



City of Mascotte
Permit Checklist
ReRoof Permit

1. COMPLETED PERMIT APPLICATION
2. COPIES OF LICENSE AND INSURANCE
3. NOTICE OF COMMENCEMENT FOR JOBS VALUED AT OVER \$2,500
4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION
5. COMPLETED PRODUCT APPROVAL WORKSHEET
6. ROOF DRAWING SHOWING THE PITCHES OF THE ROOF

PLEASE NOTE THAT WE ACCEPT AFFIDAVITS AND PICTURES SO THAT YOU MAY MOVE DIRECTLY TO THE FINAL INSPECTION.

You can apply online at: <https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611>

To Schedule An Inspection <https://mascottefl.portal.iworq.net/MASCOTTEFL/permits/600>



CITY OF MASCOTTE PERMIT APPLICATION

Permit Number

| | | | |
|----------------------|-----------------|---------------------|-----------|
| Alternate Key Number | Parcel Number | Project Address | |
| | | Project Description | |
| Owner's Name | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____

| | | | |
|-------------------------------|-----------------|------------------|-----------|
| Fee Simple Titleholder's Name | Mailing Address | City, State, Zip | Telephone |
| | | | |

| | | | |
|--------------------|-----------------|------------------|-----------|
| General Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|-------------------------|-----------------|------------------|-----------|
| Construction Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|-----------------------|-----------------|------------------|-----------|
| Electrical Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|---------------------|-----------------|------------------|-----------|
| Plumbing Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|-----------------|-----------------|------------------|-----------|
| HVAC Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|--------------------|-----------------|------------------|-----------|
| Roofing Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|----------------|-----------------|------------------|-----------|
| Gas Contractor | Mailing Address | City, State, Zip | Telephone |
| | | | |

Email Address: _____ State License Number: _____

| | | | |
|-------------------------|------------------|-------------------------|----------------------|
| 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 | | |
| Setbacks (ft) | | Front | Rear |
| | | Side | Corner |
| Project (check one) | Area | Electrical Service Size | Hvac Type |
| New | Living | | Municipal |
| Alteration | Garage | | Well |
| Addition | Porch(s) | | Efficiency |
| Repair | Other | Airhandler | Plumbing (check one) |
| Other | Total | Condenser | Sewer |
| | | | Septic |

Attached
Detached

Job Value

7th Edition Florida Building Code

Signature of Applicant

Date

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.

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.

(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.

 APPLICANT SIGNATURE

 DATE

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: (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

**Reroofing Inspection Affidavit
Nailing, Sheathing, Dry-In & Flashing**

REROOF ONLY – NOT NEW CONSTRUCTION

Permit No: _____

Address: _____

I _____, as a(n) General*, Building*, Residential*, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance to the Hurricane Mitigation Retrofit Manual (Based on F.S. Chapter 553.844).

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder)

A final roofing inspection is required:

This signed and notarized affidavit must be provided at the job site at the time of the final roofing inspection along with digital photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing.

STATE OF FLORIDA
COUNTY OF _____

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.

Notary Public

Printed Name: _____

My Commission Expires: _____

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.