

After recording return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Permit No: \_\_\_\_\_  
Tax Folio or Alternate Key #: \_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF COMMENCEMENT**  
**Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills,**  
**Groveland, Lady Lake, Lake County, Leesburg, Mascotte,**  
**Minneola, Montverde, Mount Dora, Tavares, Umatilla**

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)  
\_\_\_\_\_  
\_\_\_\_\_  
Street Address: \_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner's Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Interest in Property: \_\_\_\_\_  
Name and Address of fee simple titleholder (if other than owner): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
5. Surety Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_  
Amount of Bond: \_\_\_\_\_
6. Lender Information: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
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: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
8. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_  
to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. (Opt.) \_\_\_\_\_
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 I, 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 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

To Schedule An Inspection - email: inspectionrequest@alpha-inspections.net		<b>Permit Application</b>		In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work		Permit Number		
You must submit 3 copies of this form. Only 1 has be notarized if signed prior to coming to City Hall.				Project Address				
				Project Description				
Property ID Key/Number				Parcel Number				
Owner's Name		Mailing Address		City, State, Zip		Telephone		
General Contractor		Mailing Address		City, State, Zip		Telephone		
Construction Contractor		Mailing Address		City, State, Zip		Telephone		
Electrical Contractor		Mailing Address		City, State, Zip		Telephone		
Plumbing Contractor		Mailing Address		City, State, Zip		Telephone		
HVAC Contractor		Mailing Address		City, State, Zip		Telephone		
Roofing Contractor		Mailing Address		City, State, Zip		Telephone		
Legal Description								
Bonding Company								
Bonding Company Address								
Architect's Name								
Architect's Address								
<b>Project Information</b>								
Subdivision Name		Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio	
Flood Zone								
<b>Setbacks Provided over Required (ft)</b>								
Front		Rear		Side		Corner		
<b>Project</b>		<b>Area</b>		<b>Electrical</b>	<b>Hvac</b>	<b>Water</b>		<b>Meter</b>
New		Living		Service Size	Type	Municipal	Size	
Alteration		Garage				Well		
Addition		Porch(s)			Efficiency		<b>Plumbing</b>	
Repair		Other			Airhandler		Sewer	
Other		Total			Condenser		Septic	
<b>Garage</b>		<b>Number of Bedrooms</b>		<b>Cost / Value</b>		<b>Code In Effect</b>		
Attached								
Detached								
<b>Applicant Signature</b>		Date						
<p>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. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.</p>								
<p>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.</p>								
<p>(Seal) Notary Public</p>								
White Copy Office		Yellow Copy Property Appraiser			Pink Copy Owner			

## OWNER/BUILDER Disclosure Statement

F.S. Chapter 489, CONTRACTING; PART 1 CONSTRUCTION CONTRACTING (SS 489.103)

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. **Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law.** Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

**Any person who aids and abets unlicensed contractors or subcontractors will face imposed penalties as provided by law.**

Section 6. Subsection (1) of Section 455.228 Florida Statutes F.S. 455.228 Unlicensed practice of a profession; cease and desist notice; civil penalty; enforcement.--- (1) When the department has probable cause to believe that any person not licensed by the department or the appropriate regulatory board within the department or the appropriate regulatory board within the department has violated any provision of this chapter or any statute that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a *notice to cease and desist* from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the mane of the state seeking *issuance of an injunction or a writ of mandamus* against any person who violates any provisions of such order. **In addition to the foregoing remedies, the department may impose an administrative penalty not to exceed \$5,000.00 per incident, pursuant to F.S. 120.58, it shall be entitled to collect its attorney's fees and costs, together with any cost of collection.** This \_\_\_\_\_ Day of \_\_\_\_\_ The Year \_\_\_\_\_, I, The Undersigned, Have Read The Preceding And Understand The Responsibility Of Acting As My Own Contractor, And Having Been Noticed Of The Above Florida Statutes, Will Abide By The Laws Governing Lake County And The State Of Florida. I further state that I have the knowledge and ability to do the work proposed, and I assume full responsibility for familiarizing myself with all Lake County Codes and building regulations. In the event a building inspector requires corrections to be made, I will make such corrections and call for a re-inspection before proceeding. I understand the Building Division is not responsible for instructing me on what to do. I understand I may subject myself to code enforcement action by not requesting and obtaining, Final Inspection Approval prior to engaging in the use of the proposed development. \_\_\_\_\_ Signature of Owner/Builder

State of Florida  
County of Lake

I hereby certify that on this day, before me, 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/did not take an oath.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
Notary Public

## Service Change/Upgrade Permit

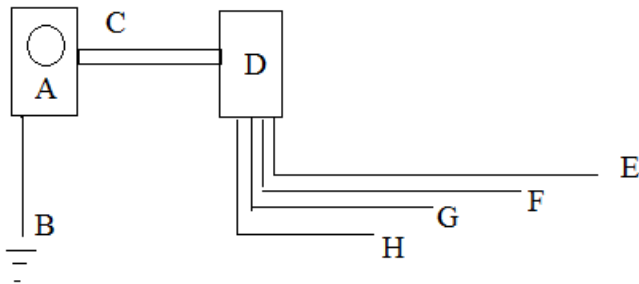
Instructions: Please fill out this form to the best of your ability, and note that this is a generic form and that some items listed may not apply to your permit. The length is listed for voltage drop consideration. Anything that is existing, please put Existing in the first space of that item and leave the rest of the blanks for that item blank.

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

\_\_\_\_\_

- A. Meter Combination \_\_\_\_\_ Voltage, phase amp rating \_\_\_\_\_ AIC rating \_\_\_\_\_
- B. Ground Type \_\_\_\_\_ Grounding Electrode Conductor size and type \_\_\_\_\_
- C. Conduit type and Size \_\_\_\_\_ Conductor Number/Type/Size \_\_\_\_\_ Parallel \_\_\_\_\_ Length \_\_\_\_\_
- D. Panel Rating in Amps \_\_\_\_\_ Number of Circuits \_\_\_\_\_ Disconnect? \_\_\_\_\_
- E. Breaker Size \_\_\_\_\_ Voltage \_\_\_\_\_ Conductor Size and Type \_\_\_\_\_ Load \_\_\_\_\_ Approximate Length \_\_\_\_\_
- F. Breaker Size \_\_\_\_\_ Voltage \_\_\_\_\_ Conductor Size and Type \_\_\_\_\_ Load \_\_\_\_\_ Approximate Length \_\_\_\_\_
- G. Breaker Size \_\_\_\_\_ Voltage \_\_\_\_\_ Conductor Size and Type \_\_\_\_\_ Load \_\_\_\_\_ Approximate Length \_\_\_\_\_
- H. Breaker Size \_\_\_\_\_ Voltage \_\_\_\_\_ Conductor Size and Type \_\_\_\_\_ Load \_\_\_\_\_ Approximate Length \_\_\_\_\_

Calculated Load \_\_\_\_\_



# LIMITED POWER OF ATTORNEY

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

I hereby name and appoint: \_\_\_\_\_

an agent of: \_\_\_\_\_  
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option)**:

☐ All permits and applications submitted by this contractor.

☐ The specific permit and application for work located at:

\_\_\_\_\_  
(Street Address)

Expiration Date for This Limited Power of Attorney: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ who is ☐ personally known  
to me or ☐ who has produced \_\_\_\_\_ as  
identification and who did (did not) take an oath.

\_\_\_\_\_  
Signature

(Notary Seal)

\_\_\_\_\_  
Print or type name

Notary Public - State of \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_