



FLAGLER BEACH BUILDING DEPARTMENT

COMMERCIAL BUILDING PERMIT CHECKLIST

CONTRACTORS MUST HAVE CURRENT LICENSING DOCUMENTS ON FILE WITH FLAGLER COUNTY

- Permit Application**
- Proof of Property Ownership** (Copy of recorded warranty deed or print out from the Property Appraiser's Office)
- Notice of Commencement** (required when value of labor and materials is over \$2,500.00) FS sec 713.135 must be recorded and certified by the Flagler County Clerk of Court
- 1 original copy of the Flagler Beach Product Approval Permit Application Form & 1 set of product specifications** (Replacement Information Form for HVAC)
- Sub Cards** for sub contractors-postage affixed (electrician, plumber, mechanical and roofing)
- 2 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**
- 1 complete set of Electronic Building Plans** (Thumb drive, CD or E-Mail)
- 1 Surveys/Site Plan** 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)
 - Setbacks to include all proposed structures, cantilevered structures i.e. decks, covered doorway
 - Building dimensions and/or other proposed improvements
 - Mean high height of highest roofline (half way between peak and eave)
 - Lot coverage percentage (Pervious/Impervious)
 - Surface water management plan (to include compensating storage volume calculations) if fill is proposed
 - Final grading plan
 - Proposed fill in cubic yards
- City of Flagler Beach Drainage Affidavit** (if applicable)
- Land Clearing Permit Application** (including a tree survey indicating trees to be removed and retained)
- Driveway Permit Application** indicating type of surface to be utilized (rock, concrete, pavers)
- 1 set of Energy Calculations** for climate zone 3w/EPL display card
- 1 set of Engineered Truss Plans** (truss layout including connector schedule-conventional framing shall be on the engineered plans)
- Elevation Certificate** of "Construction Drawings" (flood zones only)
- Health Department Septic Permit** (for removal of septic system)
- ❖ **ALL STATE OR FEDERAL PERMITS MUST BE OBTAINED BEFORE COMMENCEMENT OF WORK**
- Army Corp. of Engineers Permit** (for intracoastal waterways & wetlands)
- St. Johns River Water Management Permit** (for commercial development)
- Department of Environmental Protection Permit** (for construction east of the Coastal Construction Control Line (CCCL))

**SEWER CONNECTION FEES WILL BE ASSESSED PRIOR TO ISSUANCE OF PERMIT.
ADDITIONAL FEES ABOVE STANDARD CONNECTION FEES MAY APPLY**

OTHER STATE OR FEDERAL PERMITS MAY APPLY

Applicant must obtain all required inspections including the final inspection. Failure to close out permits may result in additional fees and/or suspension of permitting rights.

**Call Before You Dig
It's The Law
1-811-432-4770
2 Full Business Days
Before You Dig**

**This includes installing
fencing, mailboxes
And removing/ moving
trees**

**Below are the color codes for
flagging/marketing lines**

Electric

Communications

Gas Oil Steam Petroleum

Reclaimed Water/Irrigation

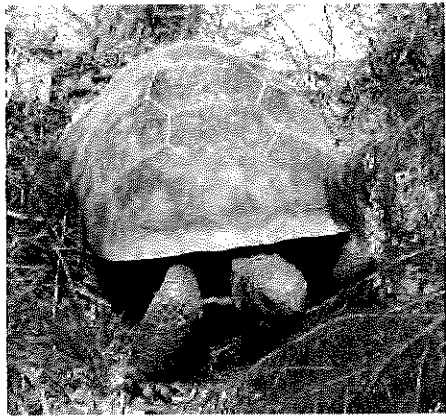
Sewer and Drain

Potable Water

Attention Builders!

Got Gophers? Get Permits.

Before you begin clearing for a building project, you must obtain a permit from the Florida Fish and Wildlife Conservation Commission (FWC) if either gopher tortoises or their burrows are present on the development site.



Gopher Tortoise



Gopher Tortoise Burrow

The gopher tortoise is protected under Florida law, Chapter 68A-27 of the Florida Administrative Code. Protect yourself and this imperiled species. Learn more at MyFWC.com/GopherTortoise or contact the nearest office of the FWC.

Northwest Region
3911 Highway 2321
Panama City, FL 32409-1658
850-265-3676

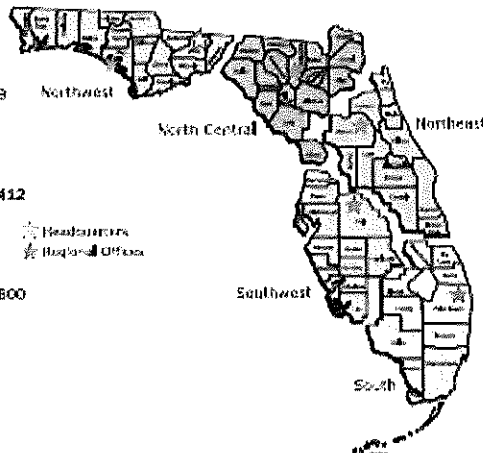
North Central Region
3377 E. U.S. Highway 90
Lakeland, FL 32055-8795
386-758-0525

Northeast Region
1239 S.W. 10th St.
Ocala, FL 34471-0323
352-732-1225

Southwest Region
3900 Drane Field Road
Lakeland, FL 33811-1299
863-648-3200

South Region
6535 Northlake Blvd.
West Palm Beach, FL 33412
561-625-5122

Headquarters
620 S. Meridian St.
Tallahassee, FL 32399-1600
850-488-3831



Florida Fish and Wildlife
Conservation Commission

MyFWC.com

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.



CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

FOR BUILDING USE ONLY
Permit # _____
Fee \$ _____

BUILDING PERMIT APPLICATION

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

2. Location/Job Address: _____
Parcel # _____ Block: _____ Lot: _____

3. Contractor / Installer: _____
Address: _____ State License _____
City/State/Zip Code _____ Phone # _____
Fax # _____ Cell # _____
E-mail _____

4. Description of Work: [] Commercial [] Residential

5. Construction Dumpster [] Contractor Owned [] Dumpster Company's Name: _____

6. Total Square Footage Under Roof (Square footage subject to state surcharge): _____
(Total square footage under roof - including but not limited to: new construction, carports, roofed screen rooms, modular buildings, boathouses, accessory structures) DCA Rule 9B-62.003

7. Type of Construction, Occupancy Classification and Area Totals:
Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB
Occupancy Classification (circle one): A-1 A-2 A-3 A-4 B E F-1 F-2 H-1 H234 H-5 I-1
I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
Living Area: _____ square feet Non Living: _____ square feet # of Rooms (total): _____
of Bedrooms: _____ # of Bathrooms: _____ # of Stories: _____ # of Habitable Floors: _____
Patio: _____ square feet Driveway: _____ x _____ Pool Area (including deck): _____
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)

8. Total Cost of Improvements: \$ _____

9. Sub Contractor Information

- **Electrical Contractor:** _____ License Holders Name _____
 State License # _____ Size of Electrical Service: Phase _____ Amps _____
- **Plumbing Contractor:** _____ License Holders Name _____
 State License # _____ # Bathrooms _____ # Fixtures, Drains & Traps _____
- **Mechanical Contractor:** _____ License Holders Name _____
 State License # _____ Total Cost of Mechanical \$ _____ Size of Unit _____ tons
- **Roofing Contractor:** _____ License Holders Name _____
 State License # _____ Total Cost of Roof \$ _____
 Type of Roof to be Installed _____ Square Footage of Structure _____
- **Aluminum Contractor:** _____ License Holders Name _____
 State License # _____ Total Cost of Aluminum Structure \$ _____
 Square Footage under Solid Roof Panels _____
- **Gas Contractor:** _____ License Holders Name _____
 State License # _____ 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.

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

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

(Signature) (Printed Name)

(Check one)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER*

State of Florida County of Flagler

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20__ by _____ individual submitted by Personal knowledge Satisfactory Evidence; Type _____.

Signature of Notary Public

_____, Notary Public
Typed, Printed or Stamped Name of Notary Public

City of Flagler Beach

PERMIT FOR TREE REMOVAL/ VEGETATION CLEARING

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: _____

Number and Type of Tree(s) or vegetation to be removed:

Reason for request:

Signature of Owner or Contractor:

Date:



**CITY OF FLAGLER BEACH
BUILDING DEPARTMENT**

DRIVEWAY / CHANGE OF GRADE / DRAINAGE

Job Address: _____
Subdivision: _____ Lot: _____ Block: _____
Parcel #: _____ Flood Zone: _____

Owner Information:

Name: _____
Address: _____
Phone #: (____) _____ - _____ Cell: (____) _____ - _____

Contractor Information:

Business Name: _____
Address: _____
Phone #: (____) _____ - _____ Cell: (____) _____ - _____
State Registration\Certificate Number: _____

Evaluation of Work Cost \$ _____ Total Square Footage: _____
Volume of Fill proposed: _____
Type of surface to be utilized (Rock, Concrete, Pavers...) _____

Job Description: _____

*******NOTICE*******

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF THE CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AT ANYTIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regulating construction or the performances of construction.

Signature of Owner / Contractor

Date



CITY OF FLAGLER BEACH
BUILDING DEPARTMENT

AFFIDAVIT OF DRAINAGE CONTROL
FOR RESIDENTIAL AND MINOR COMMERCIAL CONSTRUCTION

Owner Information:

Owner Name: _____ Phone Number: _____
Contractor: _____ Phone Number: _____
Mailing Address: _____
Location Address: _____
Subdivision: _____ Block: _____ Lot: _____
Parcel Id: _____
Description of improvements: _____
Amount of fill proposed: _____ Material used: _____

Certificate of Compliance:

The undersigned owner/contractor of the above-described property hereby certifies that development/improvement of the above property will not result in:

- 1. Flooding of adjacent lands
2. Blockage of existing drainage systems, natural or manmade.
3. The destruction of existing drainage systems, natural or manmade.
4. Erosion of fill or disturbing materials onto adjacent lands or environmentally sensitive areas (as determined by the City of Flagler Beach).
5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
6. Flooding of the proposed structure during a 100 year frequency storm.
7. Construction to an elevation less than that is required by the City of Flagler Beach Land Development Code, Sec. 4.05.00 Flood damage Protection (Applicant is cautioned that UNAUTHORIZED construction may be subject to demolition/removal.
8. Inadequate onsite drainage in the vicinity of the proposed structure/improvement.
9. Deviation from the approved grading plan for this property.

Release and Authorization:

- 1. The undersigned hereby release and holds harmless the City of Flagler Beach and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
2. The undersigned hereby grants unto authorized agents and/or employees of the City of Flagler Beach to enter upon said property for inspection and enforcement activities. The City of Flagler Beach reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed and sealed engineering drainage plans.

(Signature of Contractor or Property Owner)

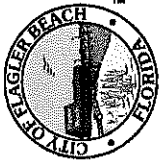
(Print Name)

State of Florida County of Flagler

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this ___ day of ___, 20__ by ___ individual submitted by [] Personal knowledge [] Satisfactory Evidence; Type _____.

Signature of Notary Public

Notary Public
Typed, Printed or Stamped Name of Notary Public



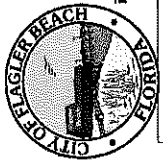
CITY OF FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

PROJECT DESIGN CRITERIA		YES	NO
COASTAL CONSTRUCTION ZONE (SEAWARD OF CCCL LINE (EXP C, 3109 FBC))			
COASTAL BUILDING ZONE (BARRIER ISLAND)			
WINDBORNE DEBRIS REGION (EAST OF 140 MPH LINE (1609.1.2 FBC))			
IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"			
CHECK APPROPRIATE METHOD			
1609.1.2 FBC			
IMPACT RESISTANT GLASS (1609.1.2 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						



CITY OF FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

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						
<i>FIELD VERIFY</i>						
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).

Notice of Commencement

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

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:
(If other than owner) Name and address of fee simple titleholder:
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:

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 Signatory's Title/Office
Partner/Manger
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
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