COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT
506 W. BERCKMAN STREET
FRUITLAND PARK, FL 34731
PHONE: (352) 360-6727
FAX: (352) 360-6652
Email: permits@fruitlandpark.org

Alarm Commercial Permit Checklist

1. A COMPLETED SIGNED AND NOTARIZED PERMIT APPLICATION
2. ALARM PLANS
3. CONTROL PANEL SPECIFICATIONS
4. A NOTICE OF COMMENCEMENT MUST BE RECORDED WITH LAKE COUNTY AND DISPLAYED UPON FIRST INSPECTION. https://cdn.lakecountyfl.gov/media/lbrbgx41/bf29-notice-of-commencement-ada.pdf
   (**Email a copy of the recorded NOC to** PERMITS@FRUITLANDPARK.ORG)
5. PROOF OF PROPERTY OWNERSHIP; PROPERTY RECORD CARD or WARRANTY DEED
   (Property record card can be found at https://www.lakecopropappr.com/)

*Please note that this checklist is not intended to be all-inclusive. Due to changes in codes, regulations, and ordinances, other requirements may apply.

PLEASE REQUEST INSPECTIONS BY SENDING AN EMAIL TO PERMITS@FRUITLANDPARK.ORG
INSPECTIONS WILL BE PROCESSED AS QUICKLY AS POSSIBLE, TYPICALLY THE NEXT BUSINESS DAY.

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 governmental entities, such as water management districts, state agencies, or federal agencies.

Revised & Approved 9/13/2021

Commercial Alarm Permit

To Schedule An Inspection - email: permits@fruitlandpark.org	**Permit Application**	**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 governmental entities, such as water management districts, state agencies, or federal agencies.	Permit Number

You must submit 1 notarized copy if signed prior to coming to City Hall or permits@fruitlandpark.org	**Project Address**	
	Project Description	
Property ID Key/Number	Parcel Number	

Owner's Name	Mailing Address	City, State, Zip	Telephone	Email Address
General Contractor	Mailing Address	City, State, Zip	Telephone	GC License #
Electrical Contractor	Mailing Address	City, State, Zip	Telephone	FC License #

Square Footage:

Legal Description	
Bonding Company	
Bonding Company Address	
Architect's Name	
Architect's Address	

Project Information

Subdivision Name	Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio

Flood Zone	

Setbacks Provided over Required (ft)

Front		Rear		Side		Corner		Street Side	

Project		**Area**		**Electrical**	**Hvac**	**Water**		**Meter**	
New		Living		Service Size	Type	Municipal		Size	
Alteration		Garage				Well			
Addition		Porch(s)			Efficiency		**Plumbing**		
Repair		Other			Airhandler		Sewer		
Other		Total			Condenser		Septic		

Garage		**Number of Bedrooms**		**Code In Effect**
Attached				
Detached				

Applicant Signature _____ Date _____

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.

The foregoing instrument 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.

(Seal)

Notary Public

After recording, return to:

_____

_____

_____

Permit No.: _____

Tax Folio No.: _____

Notice of Commencement

State of Florida | County of Lake

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 the Property: *(legal description of the property and street address if available)*

   Legal Description: _____

   _____

   Street Address: _____

2. General Description of Improvement

   _____

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

   Name: _____

   Address: _____

   Interest in Property: _____

   Name & Address of fee simple titleholder *(if different than owner)*: _____

   _____

4. Contractor Information

   Name: _____ Phone No.: _____

   Address: _____

5. Surety *(if applicable, a copy of the payment bond must be attached)*:

   Name: _____ Phone No.: _____

   Address: _____ Amount of Bond: $ _____

6. Lender Information:

   Name: _____ Phone No.: _____

   Address: _____

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: _____ Phone No.: _____

   Address: _____

8. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: Phone No.: _____

9. Expiration date of notice of commencement *(the expiration date will be 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 I, 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_____

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

_____

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____, by _____, as

_____ for _____ who

Type of authority (i.e. officer, trustee, attorney in fact) *Name of party on behalf of whom instrument was executed*

is personally known or produced _____ as type of identification.

_____

Signature of Notary Public – State of Florida (print, type or stamp commissioned name of Notary Public)

Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills, Groveland, Lady Lake, Lake County, Leesburg, Mascotte, Minneola, Montverde, Mount Dora, Tavares, Umatilla