

CITY OF MIDWAY

NORTH FLORIDA'S GATEWAY CITY

One & Two Family Dwelling, Building Permit Application

Owner's Name(s) _____

Address _____ City _____ St. _____ Zip _____

Home Ph. _____ Work Ph. _____ Cell Ph. _____

FaxNo _____ Email _____

LOCATION /BUILDING SITE:

911 Address (Job Site) _____ City _____ St. _____ Zip _____

Parcel ID. _____ Lot# _____ District _____ Replacement Unit: ___ Yes ___ No

Description of Work _____ Valuation of Project \$ _____

Check All The Boxes That Apply To The Proposed Job:

DESCRIPTION OF WORK	BASEMENT ON SITE	CULVERT & END TREATMENT REQUIRED	Is the Property Flood Prone
New DCA Approved	Yes, Specify	Yes	Yes
Used DCA Approved	No	No	No
New Construction			Date of Flood Letter
House Move	BUILDING FOUNDATION	SIDEWALKS REQUIRED	
Addition	Monolithic	Yes	Does Property Include, or Is
Alteration	Block Wall	No	It Near a Wetland, Such As:
Repair & Replacement	Pier or Piling		Lake, Pond
Foundation only	Other, Specify	DESCRIBE THE SLOPE OF LAND	Sink Hole
Swimming Pool		Flat 0% to 2%	Swamp, Marsh
Roofing	CLEARING ACTIVITIES	Slight Slope 2% to 10%	Other
Electrical	Selective Clearing	Steep Slope 10% to 20%	None
Other	Entire Site	Very Steep Slope 20% & Over	
	No Clearing		Type of Sewage Disposal:
	Access & Construction Only	Check Development Restrictions that Apply	Public or Private Company
		Natural Area (required Undisturbed)	Private (Septic System, etc.)
	GRADING ACTIVITIES	Land Use Buffer	
CLASS OF BUILDING	YES	Plat Restrictions	Type of Water Supply:
Single Family Dwelling	NO	None	Public or Private Company
Duplex		Easement of Any Kind	Private (Well, Custom)
DCA Modular			

CONTRACTOR INFORMATION

Type	CONTRACTOR NAME	CONTRACTOR ADDRESS	LICENSE	PHONE
Principal				
Electrical				
Plumbing				
Mechanical (must have licensed contractor)				
Gas (must have licensed contractor)				
Architect/Engineer				
Roofing				
Clearing Excavation				

**DISCLOSURE STATEMENT OWNER CONTRACTOR AND/OR ASBESTOS ABATEMENT PERMIT
FLORIDA STATUTES 489.103/469.002 & FLORIDA BUILDING CODE 104.4.4**

F. S. 489.103

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTOR. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS, OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR EVEN THOUGH YOU DON'T HAVE A LICENSE. **YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF.** YOU MAY BUILD OR IMPROVE A ONE OR TWO-FAMILY HOME RESIDENCE OR A FARM BUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING AT A COST OF \$75,000 OR LESS. **THE BUILDING MUST BE FOR YOUR OWN USE AND OCCUPANCY. IT MAY NOT BE BUILT FOR SALE OR LEASE.** IF YOU SALE OR LEASE MORE THAN ONE BUILDING YOU HAVE BUILT WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE. THE LAW PRESUMES THAT YOU HAVE BUILT IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. IT'S YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY LICENSING ORDINANCES. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A AND WITHHOLDING TAXES AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE, AS PRESCRIBED BY LAW, YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS. OWNERS MUST PROVIDE DIRECT, ONSITE SUPERVISION THEMSELVES OF ALL WORK NOT PERFORMED BY LICENSE CONTRACTORS, THAT DUTY CANNOT BE DELEGATED.

F.S. 469.002 & FLORIDA BUILDING CODE 104.4.4

STATE LAW REQUIRES **ASBESTOS ABATEMENT** TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY MOVE, REMOVE, OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY. IF YOU SELL OR LEASE SUCH BUILDING WITHIN ONE YEAR AFTER THE ASBESTOS ABATEMENT IS COMPLETE, THE LAW WILL PRESUME THAT YOU INTENDED TO SELL OR LEASE THE PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MINICIPAL LICENSING ORDINANCES.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF AN **OWNER/BUILDER PERMIT.**

SIGNATURE OF PROPERTY OWNER

DATE

MINIMUM PROPERTY SET-BACK REQUIREMENTS

The structure shall be set back as follows:

Front Setback: **35'** from a dedicated or maintained right-of-ways or a minimum of **65'** from centerline, whichever is greater.

Side Setbacks: **10'** on one side and **15'** on other. Corner lots require a **20'** setback. Rear Setback: **10'**

The septic tank and drain field, building overhang, well and any other structure located on the property must meet these minimum setbacks.

No structure can be placed on any public right-of-way, i.e. mailbox, covert retaining wall, fence.

I have read the above setback requirements and agree not to erect setup or place any structure, well, drain field in those dedicated areas. If I violate the required minimum setbacks I understand that I will be required to abate the setback violations at my expense.

Owner/ Authorized Agent _____

SIGNATURE

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit(s) to do work and installations as indicated. I certify that no work or installation 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. I understand that a permit must be secured for Electrical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks and Air Conditioners, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner, the applicant shall certify to be acting as owner's authorized agent. I also acknowledge that my failure to record a notice of commencement may result in my paying twice for improvements to my property and that if I am intending to obtain financing, I should consult with my lender or my attorney before recording a notice of commencement.

Owner/Agent _____

SIGNATURE

Contractor _____

SIGNATURE

STATE OF FLORIDA, COUNTY OF GADSDEN

The foregoing information was sworn to, subscribed and acknowledged before me this _____ day of _____ 20_____

by _____, who is personally known to me or has produced _____ as identification, and (___did/___did not) take an oath.

Notary Public, State of Florida _____

Commission Number:

My Commission Expires:

Seal

SITE BUILT, MODULAR AND DCA HOMES

REQUIRED PLANS - WIND LOAD DESIGN 120 MPH

***Note:** Failure of the contractor/owner builder to submit ALL the required documents will delay the issuance of this permit until the application is complete.

SUBMIT: Two copies of the following must be included:

- PLANS- specifications and drawings drawn to scale with sufficient clarity and detail to indicate the nature and character of the work. (** 2 sets of D.C.A. approved plans)**
- One additional floor plan (only)**
- ENGINEERED WIND LOAD ANALYSIS-** Sealed & Signed: as per Chapter 16 Florida Building Code. (120 MPH)
- FOUNDATION (**D.C.A. modular-Engineered foundation plans)**
- ELEVATIONS**
- SITE PLAN:** (** setback dimensions, septic location, lot dimensions, easements, existing buildings)
- MECHANICAL EQUIPMENT LOCATION**
- ROOF TRUS PLAN**
- FLOOR PLAN, EMERGENCY EGREES,** i.e. window size & location, stairs, accessible bath, fire blocking & draft stopping, smoke detector(s) location.

Each plan must also include the following:

- 1. **Wall section(s)** from the foundation through the roof.
- 2. **Shear wall(s)** and /or segments external and internal.
- 3. **Roof decking & nailing requirements.**
- 4. **A fastener i.e. bolts** screws, nails, etc.
- 5. **Special uplift areas** i.e. girder trusses, columns, vaulted ceiling wall(s), common frame ridge beams, etc.
- 6. **Connectors:** Hurricane clips, straps, uplift tie-down apparatuses.
- 7. Any area that is deemed to be part of the structural integrity of the building.

REQUIRED FORMS

- GARAGE DOOR & WINDOW WIND LOAD CERTIFICATION AND INSTALLATION INSTRUCTIONS (see supplier)
- ENERGY FORM/EPI & MANUAL-J FORM ** (signed, see mechanical contractor or engineer)
- SOIL TEST (IF PIPE CLAY OR HIGH WATER TABLE IS PRESENT ON THE SOIL TEST, A SEALED ENGINEERED FOUNDATION PLAN WILL BE REQUIRED). **
- SEPTIC TANK PERMIT OR WAIVER ** (Gadsden Environmental Health, (875-7200 ext. 336) **Return Red Stamped Copy**)
- FLOOD LETTER ** (if your property touches any body of water or is deemed to be in a flood prone area: see surveyor or engineer)
- NOTICE OF COMMENCEMENT (if valuation is over \$2,500.00) (File at the Gadsden County Courthouse – Room 102) **Return original**
- PRODUCT APPROVAL SPECIFICATION SHEET (Submit with permit)
- HOUSING PERMIT** (Planning and Zoning, 875-8663) **Must be approved by P & Z prior to picking up permit.**
- 911 ADDRESS ** (see 911 Coordinator at the W. A. Woodham Building, 875-8824)

**** (Information also needed for D.C.A. modular buildings)**

LETTER OF AUTHORIZATION

This letter serves as notice on this date I, _____ hereby give authorization to, _____ to obtain all necessary permits for me in Gadsden County at the property, located at the following: Physical Address _____ Parcel ID _____

Property Owners Signature _____ Date _____

Sworn and subscribed this _____ day of _____ 20_____.

Notary _____ for State of Florida. _____ Personally Known _____ Produced Identification
SIGNATURE

Driver’s License or Identification Number _____ Commission No.:

Seal

STAFF USE ONLY

OCCUPANCY TYPE		TYPE CONSTRUCTION	
(1) A ASSEMBLY I INSTITUTIONAL B BUSINESS M MERCANTILE D DAYCARE R RESIDENTIAL E EDUCATIONAL S STORAGE F FACTORY H HAZARDOUS MIXED _____		(2) <u>I</u> <u>II</u> <u>III</u> AB A/B A/B NUMBER OF STORIES _____ <u>IV</u> <u>V</u> HT A/B HEIGHT _____ SPRINKLED _____ BUILDING AREA _____ PROTECTION 1 HR. _____ 2 HR. _____ 3 HR. _____ 4 HR. _____	
(3) PREVIOUS OCCUPANCY TYPE _____ PARKING SPACES REQUIRED _____ HANDICAP ACCESSIBLE SPACES _____ VAN ACCESSIBLE _____ APPROVED _____		(4) FLOOD ZONE YES _____ NO _____ FFE _____ FT. _____	

Plan Review Record	First Review Date/Reviewer	Second Review Date/Reviewer	Comments
Site			
Building			
Septic System:			

VALUATION \$		Other Comments
Heating & Air Conditioning Square Feet		
Unheated -Garage Square Feet		
Unheated – Porch Square Feet		
Unheated –TOTAL Square Feet		
Square Feet		
TOTAL		

Permit Fees	Amount	Plan Reviewer	
Building/MH	\$	Fire Reviewer	
Plan Review	\$	Permit Technician	
Electrical	\$	Septic System	
Mechanical	\$		
Plumbing	\$		
Gas	\$		
State Surcharge	\$		
Other	\$		
Fines	\$		
Fire	\$		
Total	\$		