form – **1 original and 2 copies** - signed and dated (Applicant responsible to have **on the job site** - the original “Manufacturer’s Specifications and Product Approval” **and** one copy of the stamped Flagler Beach Product Approval Permit application).
- Certificate of Elevation at “Construction Drawings” (Flood Zone “A” only)
- D.E.P. Permit for construction east of the CCCL Line and any property adjacent to wetland designated areas.
- Health Department Septic Permit (if applicable)

The Building Department is closed from 12 p.m. – 1:00 p.m. daily.

City of Flagler Beach

PERMIT FOR TREE REMOVAL FOR IMPROVED LOTS ONLY

Property Owner Information

Name: _____ DATE _____
 Address _____
 Mailing Address _____
 Phone number: _____ Fax: _____
 LOT _____ BLOCK _____ SUBDIVISION _____

Contractor Information

Contractor _____ Address _____
 Phone number: _____ Fax number: _____
 STATE CERT. \ REG. # _____ COUNTY OCC. LIC. _____
 Evaluation of work cost: _____
 Type of Tree(s) to be removed: _____

Reason for request:

Signature of Owner or Contractor:

Date:

INSPECTION REQUIREMENTS

- * Foundation survey is required prior to framing inspection - per FBC sec. 105.6 - Note: If two or more stories are proposed, show on foundation survey setback of nearest structure to property line. (e.g. cantilever structure, stairway, etc.)
- * Certification of Elevation is required prior to framing inspection in Flood Zone "A" and Mirror Lake
- * Final as built survey is required prior to requesting final inspection of structure, survey must indicate the finished floor elevation and provide precise delineation of all improvements
- * Final Certificate of Elevation (Mirror Lake and Flood Zone "A" only) is required prior to requesting final inspection
- * Planning & Zoning, Engineering and Environmental Resource Specialist approval required prior to final inspection request – Call Flagler Beach @ 517-2000 ext. 232
- * Certificate of Termite Treatment required at Foundation and Final

**Call Flagler Beach for Land Clearing, Driveway and Sewer Inspections
(386) 517-2000 ext. 232**

Applicant must obtain all required inspections including the final inspection.

| |
|------------------------------|
| FOR BUILDING USE ONLY |
| Permit # _____ |
| Code # _____ |
| Date _____ |

Flagler Beach Building Permit Application

1. **Property Owners Name:** _____
 Mailing Address: _____
 Phone Number: _____ Contact: _____

2. **Location of Property/ Job Address:** _____
 Legal Description _____
 Parcel # _____ Section _____ Block _____ Lot _____

3. **Contractor / Installer** _____ **F.C. Occupational Lic. #** _____
 Address: _____ **State Lic. #** _____
 City/State/Zip Code _____ Phone # _____
 Fax # _____ Cell # _____
 E-mail _____

4. **Description of Work:** _____

Commercial Structure Commercial Addition Commercial Pool
 Residential Residential Addition Residential Pool
 Fence Storage Building Detached Garage
 Pole Barn **Other** _____
Mobile Home: Make _____ Model _____ Year _____
 Serial Number _____ Specify Single or Double Wide _____
 Width _____ x Length _____ (**without hitch**) = Sq Ft _____
 Is this a replacement home? ____ YES or ____ NO (**If yes provide proof**)

5. **List Area Totals:**

Living Area: _____ Sq. Ft. Open Porch: _____ Sq. Ft. Carport: _____ Sq. Ft.
 Garage: _____ Sq. Ft. Patio: _____ Sq. Ft. Acc. Bldg: _____ Sq. Ft.
 Screen Porch: _____ Sq. Ft. Driveway _____ x _____ **Number of Stories:** _____

6. **Potable Water Supplied by:** _____ **Septic Tank Permit #** _____
or Water and Sewer Company _____

7. **Total cost of Improvements** _____

8. **Sub Contractor Information:**

Electrical Contractor:
 DBA _____ License Holders Name _____
 State Lic. # _____ Flagler Occupational Lic. # _____
 Size of electrical Service: Phase _____ Amps _____

Plumbing Contractor:

DBA _____ License Holders Name _____
State Lic. # _____ Flagler County Occupational Lic. _____
Number of Bathrooms _____ Number of Fixtures, floor drains and traps _____

Mechanical Contractor:

DBA _____ License Holders Name _____
State Lic. # _____ Flagler County Lic. # _____
Total Cost of Mechanical _____

Roofing Contractor:

DBA _____ License Holders Name _____
State Lic. # _____ Flagler County Occupational Lic.# _____
Total Cost of Roof _____ Type of Roof to be installed _____

Aluminum Contractor:

DBA _____ License Holders Name _____
State Lic. # _____ Flagler County Occupational Lic.# _____
Total Cost of Aluminum Structure _____

Gas Contractor:

DBA _____ License Holders Name _____
State Lic. # _____ Flagler County Occupational Lic.# _____
Total Number of Outlets _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.

**“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW
CAN RESULT IN THE PROPERTY OWNER PAYING TWICE
FOR THE BUILDING IMPROVEMENTS”**

X _____

Applicant Must Sign Here

CONTRACTOR, MOBILE HOME INSTALLER or OWNER
(Circle one)

*To qualify as an owner/builder, the owner of the property must personally appear at the Flagler Beach Building Department and sign this application. (FS 489.103.7b)

**DISCLOSURE STATEMENT
FOR
OWNER/BUILDER**

State of Florida

The county of Flagler

Before me this day personally appeared _____ who being duly sworn, deposes and says as follows: " Have read and fully understand the provisions of this instrument."

State law requires construction 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 contractor with certain restrictions even though you do not have a license. You must provide direct onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or farm outbuilding. You may build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building within one year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform that work being done. Any person working on your building who and must be employed by you, which means that you must deduct the FICA and withholding tax and provide workers compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. F.S. CH 489.103 (7) (B)

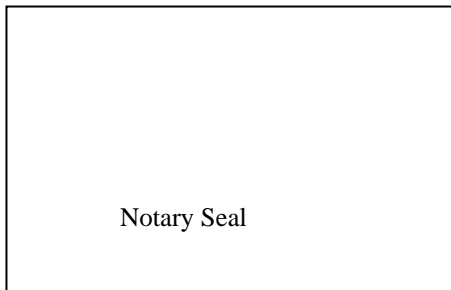
- The owner will comply with all provisions of the county ordinances and codes pertinent to the building.
- In the event the building inspector will require corrections to be made, the owner will assume responsibility to insure they are made and upon completion will call for a re-inspection before proceeding with the building.
- The owner will assume full responsibility for the construction and will not expect supervision of his work from the Building Department.
- Prior to certificate of occupancy, any additional fees, including re-inspection fees, must be paid in full.

Owners Signature

Owner printed name

The foregoing 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, State of Florida



Mechanics Lien Affidavit

I _____, the owner of the real property upon which improvements are to be constructed have received a copy of the Mechanics Lien Law Warning, Chapter 713, part 1, Florida Statutes.

Improvements to be constructed on lot _____, Block _____, Subdivision _____.

If not in platted subdivision attach legal description.

Owner's Signature

Address

City, State, Zip

The Foregoing was acknowledged before me this _____ by _____ who is personally known to me or has produced _____ as identification and who DID or DID NOT take an oath.

Notary Public

SEAL

This Instrument Prepared by: _____
Name: _____
Address: Tax Folio No. _____
Permit No. _____

Notice of Commencement

State of Florida
County of Flagler

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 and street address) _____

2. **General Description of Improvement:** _____
(Be specific – no “all improvements”)

3. **Owner Information:** Name and address: _____
Interest in Property: _____
Name and address of fee simple titleholder:
(If other than owner) _____

4. **Contractor Information:**
Name and address: _____
Phone number: _____

5. **Surety Information:**
Name and address: _____
Phone number: _____
Amount of bond: _____

6. **Lender Information:**
Name and address: _____
Phone number: _____

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 and Address: _____
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.**
Name and Address: _____
Phone number: _____

9. Expiration date of Notice of Commencement (*the expiration date is 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 1, 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 Owners Authorized Office/Director
Partner/Manger
Signatory’s Title/Office _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year)
by _____ (name of person) as _____
(type of authority... 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 commission number
Personally known _____ or produced identification _____ Stamp

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

APPLICATION FOR EARLY POWER

To: Flagler County Building Department **Date: _____**
Request for electric power necessary to check out equipment prior to all final inspections and occupancy of the building

Address _____ Building Permit # _____

The undersigned hereby requests that the electric current to the above named address be connected prior to all Flagler County final inspections in order to assure the electrical equipment is in operable condition.

PLEASE NOTE:

It is agreed by all parties signing this request that the electrical power will be disconnected if the building department determines the family residence is or has been occupied by anyone or if this permit expires prior to the final inspection and approval by the County Building, Fire, Zoning, and Engineering Departments. It is further agreed that future permits of the owner or general contractor and permit applications may be held in abeyance until any violation is satisfactorily resolved. The owner and general contractor give consent to the building department inspectors and code enforcement officers to enter the dwelling without notice or search warrants to assess compliance.

VIOLATIONS MAY BE CRIMINALLY PROSECUTED BY A FINE OF UP TO \$500.00 PER OFFENSE AND/ OR TERM OF IMPRISONMENT IN THE COUNTY JAIL OF UP TO SIXTY (60) DAYS. VIOLATIONS ARE ALSO SUBJECT TO CIVIL FINES IMPOSED BY THE CODE ENFORCEMENT BOARD UP TO \$250.00 PER DAY FOR FIRST TIME VIOLATIONS AND \$500.00 PER DAY FOR REPEAT VIOLATORS.

General Contractor Signature

Homeowner Signature

License Number

HOLD HARMLESS AGREEMENT FOR ELECTRICAL POWER

The owner and general contractor shall at all times fully and save harmless Flagler County, their employees, agents, and successors and assigns, from any liability arising from the request for, issuance of, and use of electrical power prior to the issuance of certificate of occupancy, and from any and all costs, damages, injuries, court costs or attorney's fees that may arise in connection with the use of electrical power prior to the issuance of a certificate of occupancy.

General Contractor

Owner Signature

License Number

Owners Printed Name

Before me the undersigned authority the above named owner duly executed this document on this _____ day of _____.

State of _____
County of _____

Notary Public

ELECTRICAL CONTRACTOR:

The undersigned electrical contractor certifies that the wiring apparatus or fixtures of the entire building are in such condition that electric current may be safely connected in order to check out equipment, but is not certifying that the wiring apparatuses or fixtures are in such condition for the building to safely occupied by the owner and / or tenant.

Address _____ **Permit Number** _____

Electric Company

Electrical Contractor Signature

Electrical Contractor Printed Name

Building Approval for Electric Power

Building Official

Date

F.Y.I.

NOTICE OF TERMITE TREATMENT

The Florida Building Code (section 1816.1.6) requires soil treatment to be used for Subterranean Termite protection under all concrete or grade within one foot (12") of the primary structure. Therefore, all driveways, A/C and pool equipment pads, and sidewalks shall be treated.

Termite treatment certificates shall be posted in the permit box and a copy submitted to the building Department prior to slab inspection and/or final inspection.

**FOR INSPECTIONS PLEASE CALL
The Flagler County Building Department
COMPUTERIZED TELEPHONE ANSWERING SYSTEM
THE AUTOMATED INSPECTION REQUEST SYSTEM
DIAL 313-4090**

**Developed by:
Vetrol Data Systems, Inc.
Vero Beach, FL 407-562-1621**

Inspection Type Codes:

General Inspections:

100 Threshold/Affidavit
102 Notice of Commencement

Lot Inspections:

150 Clearing Inspection
152 Companion Inspection

Plumbing Inspections:

202 Plumbing Second Rough
204 Plumbing Pressure Test

Foundation Inspections:

250 Monolithic Slab/Slab
252 Stem Footing Foundation
254 Second Floor Slab
258 Patio Inspection
260 Retaining Wall Foundation

Block/Lintel/Tie Beam Inspections:

300 Lintel Inspection
302 Tie Beam Inspection
304 Second Floor Tie Beam
306 Retaining Wall Inspection
308 Column Inspection
310 Poured Cell Inspection
312 Rake Beam Inspection
314 Grade Beam Inspection

Gas Piping Inspections:

650 Gas Piping Inspection
652 Gas Piping Pressure Test

Pool Inspections:

700 Pool Steel & Ground
702 Pool Deck Inspection
704 Commercial Pool State
Certification Inspection

Mobile Home Inspections:

800 Mobile Home Checklist
802 Mobile Home Tie Down
Miscellaneous Inspections:
850 Sea Wall Cap Inspection
852 Elevator Certificate
854 Screen Enclosure
856 Re-Roofing Inspection
860 Demolition Inspection

Fire Prevention Inspections:

900 Fire Final
901 Firewall First Rough
902 Firewall Second Rough
903 Firewall Third Rough
904 Firewall Third Rough

Framing Inspections:

350 Framing, Plumbing, HVAC & Electrical Rough

352 Exterior Wall Sheathing

354 Roof Sheathing

356 Shearwall Inspection

358 Exterior Strap or Clip

360 Column, Post, Beam Tie Down, Connector Inspection

200 Plumbing First Rough

Heating Ventilating & Air Cond.:

400 H.V.A.C. Rough

Electrical Inspections:

450 Electrical First Rough

452 Electrical Second Rough

454 Temporary Pole Inspection

456 Residential Early Power

458 Commercial Power

460 Disconnect & Reconnect

462 Service Change

Insulation Inspection:

500 Drywall Inspection

Handicapped Inspections:

600 Handicapped Restroom

602 Handicapped Ramp Inspection

604 Handicapped Parking & Signage

910 Fire Alarm Inspection

911 Fire Alarm First Rough

912 Fire Alarm Final Inspection

920 Fire sprinkler Inspection

921 Fire Main, Placement, Size,

Thrust Blocking, ect. This is an
uncovered inspection

922 Fire Main Hydrostatic/Backflow Preventors

923 Fire Sprinkler First Rough

924 Fire Sprinkler Second Rough

925 Fire Pumb First Rough

926 Fire Pumb Final Water Requirements

927 Fire Sprinkler Final Inspection

930 Commercial Hood & Exting- uishing System Inspection

931 Final Commercial Hood &

Extinguishing System

Final Inspections:

980 Check Old Permit - all

995 Partial Final

999 Final Inspection

May 2005

FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

| PROJECT DESIGN CRITERIA | | YES | NO |
|---|---|-----|----|
| COASTAL CONSTRUCTION ZONE (SEAWARD OF CCCL LINE (EXP C, 3107 FBC)) | | | |
| COASTAL BUILDING ZONE (BARRIER ISLAND (EXP C)) | | | |
| WINDBORNE DEBRIS REGION (EAST OF 120 MPH LINE (1606.1.4 FBC)) | | | |
| IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1606.1.4 "PROTECTION OF OPENINGS" | | | |
| CHECK APPROPRIATE METHOD | | | |
| | DESIGN FOR INTERNAL PRESSURE (1606.1.4 FBC) | | |
| | SHUTTER SYSTEM (1606.1.4 FBC) | | |
| | IMPACT RESISTANT GLASS (1606.1.4 FBC) | | |

SPECIAL NOTE:

IT IS THE APPLICANTS SOLE RESPONSIBILITY TO VERIFY THAT SPECIFIC PRODUCTS HAVE BEEN INSTALLED IN ACCORDANCE WITH THEIR LIMITATIONS (FOR EX.: WINDOWS, DOORS, GARAGE DOORS, SKYLIGHTS AND SHUTTER SYSTEMS NEED TO MEET THE MINIMUM REQUIRED DESIGN PRESSURES FOR THE PROJECT). SPECIFIC COMPLIANCE WILL BE VERIFIED DURING FIELD INSPECTIONS.

| TYPE | MANUFACTURER | MODEL#/SERIES | RESERVED FOR PLANS EXAMINER USE | FLORIDA APPROVAL # (INCLUDE DECIMAL IF APPLICABLE) | FLORIDA APPROVAL pdf FILE # (IF APPLICABLE) | MIAMI/DADE N.O.A. (IF APPLICABLE) |
|-----------------------|--------------|---------------|---------------------------------|---|--|--------------------------------------|
| EXTERIOR DOORS | | | | | | |
| SWINGING | | | | | | |
| " | | | | | | |
| " | | | | | | |
| SLIDING | | | | | | |
| " | | | | | | |
| " | | | | | | |
| OVERHEAD | | | | | | |
| " | | | | | | |
| " | | | | | | |
| OTHER | | | | | | |
| WINDOWS | | | | | | |
| SINGLE HUNG | | | | | | |
| DOUBLE HUNG | | | | | | |
| HORIZONTAL ROLLING | | | | | | |
| CASEMENT | | | | | | |
| FIXED | | | | | | |

| AWNING | | | | | | |
|------------------------------|--|---------------------------|---------------------------------|--------------------|---|-----------------------------------|
| PASS THRU | | | | | | |
| SKYLIGHT | | | | | | |
| OTHER | | | | | | |
| TYPE | MANUFACTURER | MODEL#/SERIES | RESERVED FOR PLANS EXAMINER USE | FLORIDA APPROVAL # | FLORIDA APPROVAL pdf FILE # (IF APPLICABLE) | MIAMI/DADE N.O.A. (IF APPLICABLE) |
| ROOFING | | | | | | |
| SHINGLES | FIELD VERIFY | | | | | |
| METAL | | | | | | |
| TILE | | | | | | |
| OTHER | | | | | | |
| SHUTTERS | | | | | | |
| ROLL-UP | | | | | | |
| PANELS | | | | | | |
| PLYWOOD | <input type="checkbox"/> (CHECK HERE IF THIS METHOD IS CHOSEN) | | | | | |
| OTHER | | | | | | |
| STRUCTURAL COMPONENTS | | | | | | |
| HURRICANE ANCHORS | | (SPECIFY MANUFACTURER(S)) | | | | |
| ENGINEERED LUMBER | | | | | | |
| LINTELS | | | | | | |
| INSULATION FORMS | | | | | | |
| OTHER | | | | | | |

CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: _____ DATE: _____

JOB LOCATION: _____

THE FOLLOWING ALTERNATIVES ARE ACCEPTABLE IF THE PROPOSED PRODUCTS DO NOT HAVE VOLUNTARY STATE APPROVAL OR MIAMI/DADE ACCEPTANCE:

- Copy of product approval/testing information and copy of listing -or- report from a Product Certification Agency approved by the Florida building commission for each different covered product. Approved product certification agencies are shown @ www.floridabuilding.org (click on the product approval button, then click on the organization search tab).
- Copy of product approval/testing information from a Florida Building Commission approved Product Evaluation Entity or Product Testing Laboratory and documentation showing the manufacturer has a Florida Building Commission approved Quality Assurance Agency on retainer. Submittals are required for each different covered product. Approved Product Evaluation Entities, Product Testing Laboratories and Quality Assurance Agencies are shown on the above referenced website (click on the product approval button, then on the organization search tab).