

City of Mascotte

Permit Checklist

Misc. Building Permit

- 1. COMPLETED PERMIT APPLICATION
- 2. COPIES OF LICENSE AND INSURANCE
- 3. NOTICE OF COMMENCEMENT FOR JOBS VALUED AT OVER \$ 5,000
- 4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION
- 5. PRODUCT APPROVAL WORKSHEET IF APPLICABLE
- 6. FLOOR PLAN SHOWING THE LOCATION OF THE WORK
- 7. DETAILED DESCRIPTION OF WORK TO BE COMPLETED ALONG WITH PLANS OR MFG SPECIFICATIONS.

Apply online at: https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611

		C	ITY OF	MASC	OTTE	Perr	nit Number
		PE PE	ERMIT A	PPLIC	ATION		
Alternate Key Number	Pa	arcel Number	Project Addre	ess			
			Project Desc	ription			
Owner's Name	Mailing Addre	ss	City, State,	Zip		Т	elephone
Email Address:	<u> </u>					L	
ee Simple Titleholder's Nam	e Mailing Addre	ss	City, State, 2	Zip		Т	elephone
General Contractor	Mailing Addre	ss	City, State, 2	Zip		T	elephone
Email Address:	I		State License				
Construction Contractor	Mailing Addre	SS	City, State, 2	Ζιp		<u> </u>	elephone
Email Address:			State License	a Number			
Electrical Contractor	Mailing Addre	ss	City, State, 2		<u> </u>	T	elephone
Email Address:			State License	e Number:			
Plumbing Contractor	Mailing Addre	SS	City, State, 2	Zip		Т	elephone
Email Address:			State License			_	
HVAC Contractor	Mailing Addre	SS	City, State, 2	Zip		<u> </u>	elephone
			0				
Email Address: Roofing Contractor	Mailing Addre	SS	State License Number: City, State, Zip		Telephone		
			-				
Email Address:	IM-Sin - Antolog		State License Number: City, State, Zip		-	Salara la cara	
Gas Contractor	Mailing Addre	SS	City, State, A	Zip		<u>'</u>	elephone
Email Address:			State License	e Number:			
_egal Description							
Bonding Company							
Bonding Company Address Architect's Name							
Architect's Address							
		Job Name:			•		
Project Informa	ation	Subc	division Name		Lot No.	Phase	
Zone Lo	ot Area						
		Setback	s (ft)	Front	Rear	Side	Corner
Project (check one)	1	Area	Electrical Service Size		vac		(check one)
New	Living		5311100 0120	Ту	pe	Municipal	
Alteration	Garage		-		_	Well	<u> </u>
Addition	Porch(s)		-		iency	Plumbing (check	one)
Repair Other	Other Total		-	Airhandler Condenser	1	Sewer Septic	
Ou IOI	i otai	1	END OF PAC		<u> </u>	Оерис	<u>I</u>

			PAGE 2 OF 2				
Attached Detached		Job Value		7th Edition Florida Building Code			
Signature of A			Date	latia at			
			ailure to record a N				
		•	our paying twice fo	•			
your pro	perty.	If you intend to d	obtain financing, co	nsult with your lender			
or an att	or an attorney before recording your Notice of Commencement. The						
issuance	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						
			•	of easements. If the			
=			e structure does not				
			hes on an easeme	• •			
		• •		·			
•		•	cture, restoring the				
	original condition, or otherwise making the structure comply with City						
setbacks and other land use requirements. Permits expire 6 months after							
issuance.							
			efore me this				
or has produ				who is personally known to me identification and who did			
or did not			ac	nachtinoation and who did			
(Seal)							
			Notary Public				

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 @ www.floridabuilding.org					
Category/Subcategory	Manufacturer	Product Description	Approval Number(s)		
1. EXTERIOR DOORS					
A. SWINGING					
B. SLIDING					
C. SECTIONAL/ROLL UP					
D. OTHER					
2. WINDOWS					
A. SINGLE/DOUBLE HUNG					
B. HORIZONTAL SLIDER					
C. CASEMENT					
D. FIXED					
E. MULLION					
F. SKYLIGHTS					
G. OTHER					
3. PANEL WALL					
A. SIDING					
B. SOFFITS					
C. STOREFRONTS					
D. GLASS BLOCK					
E. OTHER					
4. ROOFING PRODUCTS					
A. ASPHALT SHINGLES					
B. NON-STRUCT METAL					
C. ROOFING TILES					
D. SINGLE PLY ROOF					
E. OTHER					
5. STRUCT COMPONENTS					
A. WOOD CONNECTORS					
B. WOOD ANCHORS					
C. TRUSS PLATES					
D. INSULATION FORMS					
E. LINTELS					
F. OTHERS					
6. NEW EXTERIOR					
ENVELOPE PRODUCTS					
A.					
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 manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.					

. OTHERS			
	_		
6. NEW EXTERIOR			
ENVELOPE PRODUCTS			
٨.			
products, the following informati characteristics which the produc	on must be available to the i	oval at plan review. I understand that at the time of inspector on the jobsite; 1) copy of the product appropriate comply with, 3) copy of the applicable manufacture we to be removed if approval cannot be demonstrate.	oval, 2) performance rs installation
		APPLICANT SIGNATURE	DATE
P-1305 01-04			

Afte	er recording return to:				
	mit No: Folio or Alternate Key #:				
		e that improvement will be made to cert bllowing information is provided in this N	ain real property, and in accordance with otice of Commencement.		
1.	Description of property:	Legal Description: (legal description of the property, and street address if available)			
		Street Address:			
2.	General description of improve	ment:			
3.	Owner's Information:	Address:	cholder (if other than owner):		
4.	Contractor Information:	Name:	_Fax No. (Opt.)		
5.	Surety Information:	Name:	Fax No. (Opt.)		
6.	Lender Information:	Name:Address:Telephone No	Fax No. (Opt.)		
7.		rida designated by Owner upon whom n 713.13(1)(a)7.,Florida Statutes: Name:			
8.	In addition to himself or herself to receive a copy of the following	f, Owner designates ng Lienor's Notice as Provided in Sectio Name:	of		
9.		nmencement (the expiration date is 1 ye	ear from the date of recording unless a		
PAY PRO	YMENTS UNDER CHAPTER 713, PA OPERTY. A NOTICE OF COMMENC	ART I, SECTION <u>713.13</u> , FLORIDA STATUTI EMENT MUST BE RECORDED AND POSTE	CPIRATION OF THE NOTICE OF COMMENCEMENT AR ES, AND CAN RESULT IN YOUR PAYING TWICE FOR I ED ON THE JOB SITE BEFORE THE FIRST INSPECTIO NG WORK OR RECORDING YOUR NOTICE OF COMMI	MPROVEMENTS TO YOUR N. IF YOU INTEND TO OBTAIN	
			Signature of Owner or Owner's Authorized Officer/Dir	ector /Partner /Manager	
			Printed Name & Signatory's Title/Office		
The	foregoing instrument was acknowled	lged before me thisday of	_, 20, by		
who	is personally known to me or has pro	oduced	as identification and who did	or did not	
take	e an oath.				
			Signature of Notary Public - State of Florida		
Ve	ification nursuant to Section 22.50	E Florido Statutas	Print, type or Stamp Commissioned Name of Notary F	Public	
	ification pursuant to Section <u>92.52</u> der penalties of perjury, I declare that		ated in it are true to the best of my knowledge and belief.		

Signature of Natural Person (Owner) Signing Above