



## City of Mascotte

### Permit Checklist

#### Shed

1. COMPLETED PERMIT APPLICATION
2. COPIES OF LICENSE AND INSURANCE
3. NOTICE OF COMMENCEMENT
4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION
5. SITE PLAN MEETING THE FOLLOWING CRITERIA
  - a. LOCATION AND SIZE OF ALL IMPROVEMENTS IN RELATION TO THE PROPERTY LINES (INCLUDE SETBACK MEASUREMENTS, DISTANCES FROM THE CLOSEST PART FO THE PROPOSED IMPROVEMENT TO THE FRONT, REAR AND SIDE PROPERTY LINES)
  - b. ANY EXISTING STRUCTURES OR FEATURES
  - c. ANY EXISTING STREETS, EASEMENTS OR OTHER PERMANENT FEATURES AND SEPTIC TANK LOCATION
  - d. FOR SHEDS THAT EXCEED 144 SQUARE FEET, KEEP IN MIND THAT THE SHED MUST MATCH THE HOUSE.
  - e. FLOOD ZONE INFORMATION, PROPOSED LOWEST ELEVATION OF EACH PORTION OF THE IMPROVEMENT, PROPOSED FINISHED LOT CORNER ELEVATIONS
6. A COMPLETE SET OF PLANS, TRUSS DRAWINGS THAT ARE DIGITALLY SIGNED BY THE ENGINEER OR ARCHITECT OF RECORD. PLANS SETS MUST BE SUBMITTED AS ONE FILE, NOT ONE FILE PER PAGE (DOES NOT APPLY TO PREFAB SHEDS/SHED KITS)
7. PRODUCT APPROVAL WORKSHEET IF BEINS SITE CONSTRUCTED
8. IF THIS IS A PREFAB SHED, PLEASE PROVIDE DIGITALLY SIGNED PLANS FROM THE STATE OF FLORIDA

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	Living
City, State & Zip:		<input type="checkbox"/> Multi-family	<input type="checkbox"/> Addition	Garage
Alternate Key #		<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration/repair	Porch(s)
Subdivision <span style="float:right">Lot</span>		<input type="checkbox"/> Industrial	<input type="checkbox"/> Demolition	Other
<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 #: <span style="float:right">Email:</span>		Phone #: <span style="float:right">Email:</span>		
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

# 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: \_\_\_\_\_

After recording return to:

**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**

Permit No: \_\_\_\_\_  
Tax Folio or Alternate Key #: \_\_\_\_\_

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



# City of Mascotte

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100 East Myers Blvd. \* Mascotte, Florida 34753 \* Phone (352) 429-3341 \* Fax (352) 429-3345

## Permit Application Notification

If you have a Homeowners Association it is recommended you apply to your Homeowners Association Architectural Review Board for approval of your permit request to ensure it does not violate your association rules and regulations. The city cannot deny a permit if it meets city legal requirements but you could face penalties and fines from your HOA if you go forward without the ARB approval.

The ARB representative can sign this form approving your project. Issuance of a city permit without the approval of your HOA does not give a property owner legal standing to circumvent your Homeowners Covenants and Restrictions.

City of Mascotte  
Annamarie Reno  
City Manager

HOA ARB

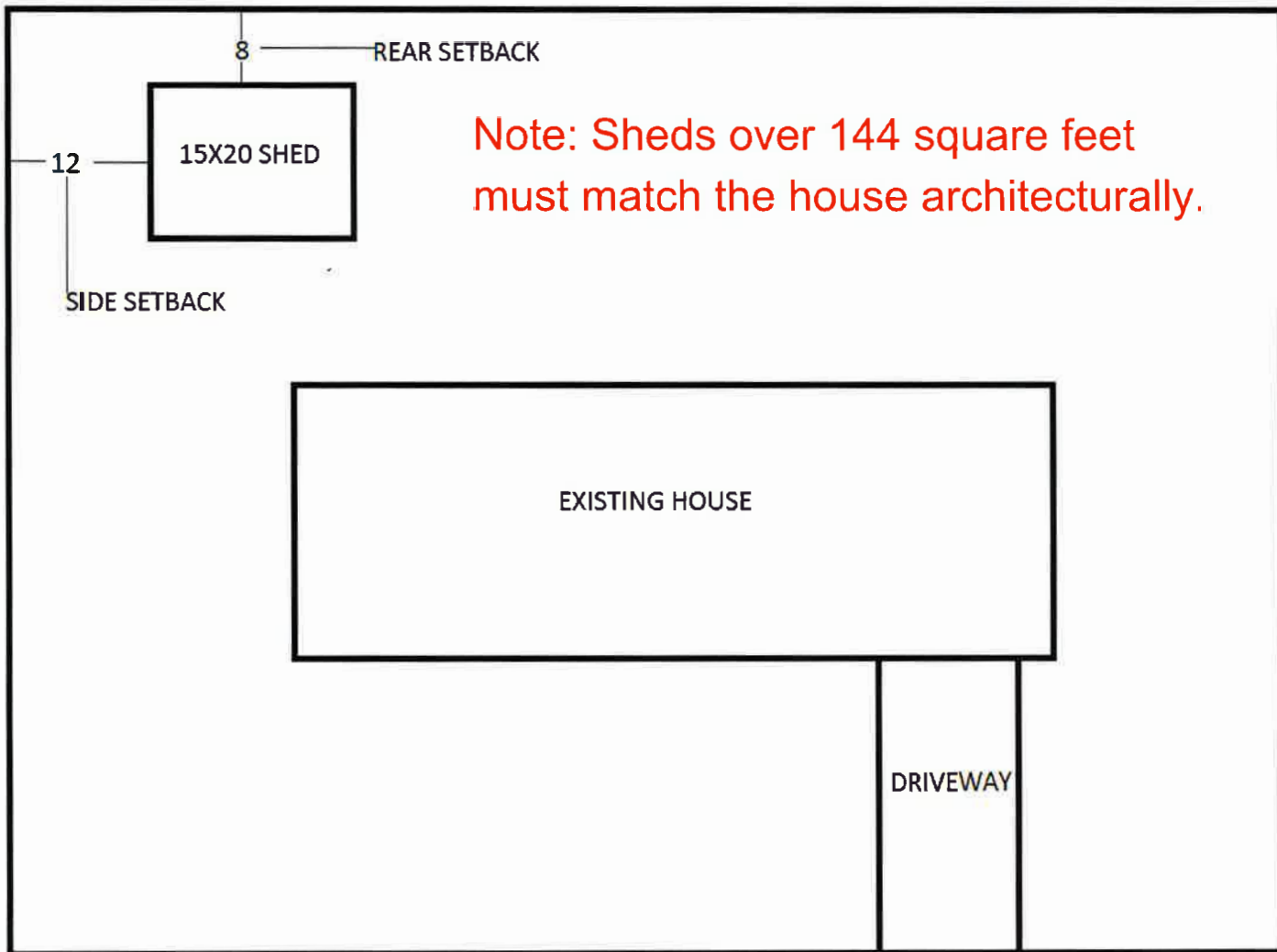
Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Attached ARB Approval Form:

Yes: \_\_\_\_

No: \_\_\_\_



SAMPLE SHED SITEPLAN