



City of Mascotte
Permit Checklist
Doors and Windows 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. PRODUCT APPROVAL WORKSHEET.
6. FLOOR PLAN SHOWING THE LOCATION OF THE NEW INSTALLATIONS.

Apply online at: <https://portal.iworq.net/MASCOTTEFL/new-permit/600/5611>



PERMIT APPLICATION

Date Received: _____

Permit # _____

| PROJECT INFORMATION | | PURPOSE OF APPLICATION | |
|--|-----------|--|--|
| Job Site Address: | | <input type="checkbox"/> Residential | <input type="checkbox"/> New Construction |
| City, State & Zip: | | <input type="checkbox"/> Multi-family | <input type="checkbox"/> Addition |
| Alternate Key # | | <input type="checkbox"/> Commercial | <input type="checkbox"/> Alteration/repair |
| Subdivision Lot | | <input type="checkbox"/> Industrial | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Sewer <input type="checkbox"/> Septic | | <input type="checkbox"/> Other | Total |
| SCOPE OF WORK | | | |
| Job Description: | | | |
| Job Value \$ | | RE-ROOFS ONLY ROOFING MATERIAL: | |
| Existing Site Development/ Current use of building: | | Proposed use of building: | |
| OWNER'S INFORMATION | | FEE SIMPLE TITLEHOLDER (if different than owner) | |
| Name: | | Name: | |
| Mailing Address: | | Mailing Address: | |
| City, State & Zip: | | City, State & Zip: | |
| Phone #: Email: | | Phone #: Email: | |
| CONTRACTOR INFORMATION | | | |
| Company Name: | | License # | |
| Qualifier Name: | | Phone # | |
| Mailing Address: | | Email: | |
| City, State & Zip: | | | |
| SUBCONTRACTORS | | | |
| Electrician: | License # | Email: | |
| Mechanical: | License # | Email: | |
| Plumbing: | License # | Email: | |
| Gas: | License # | Email: | |
| Roofer: | License # | Email: | |
| Irrigation: | License # | Email: | |
| Fire: | License # | Email: | |
| INSPECTION CONTACT | | | |
| Super 1: | Email: | Phone # | |
| Super 2: | Email: | Phone # | |
| Super 3: | Email: | Phone # | |
| BONDING COMPANY | | ARCHITECT/ENGINEER | MORTGAGE LENDER |
| Name: | | Name: | Name: |
| Address: | | Address: | Address: |

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a 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, and AIR CONDITIONERS, etc.

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.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERTO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT.

CONTRACTOR OR OWNER/BUILDER SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of this _____ day of _____, 20____,
by _____.

Personally Known:
Or Produced Identification:
Type of Identification Produced: _____

Notary Signature

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