



City of Mascotte

Permit Checklist

SFR Permit

Phone: (352) 429-3341

- Permit Application signed and notarized
- Plans digitally signed and unlocked, submitted as one file.
- Truss drawings electronically sealed
- Energy calculations with A/C load calculations in digital format
- A survey (see survey requirements below) digitally signed by surveyor
- Product approval checklist
- Property Record Card
- Warranty deed
- Notice of commencement
- Copies of all listed contractor's license and insurance information
- Septic Tank Permit from Lake County Health Department if applicable

1. Survey must be signed and sealed by a Florida Licensed Professional Surveyor

- a) Must provide setback measurements from all sides
- b) Show all rights-of-way with centerline elevations and easements
- c) Location of driveway, walks, patios, pavers, pool, spa, storage shed, a/c pad (a/c cannot be placed in minimum side setback) and any other impervious items on the lot.
- d) Lot square footage and total impervious area in square feet, also expressed as a percent of lot area.
- e) Slab finished floor elevation
- f) Lot corner elevations
- g) Proposed drainage/grading plan with directional arrows
- h) Must show drainage elevations at each corner of the house
- i) Show any storm drain inlets or other draining structures.
- j) Flood zone(s) designated on plan.
- k) Any proposed well or septic locations if applicable.
- l) Locate all trees indicating type, caliper, and noted to remain or remove

2. Plans must be in compliance with the latest edition of the Florida Building Code

3. Plans should be submitted on the city portal: <https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611>



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:	
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Construction Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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Electrical Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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Plumbing Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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HVAC Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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Roofing Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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Gas Contractor	Mailing Address	City, State, Zip	Telephone

Email Address:		State License Number:	
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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	Water (check one)	
New	Living		Efficiency	Municipal	
Alteration	Garage			Well	
Addition	Porch(s)		Plumbing (check one)		
Repair	Other		Airhandler	Sewer	
Other	Total		Condenser	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

IMPERVIOUS SURFACE RATIO WORKSHEET

IMPERVIOUS SURFACE 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.

IMPERVIOUS SURFACE RATIO (ISR) 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.

OWNER NAME: _____

OWNER ADDRESS: _____

JOB SITE ADDRESS: _____

EXISTING IMPERVIOUS SURFACES:

PROPOSED IMPERVIOUS SURFACES:

Building footprint: _____ SQ. FT.
 Parking & Drive areas: _____ SQ. FT.
 Pool & Patio areas: _____ SQ. FT.
 Walkways: _____ SQ. FT.
 Other: _____ SQ. FT.
 TOTAL EXISTING IMPERVIOUS SURFACE: _____ SQ. FT.

Building footprint: _____ SQ. FT.
 Parking & Drive areas: _____ SQ. FT.
 Pool & Patio areas: _____ SQ. FT.
 Walkways: _____ SQ. FT.
 Other: _____ SQ. FT.
 TOTAL PROPOSED IMPERVIOUS SURFACE: _____ SQ. FT.

$$\frac{\text{Total Existing Impervious Surface}}{\text{Lot Area}} = \text{Existing Impervious Surface \%}$$

$$\frac{\text{Total Proposed Impervious Surface}}{\text{Lot Area}} = \text{Proposed Impervious Surface \%}$$

I, _____, certify that the calculations submitted above for the Impervious Surface Ratio are accurate and complete.

Signature: _____

Date: _____