Door or Window Replacement Instructions and Checklist

Yes	No	Item
		Completed Application
		The most recent FL product Approval Number
		Installation Specifications
		A notice of Commencement if the job value is over \$2500
		Power of attorney if anyone other than the contractor is picking up the permit.
		Disclosure Statement if work is done by the owner
		A floor plan showing the location of the item being replaced. Egress windows must be identified and cannot be reduced in size.
		Contractor license and insurance information

- 1. Please submit all the paperwork indicated above to the City Building Department.
- 2. Please make sure that you do not start the job until you have a permit card in hand. Please be aware that permit cards must be visible from the road closest to the job.
- 3. Work must be completed in a timely manner and inspections must be called for as soon as the work is completed.
- 4. On the day of the inspection, the permit card and installation specs must be posted on the job.
- 5. Failure to call for an inspection, or to complete the work before 180 days will require a new permit and will require that you pull another permit.

To Schedule An	Dor	mi4	in addition to ti			Permit Num	ber	
inspectionrequest@alpha-				may be required to receive approval from other State of				
inspections.net		Application		Federal agencies prior to				
inspec	tions.net	Дррік	Jation	commencing w				
You must submit	3 copies of this form	. Only 1 has	Project Addre	ess				
be notarized if sig	to City Hall.	Project Desc	ription					
Property ID Key/Numl	ber		Parcel Number	er				
Owner's Name	Mailing Addres	SS		City, State, Zip			Telephone	
General Contractor	Mailing Addres	SS		City, State, Zip	1		Telephone	
Construction Contract	or Mailing Addres	ss		City, State, Zip	1		Telephone	
Electrical Contractor Mailing Add		SS		City, State, Zip			Telephone	
Plumbing Contractor	Mailing Addres	SS		City, State, Zip			Telephone	
HVAC Contractor	Mailing Addres	Mailing Address		City, State, Zip	1		Telephone	
Roofing Contractor	Mailing Addres	SS		City, State, Zip			Telephone	
Legal Description	<u> </u>							
Bonding Company								
Bonding Company Ad	Idrocc							
Architect's Name	luiess							
Architect's Address			Duningt In	£ 1!				
0 1 1: :	· N1	Di .		formation		I	T	0 (0 ;
Subdivis	sion Name	Phase	Lot No.	Model	Elevation	Lot Area	Impervious	Surface Ratio
F. 17								
Flood Zone		0-4	-l Di-l					
Front	Door	Setbac		d over Requi			Ctroot Cido	
Front	Rear	roo	Side Electrical	Hvac	Corner	l ater	Street Side	
Project		rea	Service Size			ler	Size	<u>leter</u>
New Alteration	Living		GETVICE GIZE	Туре	Municipal		Size	
Addition	Garage Porch(s)		-	Effic	Well iency		Plumbing	<u> </u>
	· · · · · ·		4		T	Course	Tiuliibili	<u> </u>
Repair	Other		_	Airhandler		Sewer		
Other	Total	(D		Condenser		Septic	0-1-1-56	1
Garage Attached	Number	of Bedrooms		Cost / Value			Code In Eff	ect
Detached								
Applicant Signature			<u> </u>		Date _			
WARNING TO OWNE	R: Your failure to record	a Notice of Com	mencement ma	y result in your p	paying twice for	r improvement	s to your proper	ty. If you intend to
_	ult with your lender or ar	•						
•	have been met or that th							'
determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion								
of the permit, inspecti	ons, and all Re-Inspectic	n Fees.						
The foregoing instrument was acknowledged before me this day of who								
								who
is personally known to me or has produced as identification and who did or did not take an oath.								
(Seal)								
Notary Public								
White Conv Office			Yellow Co	opy Property Ap	praiser		Pink Copy Owr	<u> </u>
White Copy Office			I GIIOW CC	opy i topetty App	piaiooi		Copy Owi	

LIMITED POWER OF ATTORNEY

Date:					
I here	by name and appoint:				
an ag	ent of				
un ug		(Name of Company)			
	my lawful attorney-in-fact to a sary to this appointment for (cl	act for me to apply for, receipt for, sign for and do all the heck only one option):	ings		
	All permits and applications submitted by this contractor.				
	The specific permit and appl	ication for work located at:			
		(Street Address)			
Expir	ation Date for This Limited Po	ower of Attorney:			
Licen	se Holder Name:				
State	License Number:				
Signa	ture of License Holder:				
	TE OF FLORIDA NTY OF				
	20 by	acknowledged before me thisday of, who is □ personally known			
	to me or who has produced identification and who did (did	I not) take an oath.	_as		
		Signature			
(Nota	ry Seal)				
		Print or type name			
		Notary Public - State of Commission No My Commission Expires:			

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		
a profession; cease and desist notice; civ		
probable cause to believe that any perso		
regulatory board within the department o		
has violated any provision of this chapter		
regulated by the department, or any rule		
and deliver to such person a notice to ce		
department may issue and deliver a notice		
the unlicensed practice of a profession b		
enforcing a cease and desist order, the d		
seeking issuance of an injunction or a wr		
provisions of such order. In addition to t		
an administrative penalty not to excee		
shall be entitled to collect its attorney		
collection. This Day of		
Read The Preceding And Understand Th		
Having Been Noticed Of The Above Flori		
County And The State Of Florida. I further		
work proposed, and I assume full respon		
Codes and building regulations. In the ev		
I will make such corrections and call for a		
Building Division is not responsible for in-		
myself to code enforcement action by no		
prior to engaging in the use of the propos	sed development	Signature
of Owner/Builder		
State of Florida		
County of Lake		
I hereby certify that on this day, before m		
aforesaid to take acknowledgements, pe	rsonally appeared	who is
personally known to me or who has prod	uced	as identification
and who did/did not take an oath.		
Witness my hand and official seal this	day of	40
witness my nand and onicial seal tris	day of	, 19
Notary Public		

Afte	er recording return to:					
Permit No:		Astatula, Grovel				
			nade to certain real property, and in accordance with led in this Notice of Commencement.			
Description of property:		(legal description of the p	roperty, and street address if available)			
2.	General description of impro	vement:				
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.)			
6.	Lender Information:	Name:	Fax No. (Opt.)			
7.		on <u>713.13(1)(a)7.,Florida Statu</u> Name: Address:	oon whom notices or other documents may be tes: Fax No. (Opt.)			
In addition to himself or herself, Owner designates to receive a copy of the following Lienor's Notice as Provided in Sectio Name: Address:						
9.			date is 1 year from the date of recording unless a			
PA PR	RNING TO OWNER: ANY PAYM YMENTS UNDER CHAPTER 713, OPERTY. A NOTICE OF COMMEI	ENTS MADE BY THE OWNER AF PART I, SECTION <u>713.13</u> , FLORI ICEMENT MUST BE RECORDED	TER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER DAS STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN 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			
			f, 20, by			
who	o 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			
Ver	ification pursuant to Section 92.	525. Florida Statutos	Print, type or Stamp Commissioned Name of Notary Public			
			at the facts stated in it are true to the best of my knowledge and belief.			
			Signature of Natural Person (Owner) Signing Above			