

## Shed Checklist

Yes	No	Requirements
		Plans signed and sealed by an engineer or a DCA Approved Modular Plan
		A site plan showing the location of the shed and all existing structures
		Site plan must show setbacks property corners etc.
		A completed product approval plan if this is not a DCA Approved Building
		Property records card showing ownership
		A completed application
		A NOC if job value is over \$2,500
		Disclosure statement if the job is done by the owner
		Copy of insurance and license information if done by a contractor

**PLEASE NOTE THAT SHEDS OVER 144 SQUARE FEET ARE CONSIDERED GARAGES AND MUST BE CONSTRUCTED TO MATCH THE HOUSE, USING THE SAME CONSTRUCTION MATERIALS AS THE HOUSE.**

To Schedule An Inspection Email: inspectionrequest@alpha-inspections.net	City of Mascotte		Power Company	Permit Number				
	Construction Permit Application							
Alternate Key Number	Parcel Number	Project Address						
	<b>ONLY FILL OUT THE HIGHLIGHTED AREAS</b>	Project Description		<b>SHED</b>				
Owner's Name	Mailing Address	City, State, Zip		Telephone				
Fee Simple Titleholder'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								
Project Information		Job Name:						
		Subdivision Name		Lot No.	Phase			
Zone	Lot Area							
		<b>Setbacks (ft)</b>		Front	Rear	Side	Corner	
Project (check one)		Area		Electrical	Hvac		Water (check one)	
New	Living			Service Size	Type		Municipal	
Alteration	Garage						Well	
Addition	Porch(s)				Efficiency		Plumbing (check one)	
Repair	Other				Airhandler		Sewer	
Other	Total				Condenser		Septic	
Garage (check one)		Number of Bedrooms		Estimated Cost			Code In Effect	
Attached								
Detached								
<b>Signature of Applicant</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. If the City of Mascotte determines the structure does not meet applicable setbacks or improperly encroaches on an easement, the owner is responsible for moving the structure, restoring the easement to its original condition, or otherwise making the structure comply with City setbacks and other land use requirements. Permits expire 6 months after issuance</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 STATEMENT/AFFIDAVIT

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

AS REQUIRED BY F.S. 489.103(7)

Florida Statutes are quoted in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

## OWNERS MUST PERSONALLY APPEAR AT THE BUILDING DEPARTMENT TO SIGN THIS DOCUMENT.

BY SIGNING THIS STATEMENT/AFFIDAVIT, I ATTEST THAT: ( *Initial to the left of each statement* )

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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 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 all permit applications and contracts.

\_\_\_\_\_ I understand that I may build or improve a one 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 improved for sale or lease. If a building or residence that I have built or improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or improved it for sale or lease, which is a violation of this exemption.

\_\_\_\_\_ I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

\_\_\_\_\_ I understand that I may not hire an unlicensed individual 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.

\_\_\_\_\_ 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 the property. My homeowners 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.

\_\_\_\_\_ 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 permitted. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ I am aware of construction practices and I have access to the Florida Building Codes.

After recording return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Tax Folio No: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

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: (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

\_\_\_\_\_ 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 1-850-487-1395, or at [www.myflorida.com/dbpr/pro/cilb](http://www.myflorida.com/dbpr/pro/cilb) for more information about licensed contractors.

\_\_\_\_\_ 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 address listed below.

\_\_\_\_\_ I agree to notify the Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.

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

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

I, do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

\_\_\_\_\_ Title: \_\_\_\_\_

*Signature*

\_\_\_\_\_   
 Print Name

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

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2011, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

Notary Public \_\_\_\_\_ SEAL:

Type/print name \_\_\_\_\_

**A violation of this exemption is a misdemeanor of the 1<sup>st</sup> degree punishable by a term of imprisonment not exceeding 1 year, and a \$1,000 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.**