





Window/Door Replacement Permit Requirements FOR OWNER/BUILDER

 Permit Application

 Disclosure Statement Affidavit

 Notice of Commencement if over \$5,000.00 (Recorded)

 Copy of Warranty Deed *(if different from the Property Appraisers website)*

 Plans or a detailed scope of work (include wind loads, fastening detail, and percentage of glazing are proposed for replacement versus total glazing area)

 Product approval sheet

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE***

It is the applicant's responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13. prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.



Flagler County Building Permit Application

FOR BUILDING USE ONLY
Permit # _____
Code # _____
Date _____

1. **Property Owners Name:** _____
 Mailing Address: _____
 Phone Number: _____ E-mail: _____

2. **Location of Property/ Job Address:** _____
 Legal Description: _____
 Parcel #: _____ Block: _____ Lot: _____

3. **Contractor / Installer:** _____
 Address: _____ State License: _____
 City/State/Zip Code: _____ Phone #: _____
 Fax #: _____ Cell #: _____
 E-mail: _____

4. **Description of Work:** _____
 Commercial **Residential**
Mobile Home: Make _____ Model _____ Year _____ Serial Number: _____
 Specify Single or Double Wide _____ Width: _____ x Length: _____ (*without hitch*)=Sq Ft: _____
 Is this a replacement home? YES or NO (*If yes provide proof*)

5. **Total Square Footage Under Roof:** _____

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	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.
 Number of Rooms (total): _____ Number of Bedrooms: _____ Number of Bathrooms: _____
 Number of Stories: _____ Habitable Floors: _____ Number of Elevators: _____
 Patio: _____ Square feet. Driveway: _____ x _____ Pool Area (including deck): _____
 Fire Sprinklers: YES or NO (*If yes, separate permit required*)

7. **Potable Water Supplied by:** _____ **Septic Tank Permit #:** _____
or Water and Sewer Company: _____

8. **Total Cost of Improvements:** _____

9. **Sub Contractor Information:**

Electrical Contractor:

DBA:	License Holders Name:
State License Number:	Size of Electrical Service: Phase: _____ Amps: _____

Plumbing Contractor:

DBA:	License Holders Name:
State License Number:	Number of Bathrooms :
Number of Drains :	

Mechanical Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

Roofing Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

Aluminum Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

Gas Contractor:

DBA:	License Holders Name:
State License Number:	Total Number of Outlets:

Elevator:

DBA:	License Holders Name:
State License Number:	Total Cost of Elevator:

Others Contractor:

DBA:	License Holders Name:
State License Number:	Total Cost of Others:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”

(Signature) (Printed Name)

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER* (Check one)

State of _____ County of _____

Sworn to and Subscribed before me, the _____ Day of _____, 20____ by _____ who is personally known to me or has produced _____ as identification.
(Type of Identification)

Signature of Notary Public or Staff Signature* Print, Type or Stamp of Notary

***To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**

Owner Builder Disclosure Statement

Chapter 489, Florida Statutes 489 Sec. 103, Part I/Part II "Construction Contracting" requires:

DISCLOSURE STATEMENT

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

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 www.myfloridalicense.com/DBPR for more information about licensed contractors. **Initial:** _____

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:

PRINT ADDRESS HERE _____.

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. **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 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. 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.

Property Owners Signature: _____

Property Address: _____

Date: _____

STATE OF FLORIDA, COUNTY OF FLAGLER

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

(Full name of person acknowledging.)

Personally known: _____

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public



Pulling an Owner/Builder Permit is Risky Business!



If you do not intend to do the work yourself and have been asked by someone without a contractor's license to pull the permit, you are at risk of financial harm.

Section 489.103 (7), Florida Statutes requires that when property owners act as their own contractor, they must supervise the work being performed. Any person working on your building who is not licensed must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee.

Without workers' compensation insurance, you could be held liable for injuries incurred on your property. Typically, your homeowners' insurance policy will not honor your claim if the work being performed required a licensed contractor. You could end up responsible for thousands of dollars of medical bills.



Not only is it dangerous, but it's against the law.

Section 455.227(1)(J), Florida Statutes prohibits any person from aiding, assisting, procuring, employing or advising any unlicensed person or entity. Individuals who aid unlicensed persons may face fines of up to \$5,000.

Is it worth it?

For more information, speak with your local building department before you apply for a permit or contact the Department of Business and Professional Regulation at 850.487.1395 or online at www.MyFloridaLicense.com



FLAGLER COUNTY PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

PROJECT DESIGN CRITERIA <i>*Please answer the following questions</i>	YES	NO
COASTAL CONSTRUCTION ZONE? (SEAWARD OF CCCL LINE)		
COASTAL BUILDING ZONE?		
WINDBORNE DEBRIS REGION?		
EXPOSURE CATEGORY (CIRCLE)	(B) (C) (D)	
<i>IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"</i>		
CHECK APPROPRIATE METHOD		
<input type="checkbox"/>	DESIGN FOR INTERNAL PRESSURE	
<input type="checkbox"/>	SHUTTER SYSTEM	
<input type="checkbox"/>	IMPACT RESISTANT GLASS	

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.

IN ADDITION TO THIS FORM, MANUFACTURER SPECIFICATIONS AND INSTALLATION INSTRUCTIONS FOR EACH PRODUCT ARE REQUIRED TO BE ON SITE AT THE TIME OF INSPECTION.

TYPE	MANUFACTURER	MODEL # / SERIES	<i>RESERVED FOR PLANS EXAMINER USE</i>	2023 FLORIDA APPROVAL # <i>(MUST INCLUDE DECIMAL NUMBER)</i>	FLORIDA APPROVAL PDF FILE # <i>(IF APPLICABLE)</i>	MIAMI/DADE N.O.A. <i>(IF APPLICABLE)</i>
EXTERIOR DOORS						
SWINGING						
"						
SLIDING						
"						
OVERHEAD						
"						
OTHER						
WINDOWS						
SINGLE HUNG						
DOUBLE HUNG						
HORIZONTAL ROLLING						
CASEMENT						
FIXED						
AWNING						
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)
ROOFING						
SHINGLES	FIELD VERIFY					
METAL						
TILE						
UNDERLAYMENT						
SHUTTERS						
ROLL-UP						
PANELS						
PLYWOOD	D (CHECK HERE IF THIS METHOD IS CHOSEN)					
OTHER						
STRUCTURAL COMPONENTS						
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 (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).

AFTER RECORDING -RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

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** a. Tax Parcel No. Required: _____

b. Full Legal Description Required: _____

c. Physical Address, Required if available _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER / LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (If other than owner): _____

4. **CONTRACTOR'S:** a. Name: _____

b. Address: _____ C. Phone: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name _____

b. Address: _____

c. Phone number: _____ d. Amount of bond: \$ _____

6. **LENDER'S NAME:** a. _____

b. Lender's Address's: _____ c. Phone: _____

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

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by owner: _____

9. Expiration date of notice of commencement: _____, 20____.

(The Expiration date will be 1 year from the date of the Recording unless otherwise 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 Lessee, or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of _____, County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this

_____ day of _____, 20____ by _____,

(name of person)

Personally Known ___ or Produced Identification ___ Type of Identification Produced _____

Notary

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)