

Development Services Department 620 E. Main Street Haines City, FL 33844 Phone (863) 419-3229 Fax (863) 419-3168 www.hainescity.com

### **Building Permit – Application**

### Residential and Commercial

Code in effect: 2017 Florida Building Code, 6th Edition

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify no work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand a separate permit must be secured for any additional work not described on this application. I also agree to pay permit fees based on the ICC Building Valuation Data Table and Haines City adopted fee scheduled.

All new commercial construction and any and/or alterations and additions, require "Technical Review Board" (TRB) approval.

Schedule an appointment with the city planner for a pre-application review consultation.

	(Internal Office Use Only)
Received date: _	Permit number:
Is this a	"Affordable Housing Initiative": Yes No
Enter the Lead A	gency name:
Site address:	
*Enter utility bil	ng address if different from the above site address*
Parcel identificat	on number:
Lot number:	Zoning district: Total building square feet:

# NEW SINGLE-FAMILY RESIDENCE SETBACKS Front: \_\_\_ Rear: \_\_\_ Sides: \_\_\_ Corner: \_\_\_ Bedrooms: \_\_\_ Bathrooms: \_\_\_ Total Sq. Ft. under A/C: \_\_\_ Floors: \_\_\_ Specify the number of meters \_\_\_ CHECK-OFF ALL THAT APPLIES Alterations/Additions \_\_\_ Building \_\_\_ Roof \_\_\_ Swimming Pool \_\_\_ Mechanical \_\_\_ Electrical \_\_\_ Plumbing \_\_\_ DESCRIPTION OF WORK TO BE PERFORMED Construction cost \_\_\_\_ Construction type \_\_\_\_ Occupancy group \_\_\_\_

COMMERCIAL PROPERTY			
SETBACKS			
Front: Rear: Sides: Corner: Total Square Feet:			
Business license type:			
Number of employees Seating capacity Number of rooms			
Number of parking spaces			
CHECK-OFF ALL THAT APPLIES			
Alterations/Additions Building Warehouse Roof			
Swimming Pool Mechanical Electrical Plumbing			
DESCRIPTION OF WORK TO BE PERFORMED			
Construction cost Construction type Occupancy group			

# **OWNER'S INFORMATION**

Owner's name:
Owner's mailing address:
Owner's home or cell phone:
Owner's email address:
OWNER'S AFFIDAVIT
I, certify that all the foregoing information is accurate and that all work will be done
in compliance with all applicable laws regulating construction and zoning.
Signature of owner:
Owner to print name:
Date signed by owner:
LICENSE CONTRACTOR INFORMATION
Company name:
Company mailing address:
Company office phone:
Contractor's name:
Contractor's cell phone:
Contractor's email address:
Florida State contractor's license number:
License expiration date:

# SUB-CONTRACTOR'S LICENSE NUMBERS

Mechanical	_ Mechanical Expiration date:		
Electrical	_ Electrical Expiration date:		
Plumbing	_ Plumbing Expiration date:		
Roofing	_ Roofing Expiration date:		
Irrigation	_ Irrigation Expiration date:		
Landscaping	_ Landscaping Expiration date:		
WARNING TO OV	VNER AND CONTRACTOR		
Your failure to record a "Notice of C	ommencement" may result in you p	aying twice	
per the improvements to your prope	erty. If you intend to obtain financi	ng, consult	
with your lender or an attorney bef	Fore recording your Notice of Com	mencement	
(NOC).			
Signature of owner:			
Owner to printed name:			
Date signed by owner:			
Date signed by owner.			
Signature of contractor:			
Contractor to print name:			
Date signed by contractor:			

# HAINES CITY SIGNATURES

Fire Marshall Signature:	
Fire Marshall printed name:	
Date signed by Fire Marshall:	
Building Official Signature:	
Building Official print name:	
Date signed by Building Official:	
Development Services Signature:	
Development Services print name:	
Date signed by Development Services:	
DISCLOSURE STATE	MENT INSTRUCTIONS
Before a building permit can be issue	ed, this "Disclosure Statement" must be
completed and signed, initial where indi	cate by the property owner and returned to
the local permitting agency responsible	e for issuing the permit. A copy of the
property owner's driver license, the not	arized signature of the property owner, or
other type of verification acceptable to the	ne local permitting agency is required when
the permit is issued.	
Duomantsi Ossiman Siamatsina	
Property Owner Signature:	
Property owner print name:	
Date signed by Property Owner:	

### OWNER DISCLOSURE STATEMENT

Based on the 2019 Florida Statues

Chapter 489 - Contracting

Part 1

Construction Contracting

(ss.489.101-489.146)

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.

Owner Initial: \_\_\_\_\_

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.

Owner Initial: \_\_\_\_\_

I understand that, as an owner-builder, I am 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 contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.

Owner Initial: \_\_\_\_\_

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, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within one year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

Owner Initial:	
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I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

Owner	<b>Initial:</b>	
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I understand that I may not hire an unlicensed 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 or municipal ordinance.

I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit 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.

<b>Owner Initial:</b>	
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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.

## Owner Initial: \_\_\_\_\_

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 code and zoning regulations.

Owner	<b>Initial:</b>	

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service (IRS), the United States Small Business Administration (SBA), 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 850-487-1395 or at their website <a href="https://www.myfloridalicense.com">https://www.myfloridalicense.com</a> for more information about licensed contractors.

Owner Initial: \_\_\_\_\_

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 following address:

\_\_\_\_\_

Owner Initial: \_\_\_\_\_

I agree to notify Haines City Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Owner Initial: \_\_\_\_\_

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 and the Department of Business and Professional Regulation 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. If 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 properly licensed and the status of the contractor's workers' compensation coverage.

<b>Owner Signature:</b>	
Owner to print name:	
•	
<b>Date signed by owner:</b>	

# APPLICATION MUST BE NOTARIZED IN ORDER TO BE EXECUTED

# STATE OF FLORIDA

# COUNTY OF POLK

THE CONTENTS OF THIS PETITION; A	RE SWORN AND SUBSCRII	BED
BEFORE ME THIS DAY OF		, 2019,
WHO ARE PERSONALLY KNOWN TO		
SIGNATURE OF NOTARY PUBLIC:		
PRINTED NAME OF NOTARY PUBLIC:	i.	
COMMISSION NUMBER:		
EXPIRATION DATE:		
NOTARY SEAL		
Signature of applicant:		
Applicant to print name:		
Date signed by applicant:		
Verification document number:		