

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:

NOTICE OF COMMENCEMENT
FS 713.13 REVISED 1/3/12

AFTER RECORDING RETURN TO:

Property Appraisers Parcel Identification: _____

NOTICE OF COMMENCEMENT

State of Florida
County of Nassau

The undersigned hereby given 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.

Legal description of property (include street address, if available)

General description of improvements _____

Owner's Name _____

Address _____

Owner's Interest in site of the improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____ Phone: _____ Fax: _____

Contractor _____

Address _____ Phone: _____ Fax: _____

Surety _____ Phone: _____ Fax: _____

Address _____ Amount of Bond \$ _____

Lender's Name _____

Address _____ Phone: _____ Fax: _____

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified: _____, _____, 20____)

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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of Florida
County of Nassau

I have relied upon the following identification of the Affiant _____

Sworn to and subscribed before me this _____ day of _____

Notary Signature

Printed Name

Town Of Callahan
Specification Sheet – Residential Building Permit Valuation

SETBACKS: FRONT _____ REAR _____ SIDES _____

TOTAL FLOOR AREA _____ SQUARE FEET

NUMBER OF STORIES _____

RESIDENTIAL - VALUATION
BASED ON 100% ICC INTERNATIONAL CODE COUNCIL VALUATION DATA

SQUARE FEET - HEATED/COOLED

_____ SQ. FT. @ \$130.58 = _____

GARAGES / CARPORTS

_____ SQ. FT @ \$51.28 = _____

PORCHES / ENTRY WAY/ PATIOS

_____ SQ. FT @ \$25.64 = _____

TOTAL VALUATION: _____

OTHER GROUP TYPES CAN BE CALCULATED USING THE ICC CODE COUNCIL VALUATION DATA

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