

City of Mascotte

Permit Checklist

Screen Room 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. PLANS ELECTRONICALLY SIGNED BY AN ENGINEER/ARCHITECT
- 6. SITE PLAN SHOWING THE DISTANCE BETWEEN THE SCREEN ROOM AND PROPERTY LINES
- 7. ISR WORKSHEET COMPLETED IF NEW CONCRETE WILL BE INSTALLED
- 8. OWNER BUILDER AFFIDAVIT IF WORK IS BEING DONE BY THE OWNER

Apply for your permit at the following address: https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611

	CITY OF MASCOTTE PERMIT APPLICATION				Permit Number			
Alternate Key Number	Pa	arcel Number	Project Addre		/			
			Project Desc					
Owner's Name	Mailing Addre	SS	City, State, 2	·		Т	elephone	
	+		1	•			•	
Email Address:								
Fee Simple Titleholder's Nam	e Mailing Addre	SS	City, State, 2	Zip		Т	elephone	
General Contractor	Mailing Addre	SS	City, State,	Zip		Т	elephone	
Email Address: Construction Contractor	Mailing Addre	SS	State License City, State, 2			Т	elephone	
	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I.	1		
			<u> </u>					
Email Address: Electrical Contractor	Mailing Addre	SS	State License City, State, 2			Т	elephone	
			,	•	•		·	
			0					
Email Address: Plumbing Contractor	Mailing Addre	SS	State License City, State, 2			Т	elephone	
			,	•	•		·	
Farall Address.			Otata Liana	No made a m				
Email Address: HVAC Contractor	Mailing Address			State License Number: City, State, Zip		Telephone		
Email Address:			State License	e Number				
Roofing Contractor	Mailing Addre	SS	City, State,			Т	elephone	
Email Address:			State License					
Gas Contractor	Mailing Addre	SS	City, State, 2	Zip		Т	elephone	
Email Address:			State License	e Number:				
Legal Description								
Bonding Company								
Bonding Company Address Architect's Name								
Architect's Address								
		Job Name:					Dhoo	
Project Informa	ation	Sub	division Name		Lot No.	Phase		
Zone Lo	ot Area						T	
		Setbacl	ks (ft)	Front	Rear	Side	Corner	
Project (check one)		Area	Electrical	H	l vac	Water	(check one)	
							l'	
New	Living		Service Size	Tv	pe	Municipal		
New Alteration	Living Garage		Service Size	Ту	pe	Municipal Well		
Alteration	Garage		Service Size			Well	one)	
			Service Size		iency		one)	

			PAGE 2 OF 2		
Attached Detached		Job Value			8th Edition Florida Building Code
Signature of	Applicant			_ Date	
		OOWNER: Your f			
		•			improvements to
,	. ,	•		O .	sult with your lender
	•		•		mencement. The
		• .			uilding setbacks have n an easement. The
		contractor have the			
			-	-	of easements. If the
•		tte determines the			
setback	ks or in	nproperly encroac	hes on an ea	asemen	t, the owner is
		or moving the struc	·	•	
_			•		e comply with City
issuand		other land use rec	quirements. F	ermits	expire 6 months after
ISSUATIO	Je.				
					day of, _ who is personally known to me
or has prod	duced				identification and who did
or did not _	take	an oath.	(Seal)		
			Notary Public		

Afte	er recording return to:						
Permit No: Tax Folio or Alternate Key #:		Astatula, Clermor Groveland, Lad	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				
		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

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

A POWER OF ATTORNEY <u>CANNOT</u> BE ACCEPTED.

Building, Plumbing and/or Mechanical Installation Disclosure Statement required by Florida Statute 489.103(7) and Electrical Disclosure statement per Florida Statute 489.503(6)

(Initial to the left of each statement)

(Initial to the left of <u>each statement)</u>
1. 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.
2. 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.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that 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 own 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 permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm out building. 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 substantially improved for sale or lease, <u>unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project</u> . If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person 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 and by county or municipal ordinance.
7. 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 my property. My homeowner's 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.
8. 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 done. Any person working on my building who is not licensed must work

under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act

IMPERVIOUS SURFACE RATIO WORKSHEET

<u>IMPERVIOUS SURFACE</u> means a surface that has been compacted or covered with a layer of material so that it is highly resistant to or prevents infiltration by stormwater. It includes surfaces such as compacted limerock, or clay, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots and other similar surfaces.

<u>IMPERVIOUS SURFACE RATIO (ISR)</u> means a measure of the intensity of hard surfaced development on a site. An impervious surface ratio is the relationship between the total impervious surface area on a site and the gross land area. The ISR is calculated by dividing the square footage of the area of all impervious surfaces on the site by the square footage of the gross land area.

LOT AREA: The area included within the lot lines of the lot. No public right-of-way shall be included in the calculation of the lot area. UY ÞÒÜ NAMEÇÌD ÔUÞVÜŒÔVUÜÁÞŒFÒ: JOB SITE ADDRESS: _____ **EXISTING** IMPERVIOUS SURFACES: **PROPOSED** IMPERVIOUS SURFACES: SQ. FT. Building footprint: _____ SQ. FT. **Building footprint:** _ SQ. FT. Parking & Drive areas: _____ SQ. FT. Parking & Drive areas: SQ. FT. Pool & Patio areas: _____ SQ. FT. Pool & Patio areas: _____ SQ. FT. _____ SQ. FT. Walkways: Walkways: _____ SQ. FT. _____ SQ. FT. Other: Other: TOTAL EXISTING IMPERVIOUS SURFACE: ______ SQ. FT. TOTAL PROPOSED IMPERVIOUS SURFACE: ______ SQ. FT. **Existing Impervious Total Proposed Proposed Impervious Total Existing** Lot Area Lot Area Impervious Surface Surface % Impervious Surface Surface % , certify that the calculations submitted above for the Impervious Surface Ratio are accurate and complete. ÁWWW (O.[]] | aBaa) of pae(^: ______