Revised 2020

Screen Enclosure Checklist

| Yes | No | Item Required | | | |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|
| | | Plans signed and sealed by an engineer | | | |
| | | A schematic showing the size and spacing of structural members | | | |
| | Notice of commencement for jobs valued over \$2,500 | | | | |
| | | A completed permit application | | | |
| | | A site plan showing the location, size and setbacks – drawing must be to scale | | | |
| | | Contractor License and Insurance Information | | | |
| | | A property records card | | | |
| | A copy of the contract between the owner and contractor | | | | |
| | | A disclosure statement if work is being done by the owner | | | |

- 1. Please be sure to have the permit on the job when performing the work.
- 2. Permit card must be visible from the road.
- 3. Request an inspection by emailing <u>inspectionrequest@alpha-inspections.net</u>.
- 4. All the above items can be sent via email to info@alpha-inspections.net

| To Schedule An Inspection - email: inspectionrequest@alpha- inspections.net | | | Permit Application | | In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work | | | Permit Nur | nber |
|-----------------------------------------------------------------------------------|-------------------------|--------------------------------------|--------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|-----------------|-------------------|
| You must submi | t 3 copie | s of this form | . Only 1 has | Project Addre | ess | | | | |
| be notarized if s | igned pri | or to coming | to City Hall. | Project Descr | ription | SCREEN | ALUMIN | JUM | |
| Property ID Key/Nur | nber | | | Parcel Numbe | r | NOT RE | QUIRED | | |
| Owner's Name | | Mailing Addres | S | | City, State, Zip | | - | Telephone | |
| General Contractor | | Mailing Addres | S | | City, State, Zip | | | Telephone | |
| Construction Contra | ctor | Mailing Addres | S | | City, State, Zip | I | | Telephone | · |
| Electrical Contractor | r | Mailing Addres | S | | City, State, Zip | 1 | | Telephone | |
| Plumbing Contracto | r | Mailing Addres | S | | City, State, Zip | | | Telephone | |
| HVAC Contractor $\mathrm{N/A}$ | | Mailing Addres | S | | City, State, Zip | | | Telephone | |
| Roofing Contractor N/A | | Mailing Addres | S | | City, State, Zip | | | Telephone | |
| Legal Description | | | | | | | | | |
| Bonding Company | | | | | | | | | |
| Bonding Company A | Address | | | | | | | | |
| Architect's Name | | | | | | | | | |
| Architect's Address | | | | | | | | | |
| | | | | Project In | formation | | | | |
| Subdiv | ision Na | me | Phase | Lot No. | Model | Elevation | Lot Area | Imperviou | s Surface Ratio |
| | | | | | | | | | |
| Flood Zone | | | | | | | | | |
| | | 1- | Setbac | ks Provided | l over Requi | | T | . | |
| Front | | Rear | | Side | | Corner | Ļ | Street Sid | |
| Project | | | rea | Electrical Service Size | Hvac | | ater | | Meter |
| New Alteration | | Living Garage | | Service Size | Туре | Municipal Well | | Size | |
| Addition | | Porch(s) | | - | Effic | iency | | Plumbir |)d |
| Repair | | Other | | - | Airhandler | | Sewer | | 9 |
| Other | | Total | | | Condenser | | Septic | | |
| Garage | 9 | Number o | f Bedrooms | | Cost / Value | • | | Code In E | ffect |
| Attached Detached | | _ | | | | | | | |
| Applicant Signatu | | | | · | | Date | • | | |
| WARNING TO OWN | | | | | | | | | |
| obtain financing, cor the building setback determining complia | s have been ance with s | en met or that th etbacks and nor | e structure does n-encroachment d | not encroach on | an easement. | The owner and | d/or contractor | r have the sole | responsibility of |
| of the permit, inspec | cuons, and | all Re-Inspectio | n Fees. | | | | | | |
| The foregoing instrument was acknowledged before, 20, by | | | | | | | - | | who |
| is personally | known | to me or h | _, _, _, as produced | 4 | | | | | as |
| identification (Seal) Notary Public | and wh | | | | in oath. | | | | <u> </u> |
| White Copy Office | ; | | | Yellow Co | py Property Ap | praiser | | Pink Copy Ov | vner |

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 stature 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 _____ The Year _____, I, The Undersigned, Have collection. This Day of 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 ____,

After recording return to:

| Permit No: | |
|------------|--|

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 impro | vement: | | | | | | |
| 3. | Owner's Information: | | | | | | | |
| з. | Owner's mormation: | Address: | | | | | | |
| | | Interest in Property: Name and Address of fee simple t | | | | | | |
| 4. | Contractor Information: | Name: | | | | | | |
| | | Address: | Fax No. (Opt.) | | | | | |
| | | Telephone No | Fax No. (Opt.) | | | | | |
| 5. | Surety Information: | Name: | | | | | | |
| | | Address: | | | | | | |
| | | Telephone No Amount of Bond: | Fax No. (Opt.) | | | | | |
| 6. | Lender Information: | Name: | | | | | | |
| | | Address: | Fax No. (Opt.) | | | | | |
| | | Telephone No | Fax No. (Opt.) | | | | | |
| 7. | | Florida designated by Owner upon whor on <u>713.13</u> (1)(a)7.,Florida Statutes: Name: | | | | | | |
| | | Address: | Fax No. (Opt.) | | | | | |
| | | Telephone No | Fax No. (Opt.) | | | | | |
| 8. | In addition to himself or hers | elf, Owner designates | of | | | | | |
| | to receive a copy of the follo | Name: | of | | | | | |
| | | Address: | Fax No. (Opt.) | | | | | |
| | | | Fax No. (Opt.) | | | | | |
| 9. | | commencement (the expiration date is 1 | year from the date of recording unless a | | | | | |
| PA) PRO | MENTS UNDER CHAPTER 713, DPERTY. A NOTICE OF COMME | PART I, SECTION <u>713.13</u> , FLORIDA STATU NCEMENT MUST BE RECORDED AND POS | EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER JTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR STED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN ICING 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 acknow | ledged before me thisday 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.

LIMITED POWER OF ATTORNEY

| Date | : | | | | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|--|
| I here | eby name and appoint: | | | | | | |
| an ag | gent of: | | | | | | |
| | gent of:(Name of Company) | | | | | | |
| | e my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all ssary to this appointment for (check only one option): | things | | | | | |
| | All permits and applications submitted by this contractor. | | | | | | |
| | | | | | | | |
| | (Street Address) | | | | | | |
| Expi | ration Date for This Limited Power of Attorney: | | | | | | |
| Licer | nse Holder Name: | | | | | | |
| State | e License Number: | | | | | | |
| Signa | ature of License Holder: | | | | | | |
| | TE OF FLORIDA JNTY OF | | | | | | |
| | The foregoing instrument was acknowledged before me this $\ day$ of $ 20_ by \ who is \Box personally know$ | wn | | | | | |
| | to me or \Box who has produced | as | | | | | |
| | Signature | | | | | | |
| (Nota | ary Seal) Print or type name | | | | | | |
| | Notary Public - State of | | | | | | |
| | Commission No. | | | | | | |
| | My Commission Expires: | | | | | | |