



CITY OF TAVARES RESIDENTIAL ADDITION/ALTERATION PERMIT APPLICATION CHECKLIST

Please read the following requirements. Your signature on this form verifies that you have completed this application and have submitted **all** of the required information needed to review your permit package to The City of Tavares.

- Three sets of signed and sealed building plans, drawn to scale, including complete construction details (i.e. building, electrical, mechanical, plumbing, etc.)
- Three copies of the State of Florida Product Approval for all windows, siding, exterior doors, garage doors, and roofing materials.
- Three copies of State of Florida Product Approval form (available in our office).
- Three copies of Manufacturer's installation specifications and wind-load calculations for all windows, exterior doors, garage doors, roofing materials.
- Three copies of a sealed survey, drawn to scale, showing the size of the lot, setbacks, easements, and all the existing structures and improvements to be added to the site, show distances from proposed improvements to property lines and existing structures in all directions.
- Three sets of the Florida Energy Code Compliance Form – State Energy Code Requirements (if applicable).
- Three sets of signed and sealed Truss Engineering detail and layout.
- A completed permit application with the Construction Waste Disposal Statement (signed and notarized).
- Proof of ownership (copy of property record card from lakecopropappr.com, tax bill, warranty deed).
- Owner/Builder Affidavit, if applicable.
- Certified copy of the Notice of Commencement (**before the 1st inspection**).
- A **site specific** Power of Attorney if you are not the licensed contractor or owner of property.
- A completed driveway application (if applicable).

SIGNATURE _____

DATE _____

NOTE: All of the items on this list may not apply.



America's Seaplane City™

Building Permit Application

PERMIT # _____ ALTERNATE KEY # _____

SURVEY REQUIRED FOR NEW STRUCTURES, ADDITIONS, AND MOBILE HOME PLACEMENT.

Job Address _____

Description of Work _____

Property Legal Description _____ Attached

Owner Name _____ Phone # _____

Owner Address _____

Fee Simple Title Holders Name (if other than owner) _____

Fee Simple Title Holders Address (if other than owner) _____

Point of Contact (required): _____ Phone # _____

Point of Contact E-Mail: _____ Fax# _____

Contractor Name _____ Phone # _____

Contractor Address _____

Contractor State Certification or Registration Number _____

Bonding Company _____ Phone# _____

Bonding Company Address _____

Architect / Engineer Name _____ Phone # _____

Architect / Engineer Address _____

Mortgage Lenders Name _____

Mortgage Lenders Address _____

Building Type (circle one): IA IB IIA IIB IIIA IIIB IV VA VB

NOTE: FAILURE TO SELECT CORRECT BUILDING TYPE WILL RESULT IN TYPE IV BEING USED FOR PERMIT FEE CALCULATION, IF ACTUAL BUILDING TYPE HAS A HIGHER FEE, THE ADDITIONAL FEE WILL BE ADDED AND DUE AT PERMIT ISSUANCE.

VALUE OF WORK \$ _____ SQUARE FOOT CONDITIONED _____

(Total Value of all Construction) (Required) SQUARE FOOT UNCONDITIONED _____

SQUARE FOOT TOTAL _____

POTABLE EXISTING IMPERVIOUS AREA _____

WATER METER SIZE PROPOSED IMPERVIOUS AREA _____

IRRIGATION: Yes No IRRIGATION METER: Yes No METER SIZE _____

WILL EXISTING TREES BE REMOVED: Yes No (If Yes, attach Tree Removal Permit Application)

Sub-Contractor's List

MECHANICAL	_____	LICENSE NO	_____
ELECTRICAL	_____	LICENCE NO	_____
PLUMBING	_____	LICENSE NO	_____
ROOFING	_____	LICENSE NO	_____
GAS	_____	LICENSE NO	_____
OTHER	_____	LICENSE NO	_____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation 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. I understand that a separate permit may be required for ELECTRIC, PLUMBING, MECHANICAL, SIGNS, FENCES, DOCKS, POOLS, etc.

OWNERS AFFIDAVIT: I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

Homeowner's Association Verification

Is the property or job address located in a neighborhood with an active Homeowner's Association?

_____ Yes

_____ No

Has the planned improvement been reviewed by the Homeowner's Association making sure that the improvement complies with HOA covenants and restrictions?

_____ Yes

_____ No

Note: If you answered YES to the above questions please submit an approval letter from the HOA along with your building permit application. The City of Tavares reserves the right to deny a building permit request if Homeowner's Association approval has not been granted.

SIGNATURE OF OWNER or AGENT

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

SIGNATURE OF CONTRACTOR

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

or

Signature of Notary Public - State of Florida

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary

Print, Type, or Stamp Commissioned Name of Notary

Personally Known _____ OR Produced Identification _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

Notice to Contractor/Owner

If you have not recently pulled permits within the City of Tavares, please include all necessary copies of your license, occupational license, workman's compensation coverage or valid exemption, and insurance liability coverage. Failure to provide all necessary information or fill out this application completely could result in a delay in processing or a denial/rejection of your permit application.

Building Department Use Only

Date of Notification: ____/____/____

Individual Contacted: _____

Time of Notification: _____

Contacted By: _____



**CONSTRUCTION WASTE
DISPOSAL STATEMENT**

CITY OF TAVARES
COMMUNITY DEVELOPMENT
201 E. Main Street, P.O. Box 1068
Tavares, Florida 32778

PRIOR to the issuance of a Building Permit for the construction or renovation of any structure, the Applicant shall provide for the collection and disposal of any construction waste which may result from construction. Construction waste **MUST** be disposed of at a properly permitted landfill or recycling facility.

The City of Tavares is not responsible for construction or vegetation debris resulting from a permitted construction project. Therefore, there are two (2) alternatives whereby the Applicant may satisfy this requirement.

Alternative I

Use a licensed collector or specialty hauler to collect and properly dispose of/or recycle all construction wastes resulting from this project.

Alternative II

The owner/contractor will collect and properly dispose of/or recycle all construction waster resulting from this project.

Please indicate which method of disposal will be used for this project: (PLEASE CHECK ONE)

Alternative I **Alternative II**

Regardless of which method the applicant chooses, ultimately the responsibility to properly dispose of/or recycle all construction waste will fall to the general contractor/owner. Please be advised that removal of construction waste is one of many requirements for the issuance of a certificate of occupancy.

I hereby swear or affirm that I have read the requirements indicated above, and agree to the terms as directed by the City of Tavares.

_____ *Applicant's Signature* _____ *Date*

Subscribed and sworn to before me this _____ day of _____, 20____ by,
_____ who is personally known to me or has produced _____
as identification.

_____ (SEAL)
Notary Signature

NOTICE OF COMMENCEMENT

Permit No. _____
Tax Folio No. _____

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: (legal description of the property and street address if available) _____
- 2. General description of improvement: _____
- 3. Owner Information
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than owner) _____
- 4. Contractor
 - a. Name and address: _____
 - b. Phone Number: _____
- 5. Surety
 - a. Name and address: _____
 - b. Amount of bond \$ _____
 - c. Phone Number: _____
- 6. Lender
 - a. Name and address: _____
 - b. Phone Number: _____
- 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 Number: _____
- 8. In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:
 - a. Name and address: _____
 - b. Phone Number: _____
- 9. Expiration date of notice of commencement (the expiration date is 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 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 Owner's Authorized Officer/Director/Partner/Manager

Printed Name & Signatory's Title/Office

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.

Signature of Notary Public, State of Florida

Print, Type or Stamp Commissioned Name Of Notary Public

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person (owner) Signing Above



America's Seaplane City™

City of Tavares
Community Development
201 E. Main Street, P.O. Box 1068
Tavares, FL 32778
Phone 352-742-6213 Fax 352-742-6087

POWER OF ATTORNEY

Date _____

I, _____, hereby appoint _____, to be my lawful attorney in fact, to act for me to apply for, receipt for, and sign for and do all things necessary to this appointment in reference to permitting in the City of Tavares.

Check and complete one of the following.

___ To sign for any and all documents until further notice.

OR

___ To sign for this specific job only.

For work to be performed at _____

Property Owner _____

Alternate Key # _____ Section _____ Township _____ Range _____

Lot _____ Block _____ Subdivision _____

Name of Certified Contractor (Type or Print)

Signature of Certified Contractor

State of Florida
County of Lake

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.

Notary Public Signature

(Seal)