PERMIT

TOWN OF CALLAHAN
Land Use, Building, and Water/Sewer Service

Date							PE	RMIT	
Name					Pł	none No.			
Address			*****						
Location									
	i	ot	Block	Trac	et e	(See c	attachéd E)	
Legal Description Lot Block PROPOSED STRUCTURE: CHECK ONE: CResidential		CHECK ALL THAT APPLY: O New Construction Addition Detached Structure Check ALL THAT APPLY: O New Construction Check ALL THAT APPLY: O New Construction Check ALL THAT APPLY: O New Construction Check ALL THAT APPLY:		Q Repo	Repair Move Remove Relation Other				
Description:									
VALUATIO	ON / CONSTRUC	TION COST:		ZONING CLASS	FICATION:				
\$			_					-	
¥				If Change of Us	e, From What?			,	
Contractor									
Phone		~~~		License No					
Subcontractors									
.,									
Architect/Enginee									
Other				,					
roperty Owner's Siç	noture			(Date)	Applicant's Sig	nature			(Date)
t	ARD Application I Site inspection Surveyor's Pic	n Performed					lance with g Ordinance	□ Co	mprehensive Pl
WATER STRAIG	□ Se	FUSED e Special Con	ditions Below	,	Public Works	Director			
τ	Water Availal Water Not Av	raliable	8		Fire Marshall				
	3 Sewer Avallat 3 Sewer Not Av				Building Inspe	ctor	R	ADON FEE \$	
BUILDING DEPART	MENT Pern	nit Fee \$			Signature			Date	
oe of onst.		Occupancy			FEES	Required	Not Required	Amount	Rec. # >
of Bldg.	No. of Stories		Max. Occ. Load		Move-On Fee				
ne .	Use Zone	,	fire Sprink Required	Q Yes Q No	Water Tap				
ecial Conditions:					Sewer Top			ye hiter û mamanuna adam	
e all'alle de la commentación de l La composition de la commentación	i ka ging syramenggi, gipe mya ibnightighteri i syram							The Paris Taring	
								<u> </u>	
	12			y 1, de dus	-	The borner down was			7711
HEN PROPERLY VA		HIS SPACE BY	SIGNATUR	E & SEAL)					
plication cepted by	Plans Check	ed	Approved for Issue						The sequence of the second sequence of the se

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:			PHONI	Ξ:	
CITY:	_STATE:		ZIP: _		_
JOB ADDRESS:					
LEGAL DESCRIPTION:					
ARCHITECT/ENGINEERS 1		79			
ADDRESS:			PHON	Œ:	
CITY:		STATE:	i i	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	Sworn to and subscribed before me by
who is	who is
personally known to me or produced	personally known to me or produced
as identification	as identification
thisday of, 20	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:

Notary Signature

Property Appraisers Parcel Identification:	

NOTICE OF COMMENCEMENT

State of Florida			
County of Nassau	*** *		•
The undersigned hereby given notice that im	provement will be	made to certain real property, and	ın
accordance with Chapter 713, Florida Statutes	s the following info	ormation is provided in this Notice	OI
Commencement.			
Legal description of property (include street	address, if availab	le)	_
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	273.5	Fax:	_
Contractor			_
A dalman	Phone:	Fax:	_
Curate	Phone:	Fax:	
Address	Amount of	f Bond \$	-
Address	Phone:	Fax:	_
Address Expiration date of notice of commencement ((the expiration date	e is 1 year from the date of recording	ıg
unless a different date is specified:	20		
WARNING TO OWNER: ANY PAYMENTS MADE	BY THE OWNER AF	TIER THE EXPIRATION OF THE	1
NOTICE OF COMMENCEMENT ARE CONSIDER SECTION 713.13, FLORIDA STATUTES, AND CAN	ED IMPROPER FAI.	PAYING TWICE FOR IMPROVEMENT	S
TO MOUSE PROPERTY A NOTICE OF COMMENC	'EMEN'I MUNT KE KI	ECUKUED AND POSTED ON THE JOB	
CIMP DEPODE THE FIRST INCRECTION IF YOU	INTEND TO OBTAIN	FINANCING, CONSULT WITH TOUR	
LENDER OR AN ATTORNEY BEFORE COMMEN	CING WORK OR RE	CORDING YOUR NOTICE OF	
COMMENCEMENT.			
Under penalty of perjury, I declare that I have read therein are true to the best of my knowledge and believed.	he foregoing notice of (ef.	commencement and that the facts stated .	
Signature of Owner or	Print Name and Prov	vide Signatory's Title/Office	
Owner's Authorized Officer/Director/Partner/Manager			
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			
Notory Signature Pri	inted 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-contracto	or name	201	License Number
Concrete				
Masonry		·		
Framing				
Insulation				
Drywall				
Finish/Trim	W-12-11	•		
Roofing				
Painting			<u>=</u> _	
Γile				
Cabinets/tops	Ng:	E		
Floor coverings	***************************************			
Florida Law. I under icensed contractors	have and maint rstand that I am	ain the required responsible fo	insurance u	re for work on permit # nder the provisions of or persons other than
Contractor/owner buil	der	License Numb	per	Date