

PERMIT CHECKLIST

Before any development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the use, or change in appearance of any structure.

PLEASE READ AND UTILIZE THIS CHECKLIST CAREFULLY TO ASSIST YOU IN ORGANIZING AND PREPARING YOUR APPLICATION PACKAGE FOR SUBMITTAL – Items marked with filled in circle are required.

INCOMPLETE APPLICATIONS MAY NOT BE ACCEPTED AND WILL DELAY YOUR APPROVAL

Items Required at Time of Submittal of Application Package:

1. ___ BUILDING PERMIT APPLICATION Indicate the Electric Utility Company.
2. ___ COPY OF SIGNED DATED CONTRACT - (if applicable), or value of project.
3. ___ RAISED SEAL FLOOD ELEVATION CERTIFICATE AND SURVEY W/SPOT ELEVATION WHERE STRUCTURE TO BE LOCATE.
Required if any part of property in an A zone or V zone (also required at slab and final inspection)
4. ___ LEGAL DESCRIPTION - Section, Township, Range, Lot, and Block, Parcel #, alternate Key #and Subdivision name.
5. ___ PROOF OF OWNERSHIP – i.e., Current tax notice, Homestead Exemption Notice, Certificate of Title, or Recorded Deed.
6. ___ PROOF OF PAYMENT – IMPACT FEE (if applicable—collected DUE PRIOR TO ISSUANCE OF CO).
7. ___ THREE (3) SEALED SETS OF CONSTRUCTION PLANS (Signed & Sealed by Florida Architect or Engineer) AND SUBMIT ONE (1) SET OF ELECTRONIC PLANS WITH PERMIT APPLICATION.
8. ___ HURRICANE MITIGATION RETROFIT (RE-ROOFS ONLY, as applicable per 2007-HB 7058, FS 553.844 and Rule 9B-3.0475 FL Adm. Code).
9. ___ TRUSS/RAFTER UPLIFT LOAD SUMMARY SHEET. AND TRUSS LAYOUTS.
10. ___ Three (3) ENERGY FORM 600A, B, or C.
11. ___ Three (3) LOAD CALCULATIONS FOR HVAC (MANUAL J and N REQUIRED ON NEW)
12. ___ Three (3) COPIES OF HVAC DUCT LAYOUT. (Attached to plans)
13. ___ Three (3) COPIES OF A SITE/BUILDING PLAN: Drawn to scale (1"=30') (one inch equals thirty feet) using Site plan or survey with the following showing: *NOTE: PROPERTY RECORDS CARD ACCEPTABLE IF IT SHOWS DIMENSIONS.* FOR DEVELOPMENT, REDEVELOPMENT, OR SUBSTANTIAL IMPROVEMENT, THE PARKING SPACES REQUIRED BY THE LAWS OF CEDAR KEY MUST BE ON THE SURVEY. THE PARKING REQUIREMENTS WILL CONTINUE BEYOND THE INITIAL DEVELOPMENT AND ANY ALTERATION WHICH REDUCES THE PARKING BELOW THE REQUIREMENTS OF THE LAWS OF CEDAR KEY WILL BE SUBJECT TO CODE ENFORCEMENT.
**** PLEASE BE SURE EACH OF THE ITEMS LISTED BELOW ARE INCLUDED ON THE SITE PLAN ****
 - A. Dimensions of the property.
 - B. Location of all existing and proposed structures (include parking spaces) (include the ISR of structures)
 - C. Setbacks from all property lines to existing and proposed structures.
 - D. Location of all roads and rights-of-way (including center lines) in relation to the property.
 - E. A directional arrow indicating North.
 - F. The scale used for the site plan (such as 1" = 30')
 - G. Septic, drain field, and well location on the proposed building site. If any one of these locations is within 75 feet of the property line, then the site plan must encompass those areas adjoining the proposed building site indicating location of property's septic drain field and well locations.
 - H. Location of all natural and manmade surface waters (i.e., lakes streams, canals, wetlands, etc.).
 - I. Location of proposed and/or existing water lines and meters.
 - J. Location of driveways and sidewalks.
 - K. Location of LP tanks, size, type. Distance from tank to structure. Distance from all external ignition sources, i.e. air conditioner.
14. ___ Asbestos Renovation or Demolition Application (if Applicable)
15. ___ NOTICE OF COMMENCEMENT (Certified and Recorded for projects \$2,500+—mechanical \$7,500+) DUE PRIOR TO THE FIRST INSPECTION
16. ___ OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT (If applicable—not allowed on modular/mobile homes)
17. ___ ONE (1) COMPLETE STATE HEALTH DEPT. APPLICATION PACKAGE REQUIRED TO BE SUBMITTED TO THE HEALTH DEPARTMENT FOR SEPTIC AND/OR WELL (If Applicable).
18. ___ PROVIDE COPY OF APPLICABLE STATE AND LOCAL LICENSES, PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION (for contractor and all subcontractors; see Permit Application).
19. ___ PRODUCT APPROVAL SHEETS

BUILDING PERMIT APPLICATION

Date Rcvd: _____ Time Rcvd: _____ Rcvd By: _____
COMMERCIAL _____ RESIDENTIAL _____ OWNER/BUILDER _____

Levy County Development Dept. Permit # _____

City of Cedar Key Land Development Permit # _____

CONTRACT PRICE/VALUE: _____

Property Owner: _____

Address _____

City _____

State _____ Zip _____

Phone _____ E Mail _____

Applicant: _____

Address _____

City _____

State _____ Zip _____

Phone _____ Email _____

PROPOSED PROJECT DESCRIPTION/SCOPE _____

PROJECT ADDRESS _____ FLOOD ZONE DESIG. _____

Subdivision _____ Phase _____ Blk _____ Lot _____

Directions to Project Site: _____

PARCEL #/ ALT KEY #: _____

BONDING COMPANY: _____ POWER COMPANY _____

It is agreed that in all respects the work will be performed and completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal governments.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies. FOR DEVELOPMENT, REDEVELOPMENT, OR SUBSTANTIAL IMPROVEMENT, THE PARKING SPACES REQUIRED BY THE LAWS OF CEDAR KEY MUST BE ON THE SURVEY. THE PARKING REQUIREMENTS WILL CONTINUE BEYOND THE INITIAL DEVELOPMENT AND ANY ALTERATION WHICH REDUCES THE PARKING BELOW THE REQUIREMENTS OF THE LAWS OF CEDAR KEY WILL BE SUBJECT TO CODE ENFORCEMENT.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE (OWNER/AGENT/APPLICANT/CONTRACTOR): _____

STATE OF FLORIDA, COUNTY OF: _____

I HEREBY CERTIFY that on this day, before me an officer duly authorized in the State and County aforesaid to take acknowledgements personally appeared _____, who is personally known to me or produced _____ as identification and did not take an oath. Witness my hand and official seal this _____ day of _____, 20_____.

Notary Public

BUILDING PERMIT APPLICATION - PAGE 2

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

BUILDING CONTRACTOR _____	M/H SETUP CONTRACTOR _____
STATE/CERT/REG # _____	STATE CERT/REG # _____
ADDRESS _____	ADDRESS _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CELL _____ EMAIL: _____	CELL _____ EMAIL: _____
SIGNATURE _____	SIGNATURE _____

PLUMB. CONTRACTOR _____	HVAC CONTRACTOR _____ (*)
STATE/CERT/REG # _____	STATE CERT/REG # _____
ADDRESS _____	ADDRESS _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CELL _____ EMAIL: _____	CELL _____ EMAIL: _____
SIGNATURE _____	SIGNATURE _____

ELEC. CONTRACTOR _____	LP GAS CONTRACTOR _____
STATE/CERT/REG # _____	STATE CERT/REG # _____
ADDRESS _____	ADDRESS _____
STATE _____ ZIP _____	STATE _____ ZIP _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CELL _____ EMAIL: _____	CELL _____ EMAIL: _____
SIGNATURE _____	SIGNATURE _____

SPECIALITY CONTRACTOR _____	ENGINEER/ARCHITECT _____
STATE/CERT/REG # _____	STATE CERT/REG # _____
ADDRESS _____	
STATE _____ ZIP _____	
PHONE _____ FAX _____	
CELL _____ EMAIL: _____	
SIGNATURE _____	

(*) **NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE - ENERGY EFFICIENCY**, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION HVAC SYSTEMS. CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.

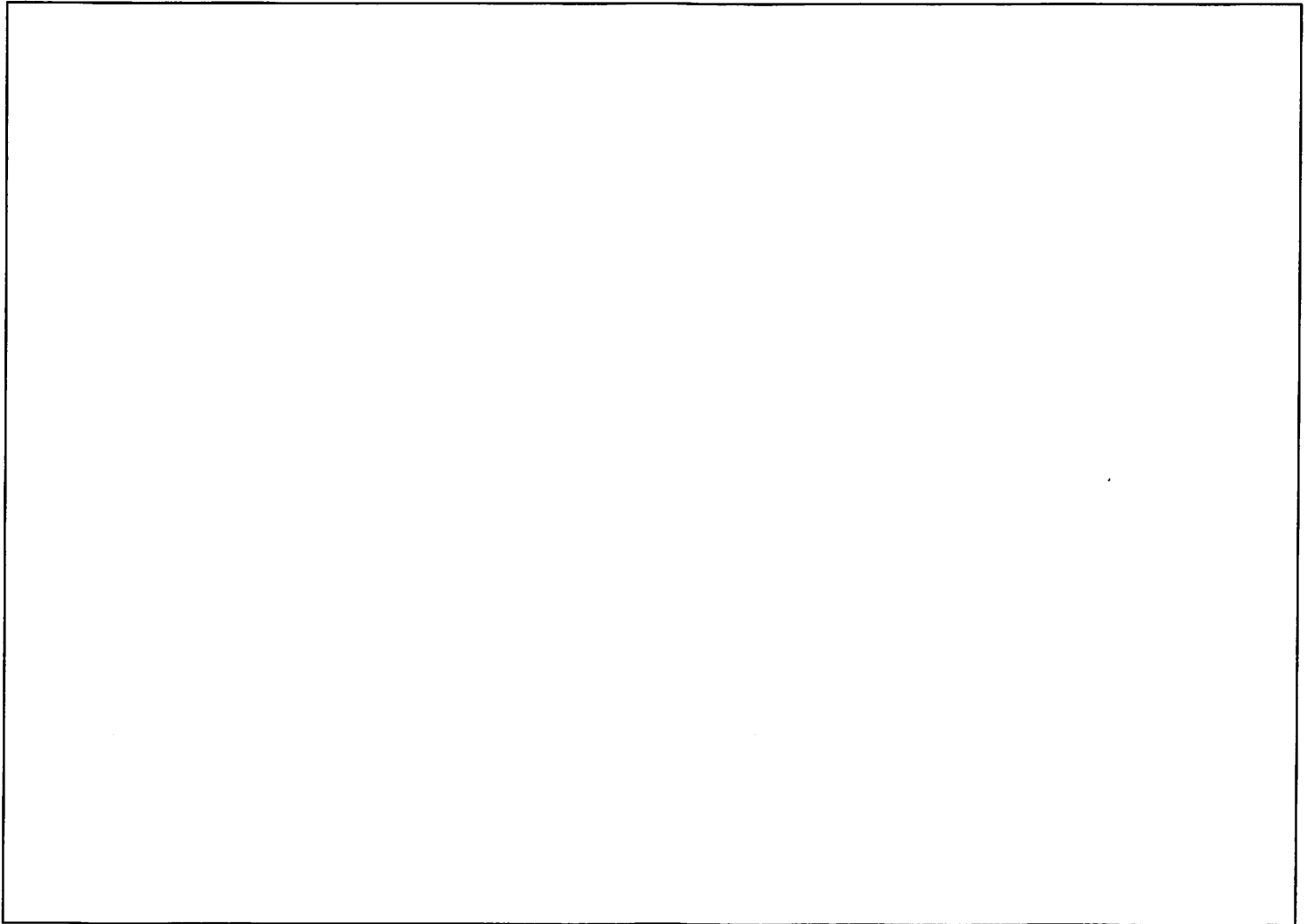
SITE PLAN

Site Plan For: _____

Lot: _____ Block: _____ Subdivision: _____ Parcel Zoning: _____
(Platted or Unrecorded)

Setbacks (in ft.): Front _____ Side _____ Rear _____ Property Size _____

Scale Used 1" = _____



- A. Indicate subdivision name, lot and block numbers (or letters) or parcel number if unrecorded subdivision. (Information can be found on deed or tax bill.)
- A. Dimensions of the property.
- B. Location of all existing and proposed structures.
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