

Electrical Installation Checklist

Yes	No	Item
		Completed Application
		Completed Electrical Diagram, see last page of this checklist
		Copy of installation specs for any special equipment (solar for example)
		A notice of Commencement if the job value is over \$2500
		Power of attorney if anyone other than the contractor is picking up the permit.
		Disclosure Statement if work is done by the owner
		A floor plan showing the location of the item being replaced. A site plan will suffice for work being done on the exterior.
		Contractor license and insurance information

1. Please submit a complete permit package to the City for processing.
2. Please make sure that you do not start the job until you have a permit card in hand (except for emergency permits where the application has been submitted)
3. Work must be completed in a timely manner and inspections must be called for as soon as the work is completed.
4. On the day of the inspection, the permit card and any special equipment installation specs must be on the job.
5. Failure to call for an inspection, or to complete the work before 180 days will require a new permit and will require that you pull another permit.

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	<h1 style="margin: 0;">Permit Application</h1>	In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work	Permit Number
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You must submit 3 copies of this form. Only 1 has to be notarized if signed prior to coming to City Hall.

	Project Address	
	Project Description	

Property ID Key/Number		Parcel Number	
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Owner's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Construction Contractor	Mailing Address	City, State, Zip	Telephone
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Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Legal Description	
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Bonding Company	
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Bonding Company Address	
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Architect's Name	
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Architect's Address	
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Project Information						
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Subdivision Name	Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio

Flood Zone	
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Setbacks Provided over Required (ft)									
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Front		Rear		Side		Corner		Street Side	
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Project	Area	Electrical	Hvac	Water	Meter
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New	Living	Service Size	Type	Municipal	Size
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Alteration	Garage			Well	
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Addition	Porch(s)			Plumbing	
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Repair	Other			Airhandler	Sewer
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Other	Total			Condenser	Septic
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Garage	Number of Bedrooms	Cost / Value	Code In Effect
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Attached			
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Detached			
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Applicant Signature	Date _____
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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.

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

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

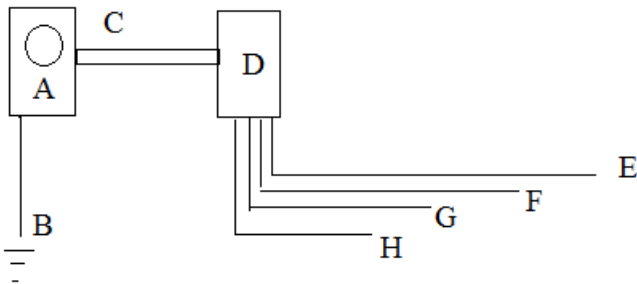
Service Change/Upgrade Permit

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: _____