

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

Dehumidification Permit Checklist

- 1. A COMPLETED SIGNED AND NOTARIZED PERMIT APPLICATION
- 2. AHRI CERTIFICATE
- 3. SIGNED DEHU USE LETTER OF HUMIDITY CONTROL OPERATION PARAMETERS.
- 4. SERIES INSTALATION MANUAL
- 5. SITE PLAN SHOWING LOCATION OF INSTALL
- A NOTICE OF COMMENCEMENT MUST BE RECORDED WITH LAKE COUNTY AND DISPLAYED UPON FIRST INSPECTION IF JOB EXCEEDS \$15,00. <u>https://cdn.lakecountyfl.gov/media/lbrbgx41/bf29-notice-of-commencement-ada.pdf</u> (Email a copy of the recorded NOC to PERMITS@FRUITLANDPARK.ORG)
- 7. AN OWNER BUILDER DISCLOSURE IF PERMIT IS APPLIED FOR BY THE OWNER
- 8. PROOF OF PROPERTY OWNERSHIP; PROPERTY RECORD CARD or WARRANTY DEED (Property record card can be found at <u>https://www.lakecopropappr.com/</u>)
- 9. JOB COST VALUE SHEET

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

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

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.

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	An Inspection - fruitlandpark.org	Pern Applica	nit there proper county other	CE: In addition to the may be additional re rty that may be foun- y, and there may be governmental entitie ts, state agencies, o	strictions applicable d in the public reco additional permits i s, such as water m	e to this rds of this required from	Permit N	lumber
	notarized copy if sign		Project Addr	-				
coming to City Hall	or permits@fruitlandp	bark.org	Project Desc	ription				
Property ID Key/Numb	er		Parcel Numbe	ər				
Owner's Name	Mailing Addres	SS	City, State, Zip		Telephone		Email	Address
General Contractor	Mailing Addres	SS	City, State, Zip		lelephone		GC L	icense #
Construction Contracto	or Mailing Addres	SS	City, State, Zip	<u> </u>	Telephone		Cons	truction License #
Electrical Contractor	Mailing Addres	SS	City, State, Zip	(Telephone		Electr	ical License #
Plumbing Contractor	Mailing Addres	SS	City, State, Zip		Telephone		Plum	bing License #
HVAC Contractor	Mailing Addres	SS	City, State, Zip	(elephone		HVAC	C License #
	Comme	ercial			Resi	dential		
Legal Description								
Bonding Company								
Bonding Company Ad	dress							
Architect's Name								
Architect's Address								
			Project In	formation				
Cost / Value								
1 1000 20118		Setha	cks Provided	d over Requ	ired (ft)			
Front	Rear		Side		Corner	1	Street Side	
Project	4	Area	Electrical	Hvac	W	ater	Ν	leter
New	Living		Service Size	Туре	Municipal		Size	
Alteration	Garage				Well			
Addition	Porch(s)				iency		Plumbing	9
Repair	Other			Airhandler		Sewer		
Other	Total		_	Condenser		Septic	Cada In Eff	
Garage Attached Detached		of Bedrooms					Code In Eff	ect
Applicant Signature					Date			
obtain financing, const the building setbacks h determining complianc of the permit, inspectic The foregoing i	R: Your failure to record ult with your lender or ar have been met or that th e with setbacks and no ns, and all Re-Inspection nstrument was a , 20	n attorney before ne structure does n-encroachment on Fees. acknowledg , by	recording your I s not encroach or of easements. F ged before	Notice of Comm n an easement. Permits expire 6 me this	encement. Th The owner ar months after is	e issuance of d/or contracto ssuance. You	a building permit or have the sole re are responsible f	does not assure esponsibility of
is personally kr	nown to me or ha	as produce	d					as

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identification	and who did	or did not	take an oath.

After recording, return to:

Permit No.:	Notice of Commencemen
Tax Folio No.:	State of Florida County of Lak
The undersigned hereby gives notice that improvemer following information is provided in this Notice of Com	nt will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the

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 im	provement:
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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:			
 Persons within the State of Florida designated by Owner upon w 713.13(1)(a)7., Florida Statutes: 	vhom notices or oth	er documents may be served as provided	by Section
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)(o), Florida Statutes: Phone No.:	
9. Expiration date of notice of commencement (the expiration date with	ill be 1 year from the d	ate of recording unless a different date is speci	fied).
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTE PAYMENTS UNDER CHAPTER 713, PART I, SECTION <u>713.13</u> , FLORID/ PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BE	A STATUTES, AND C AND POSTED ON 1	AN RESULT IN YOUR PAYING TWICE FOR THE JOB SITE BEFORE THE FIRST INSPEC	IMPROVEMENTS TO YOUR CTION. IF YOU INTEND TO
	Signature of Own	ner or Lessee, or Owner's or Lessee's Authorized Office	ər/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)	Nam	e of party on behalf of whom instrument was executed	

is personally known or produced

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

as type of identification.

State of Florida | County of Lake



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Owner Builder Disclosure Statement

(Initial to the left of each statement)

<u>1</u>. I understand that state law requires construction to be done by a licensed contractor and have applied for an ownerbuilder 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 permits 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 1 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.

_____ 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 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.

_____7. 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.

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.

_____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 850-487-1395 or https://www.contractorlicensing. com/florida/contractors-licenses.html 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 following address:

____ 12. I agree to notify City of Fruitland Park immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

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 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. 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 properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

	Signat	ure:		
	Printed Na	me:		
			Date:	
State of Florida				
County of				
The Foregoing instrument was acknowledged be	fore me this	day of	, 20	, by
who is	s personally knowr	n to me or has pro	duced	
as ide	ntification and wh	o did or did not ta	ke an oath	
		(Notary Seal)		
Notary Public - State of Florida				-
Commission No	Signature			
My Commission Expires				-
	Printed Na	ame		



RESOLUTION 2019-065 - A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FRUITLAND PARK, FLORIDA, ADOPTING A FEE SCHEDULE FOR BUILDING AND ZONING FEES.

Residential fees per Exhibit A have fees to be charged based on job value. To determine these fees, WHEREAS, the City is authorized pursuant to Chapter 166, Florida Statutes and Sec. 99.30 of the City of Fruitland Park Code of Ordinances to impose fees to cover the costs associated with regulation of an activity or property use, and WHEREAS, the City Commission desires to recover expenses incurred to regulate an activity or property use (Resolution 2019-065) please fill out the form below.

The permits for which the city shall charge a fee and the amount of the fee for each permit are as follows on resolution 2019-065 Exhibit A pg. 3-7.

JOB COST VALUE

Owner's Name:	Project Address:
Property Alt. Key/Number:	
Material Cost: \$ (Attach receipt	if applicable)
Material List:	
(If applicable please fill out Product A	Approval Specification Sheet)
Labor Fees: \$ If labor is being done by owner please add the fee you would va	lue your labor to be.

Date

Print Name

Sign