



Town of Pierson
 106 N. Center Street
 Pierson, FL 32180
 (386) 749-2661 Phone
 (386) 749-3239 Facsimile
 (855) 445-7630 Inspection Line
www.townofpierson.org

Permit Number: _____

PERMIT APPLICATION
 APPLICATION MUST BE FILLED OUT COMPLETELY



I. PROJECT LOCATION/FACILITY INFORMATION					
PROJECT NAME					
ADDRESS					
SUBDIVISION/FACILITY NAME			LOT / UNIT#		
TAX FOLIO # / PARCEL #			ZONING DISTRICT		
LEGAL DESCRIPTION					
II. IDENTIFICATION					
A. OWNER OR LESSEE		EMAIL ADDRESS		FAX NO.	
NAME			TELEPHONE NO.		
ADDRESS		CITY	STATE	ZIP CODE	
B. BONDING/MORTGAGE NAMES					
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement < \$7,500).					
NAME		ADDRESS, CITY, STATE & ZIP		TELEPHONE NO.	
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)		<input type="checkbox"/> SAME AS OWNER			
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE					
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE					
DESIGN PROFESSIONAL		LICENSE #			
C. CONTRACTORS		PRIMARY CONTACT EMAIL ADDRESS		PRIMARY CONTACT CELL PHONE NO.	
LICENSE #	TYPE	COMPANY NAME	ADDRESS, CITY, STATE & ZIP	TELEPHONE NO.	EMAIL ADDRESS
GENERAL					
PLUMBING					
GAS					
ELECTRICAL					
HVAC					
OTHER					
III. TYPE OF IMPROVEMENT					
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MANUFACTURED	<input type="checkbox"/> SHELL	<input type="checkbox"/> DECK	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> TENANT SPACE		
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> POOL/SPA:	<input type="checkbox"/> IN-GROUND	<input type="checkbox"/> ABOVE GROUND			
<input type="checkbox"/> OTHER _____	ESTIMATED COST OF CONSTRUCTION: \$ _____				
A. WORK DESCRIPTION (Residential and Non-Residential Projects)					
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc.					



B. DIMENSIONS/DATA

BASIC USAGE: RESIDENTIAL COMMERCIAL INDUSTRIAL MUNICIPAL

CONSTRUCTION AREA: TYPE OF CONSTRUCTION: IA IB IIA IIB IIIA IIIB IV VA VB

CONDITIONED _____ S.F. ELECTRICAL SERVICE: PHASE _____ SIZE _____ AMPS _____ OVERHEAD UNDERGROUND

GARAGE _____ S.F. MECHANICAL (HVAC): GAS ELECTRICAL

OTHER _____ S.F. WATER SUPPLY: MUNICIPAL PRIVATE WELL

TOTAL AREA: _____ S.F. SEWAGE DISPOSAL: MUNICIPAL SEPTIC SYSTEM

IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 1-855-445-7630 or email floridainspections@safebuilt.com.

Owner's affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning in this jurisdiction.

713.135, FS: WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

FS 553.79(10), FS: NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known _____ OR
Produced Identification _____

Type of Identification Produced: _____

(Signature of Owner or Agent)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known _____ OR
Produced Identification _____

Type of Identification Produced: _____

(Signature of Contractors)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

V. CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certification of Competency No. _____

APPLICATION APPROVED BY : _____ DATE : _____
(Building Official/Permit Official)



Town of Pierson
106 N. Center Street
Pierson, FL 32180
(386) 749-2661 Phone
(386) 749-3239 Facsimile
(855) 445-7630 Inspection Line
www.townofpierson.org

ONE AND TWO FAMILY DWELLING PERMIT REQUIREMENTS CHECKLIST



Before submitted for permit, please contact the Planning and Zoning Division at (386) 749-2661 for information on setbacks, lot coverage, heights, etc.

The following must be submitted in order to apply for a permit:

- Completed building permit application, signed by Qualifier/Contractor or property owner when acting as Owner Builder.
- All subcontractors must be listed on the permit application. Must provide permit authorization letters or forms, and submit copies of licenses and insurances (building, electrical plumbing and mechanical contractor).
- Copy of contractor's license (or must be on file in repository) OR Owner/Builder Affidavit form if the homeowner is acting as the contractor.
- Copy of contractor's city and/or county local business tax receipt (if not on file in repository).
- Copy of contractors Certificate of Worker's Compensation or exemption (if not on file in repository).
- Copy of contractor's certificate of general liability insurance (if not on file in repository).
- Proof of ownership (Copy of warranty deed or county tax bill).
- Two (2) complete sets of signed and sealed construction plans. Elevations need to depict maximum height of structure. Floor plan must show conditioned and unconditioned square footage.
- Two (2) copies of certified boundary survey showing proposed property improvements, one of the surveys being an original signed and sealed document. The survey shall include flood zone, finished floor elevations, lot coverage ratio, all setbacks, accessory structures, driveways and proposed parking areas.
- Two (2) copies of plumbing riser diagram (isometric).
- Two (2) copies of electrical panel schedule with electric load summary.
- Two (2) copies of Manual J – ACCA Manual J, ACCA Manual N, or the ASHRAE.
- Cooling and Heating Load Calculation Manual, Second Edition from mechanical contractor, OR when mechanical systems are designed by an Engineer registered in the State of Florida, the engineer has the option of submitting a signed and sealed summary sheet in lieu of the complete sizing calculations(s).



Town of Pierson
106 N. Center Street
Pierson, FL 32180
(386) 749-2661 Phone
(386) 749-3239 Facsimile
(855) 445-7630 Inspection Line
www.townofpierson.org

ONE AND TWO FAMILY DWELLING PERMIT REQUIREMENTS CHECKLIST



- Two (2) copies of pre-engineered truss payout with sealed uplift values identified.
- Two (2) copies of sealed garage door engineering from supplier.
- Two (2) copies of hurricane shutter specifications from supplier.
- Two (2) copies of product approvals for doors, windows (including jamb attachment detail), and roof specifications from suppliers.
- Complete set of State of Florida Energy Code forms (document is located in building code).
- Copy of well and septic tank permit (See attached State of Florida, Department of Health Department Application) or contact their office: (386)274-0692.
- Copy of lot drainage and driveway permit (Contact Building Division at (386) 749-2661).
- Copy of the recorded Notice of Commencement (NOC) or affidavit of filing for NOC.
- Building permit document or plans review fees must be paid.

Note: Should you have questions or require any additional information, please contact the Building Official at (386) 804-9034. Additional documents maybe required upon request by the Building Division.

ALL DOCUMENTS SUBMITTED MUST BE LEGIBLE. FACSIMILE DOCUMENTS MUST HAVE AN ADDRESS OR PERMIT NUMBER ON ALL PAGES WHEN FAXED.



Town of Pierson
106 N. Center Street
Pierson, FL 32180
(386) 749-2661 Phone
(386) 749-3239 Facsimile
(855) 445-7630 Inspection Line
www.townofpierson.org

CERTIFICATE OF OCCUPANCY REQUIREMENTS FOR ONE AND TWO FAMILY DWELLING UNITS CHECKLIST



Please provide the following at time of application:

- Driveway/sidewalk approval - Contact the Town of Pierson Public Works at (386) 749-2661 or payment receipt for "Side-walk Fund" in accordance with Ordinances.
- Three (3) copies of the signed and sealed Elevation Certificate and survey.
- Volusia County Impact Fee receipt - Contact Volusia County at (386) 736-5929, Ext. 12097.
- Signed and sealed final boundary survey (survey shall include flood zone and inches above crown of road).
- Certificate of termite compliance (must be obtained from a termite company).
- Septic and well system approval (if not connected to public water or sewer) - Contact State of Florida Department of Health at (386) 274-0692.
- Water and sewer receipt (if not connected to a private well or septic system) - Contact the City Utility Department at (386) 749-2661 or Volusia County Utility Services Department at (386) 736-2700.
- City Building Inspector approval - Contact the Building Division at (386) 749-2661.
- Payment of all city re-inspection fees.

Note: Should you have questions or require any additional information, please contact the Building Official at (386) 804-9034. Additional documents maybe required upon request by the Building Division.

ALL DOCUMENTS SUBMITTED MUST BE LEGIBLE. FACSIMILE DOCUMENTS MUST HAVE AN ADDRESS OR PERMIT NUMBER ON ALL PAGES WHEN FAXED.



Town of Pierson
 106 N. Center Street
 Pierson, FL 32180
 (386) 749-2661 Phone
 (386) 749-3239 Facsimile
 (855) 445-7630 Inspection Line
www.townofpierson.org

BUILDING PERMIT AUTHORIZATION



I, _____, hereby authorize _____
(LICENSE HOLDER OR SUBCONTRACTOR – PLEASE PRINT) (AUTHORIZED PERSON – PLEASE PRINT)

to obtain a building permit or to list the above subcontractor on original building permit under my State license as issued by the Department of Business and Professional Regulation, Construction Industry Licensing Board for the following permit(s) and property:

Permit Type and Work Description:

- Building: _____
- Electrical: _____
- HVAC: _____
- Plumbing: _____
- Roofing: _____
- Drywall: _____
- Other: _____

Owner: _____

Address: _____

Lot Number: _____ Block/Parcel: _____

Subdivision: _____

License Holders Name – PLEASE PRINT: _____

State License Number: _____

License Holders Signature: _____

STATE OF FLORIDA, COUNTY OF: _____

Personally known or ID presented

Sworn and subscribed to before me this _____ day of _____ 20_____.

Notary Public: _____

(Signature of Notary Public-State of Florida)

Permit No

Tax Parcel Number

NOTICE OF COMMENCEMENT

State of Florida County of Volusia

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.)

2. General description of improvement:

3. Owner information or Lessee information if the Lessee contracted for the improvement:
 - a. Name and address

 - b. Interest in property

 - c. Name and address of fee simple titleholder (if other than owner)

4. a. Contractor: Name and address

 b. Contractor's phone number _____

5. Surety (if applicable, a copy of the payment bond is attached):
 - a. Name and address

 - b. Phone number _____

 - c. Amount of bond \$ _____ .00

6. a. Lender: Name and address

 b. Lender's phone number _____

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:
 - a. Name and address

 - b. Phone numbers of designated persons: _____

8. a. In addition to himself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes

 b. Phone number _____

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____

FOR CLERK'S OFFICE USE ONLY

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager (Section 713.13[1] [d])

 Signatory's Title/Office

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____ 20____ by _____,

 (Type of authority ...e.g. officer, trustee, attorney in fact)

 Signature of Notary Public - State of Florida

 Print, Type or Stamp Name of Notary Public

Personally Known _____ OR _____ Produced ID _____ Type of ID Produced _____



Town of Pierson
106 N. Center Street
Pierson, FL 32180
(386) 749-2661 Phone
(386) 749-3239 Facsimile
(855) 445-7630 Inspection Line
www.townofpierson.org

OWNER BUILDER AFFIDAVIT



Section 489 .103(7), Florida Statute, requires all owners of property acting as their own contractor to complete the following disclosure statement and personally appear to sign for the building permit. This is an affidavit for contractor exemption for an owner/builder applying for a building permit in the Town of Pierson.

NOTE: A PERSON WHO KNOWINGLY MAKES A FALSE WRITTEN DECLARATION MAY BE GUILTY OF THE CRIME OF PERJURY. A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED BY THE FLORIDA STATUTES 775.082 OR 775.084.

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 I 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 outbuilding. 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. If a building or residence that I have built or substantially improved myself is sold or leased within one 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 y 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



Town of Pierson
 106 N. Center Street
 Pierson, FL 32180
 (386) 749-2661 Phone
 (386) 749-3239 Facsimile
 (855) 445-7630 Inspection Line
www.townofpierson.org

OWNER BUILDER AFFIDAVIT



Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at www.myfloridalicense.com for more information about licensed contractors.
11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: _____.
12. I agree to notify Town of Pierson Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage. Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

I have read the above and understand it, and will comply with all rules, regulations and statutes.

Owner Builder Signature: _____

STATE OF FLORIDA, COUNTY OF: _____

Personally known or ID presented

Sworn and subscribed to before me this _____ day of _____ 20____.

Notary Public: _____



GROWTH AND RESOURCE MANAGEMENT

123 West Indiana Avenue, Room 203
DeLand, FL 32720

DeLand (386) 736-5924 Fax (386) 626-6550
Daytona (386) 257-6000 Email: Impactfees@volusia.org
New Smyrna Beach (386) 423-3376

VOLUSIA COUNTY IMPACT FEE APPLICATION

<u>You must submit a city or county building permit application prior to this review</u>	County use only
Date building permit submitted _____ Permit Number _____	

Applicant Name _____		E-Mail Address _____
Business Name for the Project site _____		
Mailing Address _____		
City _____	State _____	Zip _____
Telephone Number _____		Fax Number _____
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify) _____		

Answer the following questions about the subject property for Impact Fee review:

1. **Physical Address:** _____
City: _____
 The correct numeric street address for the site must be furnished. If unsure, contact the City or County where the project is located for the correct address.

2. **Property Tax Parcel Number:** _____
 The tax parcel number should be a 12-digit number assigned by the County Property Appraisers Office. If you are unsure of the correct tax parcel number, please contact the Property Appraisers Office at one of the following:

DeLand - 123 West Indiana Avenue	736-5901
Orange City – 2742 A Enterprise Road, Suite A	775-5257
Daytona Beach - 250 North Beach Street	254-4601
New Smyrna Beach - 113 East Canal Street	423-3315

3. **Attach a copy of the construction floor plans for the project and one copy of the site plan. Provide square footage for each category of land use. (Show all floors including mezzanines)**
 The calculation for the County impact fee is based upon the square footage of the structure(s) measured from the outside wall. Please note: nursing homes and adult congregate living facilities are charged by the bed, hotels and motels by the room, and general recreation and camp grounds are charged by the number of parking spaces/campsites on the site plan.

4. **Description of the intended use of the project (Retail sales, warehouses, medical offices, office uses, etc.)**

5. **Is this project an expansion of an existing business, a change of use of an existing structure, or a demolition of structure(s)?** Yes No
 If yes, please furnish documentation to determine if any applicable credits can be utilized for this project. The structure must have been in existence on or after May 1, 1986 for demolition exemption.

Signature of Applicant: _____

You will receive a fee statement for the amount due. **Fees due are those in effect at the time of payment.** If your project is within the city limits of the following cities you should make your payment at their business offices provided you make your check payable to that city: **Daytona Beach, Deland, Deltona, Edgewater, Orange City, and Port Orange.** Please attach the fee statement to your check.