

## BUILDING APPLICATION CHECKLIST

- 1. COMPLETED BUILDING PERMIT APPLICATION AND SUB- CONTRACTOR LIST.
- 2. OWNER/BUILDER PERMISSION LETTER
- 3. NOTICE OF COMMENCEMENT
- 4. THREE COPIES OF SIGNED ENERGY SHEETS
- 5. SITE PLAN SHOWING ALL REQUIRED SETBACKS
- 6. PROOF OF SEWER AND WATER CONNECTION FEES
- 7. APPROVED SEPTIC AND WELL PERMIT
- 8. TWO SETS OF PLANS AND TRUSS ENGINEERING
- 9. DOOR AND WINDOW CERTIFICATION, 110 MPH

BUILDING PERMIT APPLICATION FORM  
TOWN OF CALLAHAN  
RESIDENTIAL AND COMMERCIAL

**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.**

OWNERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Lisc. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION:  
\_\_\_\_\_

ARCHITECT/ENGINEERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I hereby certify that no work or installation has commenced prior to the issuance of a permit and that all work shall be performed to meet the standards set forth by adopted codes regulating the construction applied for by this permit. I also understand that separate permits are required for electrical, plumbing, mechanical, gas, wells, alarm systems and site work. I also certify that any deviation or alteration of approved plans will be submitted to the Town prior to performing the work.

OWNERS AFFIDAVIT: I CERTIFY THAT ALL INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THE PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THE COUNTY OR THE TOWN AND THERE MAY BE ADDITIONAL PERMITS REQUIRED BY FEDERAL OR STATE ENTITIES.

SIGNATURE: \_\_\_\_\_  
OWNER

SIGNATURE: \_\_\_\_\_  
CONTRACTOR

Sworn to and subscribed before me by

\_\_\_\_\_ who is

personally known to me or produced

\_\_\_\_\_ as identification

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Sworn to and subscribed before me by

\_\_\_\_\_ who is

personally known to me or produced

\_\_\_\_\_ as identification

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Commission No. / Expires \_\_\_\_\_

SEAL:

**SPECIFICATION SHEET**

**SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDES \_\_\_\_\_**

**TOTAL FLOOR AREA \_\_\_\_\_ SQUARE FEET**

**NUMBER OF STORIES \_\_\_\_\_**

**RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_**

**VALUATION**

**UP TO 1600 SQUARE FEET, HEATED/COOLED**

\_\_\_\_\_ SQ. FT. @ \$42.00 = \_\_\_\_\_

**1601 TO 2400 SQUARE FEET, HEATED/COOLED**

\_\_\_\_\_ SQ. FT. @ \$55.00 = \_\_\_\_\_

**OVER 2401 SQUARE FEET, HEATED/COOLED**

\_\_\_\_\_ SQ. FT. @ \$70.00 = \_\_\_\_\_

**GARAGES /CARPORTS**

\_\_\_\_\_ SQ. FT. @ \$25.00 = \_\_\_\_\_

**PORCHES /PATIOS**

\_\_\_\_\_ SQ. FT. @ \$15.00 = \_\_\_\_\_

**TOTAL VALUATION \_\_\_\_\_**

**COMMERCIAL**

\_\_\_\_\_ SQ. FT @ \$75.00 = \_\_\_\_\_

SUB-CONTRACTOR LIST

List names of all sub-contractors who will be doing the applicable work. You are responsible for verification that each sub-contractor listed has the required Workman's Comp Insurance and Liability Insurance. Each trade listed below is required to register with the Town prior to completing any work within the Town's limits.

Type of work	Sub-contractor name	License Number
Concrete	_____	_____
Masonry	_____	_____
Framing	_____	_____
Insulation	_____	_____
Drywall	_____	_____
Finish/Trim	_____	_____
Roofing	_____	_____
Painting	_____	_____
Tile	_____	_____
Cabinets/tops	_____	_____
Floor coverings	_____	_____

I, \_\_\_\_\_, certify the people listed above for work on permit # \_\_\_\_\_ have and maintain the required insurance under the provisions of Florida Law. I understand that I am responsible for employees or persons other than licensed contractors when they are on my jobsite.

\_\_\_\_\_  
Contractor/owner builder                      License Number                      Date