



## CITY OF FLAGLER BEACH BUILDING DEPARTMENT

### SHED / ACCESSORY STRUCTURE / SCREEN ENCLOSURE PERMIT CHECKLIST

Contractors must be current with Flagler County Building Services for permitting.

- Permit Application**
- Proof of Property Ownership** (Copy of recorded warranty deed or print out from the Property Appraiser's Office)
- Disclosure Statement** (Owner is acting as his/her own contractor) **FS 489.103**
- Notice of Commencement** (Required when value of labor and materials is over **\$5,000.00**)\_Recorded and certified by the Flagler County Clerk of Court FS sec 713.135
- 1 Sets of Sealed Plans** (Detailed scope of work, manufacturers drawings or booklet)
- 1 set of Electronic Plans** for all large formatted plans (thumb drive, CD, e-mail...)
- Flagler Beach Product Approval Form** (Siding, Doors, Windows)
- 1 Surveys, Site Plans**

**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.**



CITY OF FLAGLER BEACH BUILDING DEPARTMENT
800 S Daytona Avenue, Flagler Beach, FL 32136

BUILDING PERMIT APPLICATION

FOR BUILDING USE ONLY
Permit No.:
Fee \$

1. Property Owners Name:
Mailing Address: Phone No.

2. Location/Job Address:
Parcel No.: Block Lot

3. License Contractor Name (must sign the application)
Business Name:
Address: State License No.:
City/State/Zip Code: Phone No.:
Email: Cell No.:

4. DESCRIPTION OF WORK: Commercial Residential
\*\*\* Indicate Water Meter Size requested for new build (if applicable)

5. Construction Dumpster Company: Contractor Owned Dumpster Company Name
Pursuant to Section 11-17, City of Flagler Beach Code of Ordinances, all collectors shall be required to obtain a license from the City to collect, transport, and dispose solid waste and construction and demolition debris from roll-off containers within the City limits.

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 room, modular buildings, boathouse, accessory structure) (DCA Rule 9B-62.003

7. Type of Construction, Occupancy Classification and Area Totals:
Type of Construction (Circle One): IA IB IIA IIB IIIA 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 Total # of Rooms
# of Bedrooms # of Bathrooms # of Stories # of Habitable Floors:
Patio sq. ft Driveway: x Pool Area (including deck):
Mobile Home: Make Model Year Serial Number
Single Wide Double Wide Width x Length Without Hitch=sq. ft.
Is this a replacement home Yes No (If yes provide proof)

8. Total Cost Improvements: \$

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

9. Sub-Contractor Information:

- **Electrical Contractor - Business Name:** \_\_\_\_\_  
 License Holder Name: \_\_\_\_\_ State License No: \_\_\_\_\_  
 Size of Electrical Service: Phase \_\_\_\_\_ Amps \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_
- **Plumbing Contractor – Business Name:** \_\_\_\_\_  
 License Holder Name \_\_\_\_\_ State License No: \_\_\_\_\_  
 Number of Bathrooms: \_\_\_\_\_ Number of Fixtures, Drains & Traps \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_
- **Mechanical Contractor – Business Name:** \_\_\_\_\_ License Holder Name \_\_\_\_\_  
 State License No: \_\_\_\_\_ Total Cost of Mechanical\$ \_\_\_\_\_ Size of Unit \_\_\_\_\_ tons  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_
- **Roofing Contractor – Business Name:** \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 State License No: \_\_\_\_\_ Total Cost of Roof \$ \_\_\_\_\_  
 Type of Roof to be installed: \_\_\_\_\_ Square Footage of Structure \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_
- **Aluminum Contractor – Business Name:** \_\_\_\_\_  
 State License No.: \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_
- **Gas Contractor – Business Name:** \_\_\_\_\_  
 State License No.: \_\_\_\_\_ License Holder Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work 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 the Flagler Beach Building Department and sign this application (FS489.103.7).**

IS SIGNING AS:       CONTRACTOR       MOBILE HOME INSTALLER       OWNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA  
COUNTY OF FLAGLER

The foregoing instrument acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, individual submitted: \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed, Printed or Stamped Name of Notary Public



# CITY OF FLAGLER BEACH PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

<b>PROJECT DESIGN CRITERIA</b>		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))			
<b>IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"</b>			
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)
<b>EXTERIOR DOORS</b>						
SWINGING						
"						
"						
SLIDING						
"						
"						
OVERHEAD						
"						
"						
OTHER						
<b>WINDOWS</b>						
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)
<b>ROOFING</b>						
<i>FIELD VERIFY</i>						
SHINGLES						
METAL						
TILE						
OTHER						
<b>SHUTTERS</b>						
ROLL-UP						
PANELS						
PLYWOOD	<input type="checkbox"/> (CHECK HERE IF THIS METHOD IS CHOSEN)					
OTHER						
<b>STRUCTURAL COMPONENTS</b>						
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](http://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).

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: \_\_\_\_\_

1. 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



# CITY OF FLAGLER BEACH BUILDING DEPARTMENT OWNER BUILDER DISCLOSURE STATEMENT

Florida Statutes F.S.489.103(7) quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within in 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county ordinance.
7. I understand that it is frequent practices of unlicensed persons to have the property owner obtain owner-builder permits that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. I am aware of construction practices and I have access to the Florida Building Code.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at [www.myflorida.com/dbpr/pro/cilb/](http://www.myflorida.com/dbpr/pro/cilb/) for more information about licensed contractors.
11. I am aware of, and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the address listed below.
12. I agree to notify the building department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is property licensed and the status of the contractor's workers' compensation coverage.

**ACKNOWLEDGMENT:** I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above. I agree to comply with all provisions of the City of Flagler Beach ordinances and codes pertinent to the building. In the event the corrections are required to be completed for code violations, I will assume responsibility to insure they are made and upon completion I will call for a re-inspection before proceeding with the building. I will assume full responsibility for the construction and I will not expect supervision of my work from the Building Department. I agree to pay any additional fees, including re-inspection fees in full prior to requesting a final inspection.

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

\_\_\_\_\_  
Signature of Owner-Builder  
State of Florida      County of Flagler

\_\_\_\_\_  
Print Name

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

P.O. Box 70 • 105 South Second Street  
Flagler Beach, Florida 32136  
Phone 386-517-2000 Ext. 248

## Material & Waste Management

1. The purpose of this section is to promote good housekeeping practices that are designed to significantly reduce and control stormwater runoff pollution which runs into storm drains, treatment facilities and local waterways during construction operations.
2. All construction sites shall adhere to the following practices:
  - a. Never dispose of any waste material into storm drains or sanitary sewers.
  - b. Portable waste receptacles must be on the construction site and must be serviced on a regular basis.
  - c. Ensure the disposal of scraps, waste, recyclables and surplus materials is in accordance with Federal regulations and local codes.
  - d. Paint/solvent storage shall not be within fifty (50) feet of an Environmentally Sensitive Area (ESA) and shall be enclosed in weather/leak proof storage facility. Frequently schedule the safe collection and removal of combustible waste.
  - e. Fuel storage tanks shall be located seventy five (75) feet or more from an ESA or storm drain and shall be in a State approved leak proof container.
  - f. All above ground tanks for fueling shall be secondarily contained.
  - g. Construction site driveways can be installed with or without wheel washing stations, but must prevent construction site vehicle wheels from transporting soil and sediment off of construction site and onto roadways.
  - h. All hazardous waste material will be disposed of in a manner specified by Federal, State, local regulations and manufacturer's specifications.
  - i. All on-site vehicles and tanks will be monitored for leaks and receive regular preventative maintenance to reduce the chance of leakage. Petroleum products shall be stored in tightly sealed containers, which are clearly labeled. Storage shall be at least seventy-five (75) feet from an ESA or storm drain.
  - j. Any pesticide and herbicide usage shall be applied by a State licensed applicator.
  - k. Fertilizers used shall be applied only in the minimum amount recommended by the manufacturer. If stored on-site, covered storage shall be provided. Any contents of any partially used bags of fertilizers shall be transferred to a sealable container.