



Permit # \_\_\_\_\_

CITY OF CRYSTAL RIVER  
COMMUNITY DEVELOPMENT DEPARTMENT  
123 NW US HIGHWAY 19, CRYSTAL RIVER, FL 34428  
352-795-4216 EXT. 306  
[www.crystalriverfl.org](http://www.crystalriverfl.org)

**BUILDING PERMIT APPLICATION CHECKLIST**

**Current Use:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Apartment           | <input type="checkbox"/> Assembly-Restaurant | <input type="checkbox"/> Assembly-Other    |
| <input type="checkbox"/> Business/Office     | <input type="checkbox"/> Condominium         | <input type="checkbox"/> Mercantile/Retail |
| <input type="checkbox"/> 1-2 Family Dwelling | <input type="checkbox"/> Storage             | <input type="checkbox"/> Other: _____      |

**Type of Work:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Addition                | <input type="checkbox"/> Alteration     | <input type="checkbox"/> Change of Use            |
| <input type="checkbox"/> Dumpster Enclosure/Pad  | <input type="checkbox"/> Fence          | <input type="checkbox"/> Foundation Only          |
| <input type="checkbox"/> New 1-2 Family Dwelling | <input type="checkbox"/> New Commercial | <input type="checkbox"/> Shed/Accessory Structure |
| <input type="checkbox"/> Swimming Pool           | <input type="checkbox"/> Other: _____   |   |

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Square Footage of Work: \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_

Flood Elevation: \_\_\_\_\_

BUILDING PERMIT APPLICATION FORM - Complete and Signed

CONTRACTOR INFORMATION - The following must be submitted to the Building/Fire Safety Division by contractors:

- Proof of Workers Compensation or Letter of Exemption
- Copy of current State License and Citrus County License if a Registered Contractor
- Business License (if applicable)
- Copy of Contract, Work Order or Estimate

OWNER/BUILDER DECLARATION - An owner/builder declaration must be signed when a property owner acts as their own Contractor.

NOTICE OF SPECIAL INTERCEPTOR FORM - Must be completed for all work occurring on grease or other type interceptor.

CONSTRUCTION PLANS - Three sets of plans signed and sealed by a Florida Design Professional (maximum size 30" x 42") in compliance with the Florida Building Code, Section 107.3.5.

\_\_\_ SITE PLAN OR SURVEY - For all projects involving changes to the site, three full site plans/surveys showing:

- \_\_\_ Property lines with lot dimensions and setbacks
- \_\_\_ Easements
- \_\_\_ Total building area, both current and proposed
- \_\_\_ Impervious surface area (ISR) calculations
- \_\_\_ Location and size of mechanical equipment pads, pool equipment, etc.
- \_\_\_ Location and size of porches, patios, steps, driveways, sidewalks, etc.
- \_\_\_ Location and size of existing trees

\_\_\_ DRAINAGE PLAN - For all projects involving the addition of impervious area or lot drainage, three full drainage plans indicating:

- Existing lot draining patterns (Topographic Survey)
- Proposed grading plan

\_\_\_ HOMEOWNER ASSOCIATION OR CONDOMINIUM ASSOCIATION APPROVAL LETTER

\_\_\_ A PLAN REVIEW FEE FOR ALL PROJECTS PER APPROVED FEE SCHEDULE

**MECHANICAL, ELECTRICAL, PLUMBING, FIRE ALARMS, FIRE SPRINKLERS, POOLS, SPAS, FENCES, WALLS, SHEDS, SCREEN ENCLOSURES, SIGNS AND DETACHED STRUCTURES MAY REQUIRE SEPARATE PERMITS.**

**PLEASE NOTE\***

(ADDENDUM) June 27, 2013

In accordance with 2010 Florida Building Code - Energy Conservation

**101.4.7.1 Replacement HVAC Equipment.**

**101.4.7.1.1 Duct sealing upon equipment replacement (mandatory).** At the time of the total replacement of HVAC evaporators and condensing units, all accessible (a minimum of 30 inches (762 mm) clearance joints and seams in the air distribution system shall be inspected and sealed where needed using reinforced mastic or code approved equivalent and shall include a signed certification by the contractor that is attached to the air handler unit stipulating that this work has been accomplished.



# City of Crystal River

City of Crystal River  
123 NW Highway 19  
Crystal River, FL 32228  
P: 352-795-4216, EXT. 306  
F: 352-795-6245  
[jrehberg@crystalriverfl.org](mailto:jrehberg@crystalriverfl.org)

## BUILDING PERMIT APPLICATION

ALT KEY: \_\_\_\_\_  **COMMERCIAL**  **RESIDENTIAL** **CRA:**  Y  N PERMIT #: \_\_\_\_\_

**CRYSTAL RIVER • HOME of the MANATEE**

JOB ADDRESS (INCLUDES SUITE #): \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ BLOCK: \_\_\_\_\_

DESCRIBE WORK: \_\_\_\_\_

\_\_\_\_\_ TYPE CONST: \_\_\_\_\_

VALUATION OF COMPLETED WORK: \$ \_\_\_\_\_ TOTAL SF: \_\_\_\_\_ TOTAL I.S.R.: \_\_\_\_\_ % MAX I.S.R. \_\_\_\_\_ %

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL#: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

TENANT NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

CONTRACTOR BUSINESS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

LICENSE HOLDER NAME: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_

TYPE	NAME	QUALIFIER/AGENT SIGNATURE	LICENSE NO.	DATE
ELEC.				
MECH.				
PLUMB.				
ROOF				
OTHER				

**BY SIGNING THIS APPLICATION, YOU STATE THAT YOU HAVE READ AND UNDERSTAND, THE STATEMENTS LISTED ON PAGE 2**

SIGNATURE \_\_\_\_\_

OWNER

STATE OF FLORIDA

COUNTY OF CITRUS

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

(DATE)

BY \_\_\_\_\_

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED

\_\_\_\_\_ AS IDENTIFICATION

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

SIGNATURE \_\_\_\_\_

CONTRACTOR

STATE OF FLORIDA

COUNTY OF CITRUS

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY \_\_\_\_\_

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED

\_\_\_\_\_ AS IDENTIFICATION.

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

## LIEN LAW REQUIREMENTS

OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TITLE HOLDER (IF OTHER THAN OWNER): \_\_\_\_\_  
TITLE HOLDER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CONTRACTOR NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
TAX FOLIO #: \_\_\_\_\_  
BONDING COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ARCHITECT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MORTGAGE LENDER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATION 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 MUST BE SECURED FOR WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONING, FENCE, SCREENS, ETC.

**OWNERS ELECTRONIC SUBMISSION STATEMENT:** UNDER PENALTY OF PERJURY, I DECLARE THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION IS TRUE AND CORRECT.

**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 JOBSITE BEFORE THE FIRST INSPECTION.

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER AND/OR ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**NOTICE:** IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

**CONTRACTOR:** ACCEPTANCE OF PERMIT IS VERIFICATION THAT I WILL NOTIFY THE OWNER OF THE PROPERTY OF THE REQUIREMENTS OF FLORIDA LIEN LAW, FS713.

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CITY CODES AND ORDINANCES. PERMIT VOID IF CONSTRUCTION NOT STARTED WITHIN SIX (6) MONTHS OR IF CITY ORDINANCE IS VIOLATED. HAVE SIGNATURE NOTARIZED. COMPLETE LIEN LAW REQUIREMENTS IF JOB IS OVER \$2,500. SUBMISSION OF APPLICATION DOES NOT CONSTITUTE PERMIT ISSUANCE. NO WORK SHALL COMMENCE PRIOR TO PERMIT ISSUANCE.

BUILDING OFFICIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
ZONING OFFICIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

## OWNER BUILDER DISCLOSURE STATEMENT

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license. OWNER INITIAL \_\_\_\_\_
  
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. OWNER INITIAL \_\_\_\_\_
  
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. OWNER INITIAL \_\_\_\_\_
  
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. OWNER INITIAL \_\_\_\_\_
  
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. OWNER INITIAL \_\_\_\_\_
  
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. OWNER INITIAL \_\_\_\_\_
  
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. OWNER INITIAL \_\_\_\_\_
  
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. OWNER INITIAL \_\_\_\_\_
  
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. OWNER INITIAL \_\_\_\_\_

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850-487-1395) or ([www.myfloridalicense.com](http://www.myfloridalicense.com)) for more information about licensed contractors. OWNER INITIAL \_\_\_\_\_

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: \_\_\_\_\_ OWNER INITIAL \_\_\_\_\_

12. I agree to notify the City of Crystal River Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. OWNER INITIAL \_\_\_\_\_

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF CITRUS

I HEREBY CERTIFY that on this day, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_, who is personally known to me, or who has produced \_\_\_\_\_ as identification, and who did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

## Product Approval Statewide

The implementation date for the Florida Product Approval System was October 1, 2003. Rule 9B-72 of the Florida Building Commission establishes a higher standard of practice for product evaluations, as well as uniformity and consistency of enforcement statewide.

The Rule covers the following eight categories of products: (Items in parentheses are examples of sub-categories of products specific functionality, but are not limited to these examples)

1. **Exterior Doors** (rollup, sectional, sliding, swinging, automatic or other)
2. **Windows** (awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other)
3. **Panel Walls** (siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other)
4. **Roofing Products** (built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cement- adhesives-coatings, liquid applied roof systems, underlayments, non-structural metal roofing, roofing tiles, waterproofing or other)
5. **Shutters** (accordion, bahama, storm panels, colonial, roll-up, equipments or other)
6. **Skylights** (skylight or other)
7. **Structural Components** (truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing or other)
8. **Products Comprising a Building's Envelope Introduced as a Result of New Technology** (as applicable)

The product approval system includes a statewide website for submittal of applications and payment of fees for statewide product approvals. In addition, a database is available to search a list of approved entities and products approved for statewide use. For more information on statewide product approval and the Florida Building Code, visit [www.floridabuilding.org](http://www.floridabuilding.org) or call the Florida Department of Community Affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the Codes and Standards Section.

# PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org).

Category/Subcategory	QTY	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>				
A. SWINGING				
B. SLIDING				
C. SECTIONAL/ROLL UP				
D. OTHER				
<b>2. WINDOWS</b>				
A. SINGLE/DOUBLE HUNG				
B. HORIZONTAL SLIDER				
C. CASEMENT				
D. FIXED				
E. MULLION				
F. SKYLIGHTS				
G. OTHER				
<b>3. PANEL WALL</b>				
A. SIDING				
B. SOFFITS				
C. STOREFRONTS				
D. GLASS BLOCK				
E. OTHER				
<b>4. ROOFING PRODUCTS</b>				
A. ASPHALT SHINGLES				
B. NON-STRUCT METAL				
C. ROOFING TILES				
D. SINGLE PLY ROOF				
E. OTHER				
<b>5. STRUCT COMPONENTS</b>				
A. WOOD CONNECTORS				
B. WOOD ANCHORS				
C. TRUSS PLATES				
D. INSULATION FORMS				
E. LINTELS				
F. OTHERS				
<b>5. SHUTTERS</b>				
A. ACCORDIAN				
B. BAHAMA				
C. STORM PANELS				
D. COLONIAL				
E. ROLL-UP				
F. EQUIPMENTS				
G. OTHER				
<b>6. NEW EXTERIOR</b>				
A. ENVELOPE PRODUCTS				

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; (1) copy of the product approval (2) performance characteristics which the product was tested and certified to comply with (3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**





# City of Crystal River Building Division

123 NW Highway 19,  
Crystal River, FL 34428  
352-795-4216, ext. 317  
352-795-6245

EMAIL: [ecopeland@crystalriverfl.org](mailto:ecopeland@crystalriverfl.org)

## PERMIT INSPECTION REQUEST

ALL REQUESTS MUST BE SUBMITTED PRIOR TO  
4:00 P.M. THE DAY PRIOR TO SCHEDULED INSPECTION

- EMAIL REQUEST  
 FAX REQUEST

Permit #: \_\_\_\_\_ Alt Key Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PROJECT INFORMATION** CRA DISTRICT?  YES  NO

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

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489**

NAME of COMPANY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**PERMIT INSPECTION REQUEST:**  RESIDENTIAL  COMMERCIAL **DATE REQUESTED:** \_\_\_\_\_

<input type="checkbox"/> BUILDING:	PLUMBING	MECHANICAL	ELECTRICAL	GAS	OTHER
<input type="checkbox"/> FOOTING	<input type="checkbox"/> 1 <sup>ST</sup> ROUGH	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> M.H. SETUP
<input type="checkbox"/> STEM WALL	<input type="checkbox"/> 2 <sup>ND</sup> ROUGH	<input type="checkbox"/> FINAL	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> M.H. FINAL
<input type="checkbox"/> SLAB	<input type="checkbox"/> SEWER/SEPTIC WATER		<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL	
<input type="checkbox"/> LINTEL	NOTES:				
<input type="checkbox"/> WALL SHEATHING					
<input type="checkbox"/> ROOF SHEATHING					
<input type="checkbox"/> FRAME					
<input type="checkbox"/> FIREWALL					
<input type="checkbox"/> WIRE LATH					
<input type="checkbox"/> INSULATION					
<input type="checkbox"/> DRYWALL SCREW					
<input type="checkbox"/> ROOF IN PROGRESS / DRY IN					
<input type="checkbox"/> WINDOW ATT.					
<input type="checkbox"/> ROOF DECK NAILING					
<input type="checkbox"/> ROOF TO WALL CONNECTOR					
<input type="checkbox"/> FINAL ROOF					
<input type="checkbox"/> FINAL BUILDING					

\_\_\_\_\_  
Signature of Contractor /Owner/Applicant

\_\_\_\_\_  
Print Name of Contractor/Owner/Applicant



Record and Return to:

File No: \_\_\_\_\_

Prepared by: \_\_\_\_\_  
Name

Permit No.: \_\_\_\_\_

Address: \_\_\_\_\_

Key No. \_\_\_\_\_

Tax Folio/Parcel ID: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

State of Florida

County of \_\_\_\_\_

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida State Statutes, the following information is provided in this Notice of Commencement.

1. Description of Property: Parcel No: \_\_\_\_\_  
(Legal description of the property and street address if available)
2. General Description of Improvement: \_\_\_\_\_
3. Owner Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Name and Address of Fee Simple Titleholder (If other than owner): \_\_\_\_\_
4. Contractor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
5. Surety: Name: \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
6. Lender: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
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: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
8. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b). Florida Statutes.
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 ONWER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SEC 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

\_\_\_\_\_  
Signatory's Title/Office

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, as  
(Name of Person)

\_\_\_\_\_ for \_\_\_\_\_  
(Type of authority e.g., office, trustee, attorney in fact) (Name of party on behalf of who instrument was executed)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_  
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 Signing Above