

City of Mascotte Permit Checklist PV Solar Permit

- 1. COMPLETED PERMIT APPLICATION
- 2. COPIES OF LICENSE AND INSURANCE
- 3. NOTICE OF COMMENCEMENT FOR JOBS VALUED AT OVER \$2,500
- 4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION.
- A SET OF PLANS DIGITALLY SIGNED BY THE ENGINEER OF RECORD. PLEASE NOTE THAT PLANS SHOULD BE SUBMITTED AS ONE FILE, NOT ONE FILE PER PAGE. PLANS SHOULD BE UNLOCKED TO ALLOW FOR DIGITAL STAMPS TO BE INSTALLED.
- 6. PLANS SHOULD ADDRESS THE FOLLOWING CRITERIA
 - a. WIND SPEED 140 MPH
 - b. EXPOSURE C OR SHOW HOW IT'S SOMETHING ELSE
 - c. ROOF LAYOUT SHOULD SHOW ALL PANEL LOCATIONS, REQUIRED STRUCTURAL CONNECTION LOCATIONS, EXISTING ROOF PENETRATIONS, FIRE DEPARTMENT ACCESS LOCATION AND FIRE DEPARTMENT ACCESS PATHWAYS.
 - d. PLANS SHOULD CLEARLY SHOW METER LOCATIONS, AND ANY OTHER EQUIPMENT REQUIRED AS PART OF THIS INSTALLATION.
 - e. PLANS SHOULD SHOW ANY OTHER INFORMATION REQUIRED TO DETERMINE THE MINIMUM COMPLIANCE WITH THE APPLICABLE CODES.

REQUIRED INSPECTIONS: FINAL INSPECTION

UPLOAD ALL APPLICATION PACKAGES TO THIS ADDRESS: https://www.alpha-

inspections.net/upload-plans.html

REQUEST INSPECTIONS AT THIS ADDRESS: https://www.alpha-

inspections.net/inspections.html

		-	Sol Marco CIT		MASC	OTTE	Pern	nit Number
To Schedule An In visit https://www.al			10 000					
visit nups.//www.ai	ipna-ins	Jections.net	PER	rmit a	PPLIC	ATION		
Alternate Key Number		Pai	rcel Number	Project Addre	ess			
				Project Desc	ription			
Owner's Name		Mailing Addres	:S	City, State, 2			Т	elephone
		inaling / laaree		eny, enne, i	P			
Email Address:								
Fee Simple Titleholder	r's Name	Mailing Addres	S	City, State, 2	Zip		Т	elephone
O an anal O antro at an			-		7:		· -	
General Contractor		Mailing Addres	S	City, State, 2	ZIP			elephone
Email Address:				State License	e Number:			
Construction Contracto	or	Mailing Addres	S	City, State, 2	Zip		Т	elephone
Email Address:			_	State License			-	
Electrical Contractor		Mailing Addres	S	City, State, 2	ZIP			elephone
Email Address:				State License	e Number:			
Plumbing Contractor		Mailing Addres	S	City, State, 2			Т	elephone
Email Address:				State License			-	
HVAC Contractor		Mailing Addres	S	City, State, 2	Ζιр			elephone
Email Address:				State License	e Number:			
Roofing Contractor		Mailing Addres	S	City, State, 2			T	elephone
						1		
				Ctoto Licono	a Numahaw			
Email Address: Gas Contractor		Mailing Addres	S	State License City, State, 2			Т	elephone
		inaling / laaroo		eny, enne, i	P			
Email Address:				State License	e Number			
Legal Description								
Bonding Company	/							
Bonding Company Add								
Architect's Name								
Architect's Addres	s		Joh Nomo:					
Project Ir	nformati	on	Job Name: Subdivi	sion Name		Lot No.	Phase	
1 10,000 1	monnad		Cubarri			Lot No.		
Zone	Lot A	\rea						
			Sathaaka	(64)	Front	Rear	Side	Corner
			Setbacks	(11)				
Project (check	one)		Area	Electrical	н	vac	Water	(check one)
		Living		Service Size				
New		Living			Ту	he	Municipal	
Alteration		Garage					Well	
Addition		Porch(s)			Effic	iency	Plumbing (check	one)
Repair		Other			Airhandler		Sewer	
Other		Total			Condenser		Septic	
END OF PAGE 1 OF 2								

PAGE 2 OF 2						
Attached Detached		Job Value		7th Edition Florida Building Code		
Signature of Applicant						
WARN	WARNING TO OWNER: Your failure to record a Notice of					
Commencement may result in your paying twice for improvements to						
your pr	your property. If you intend to obtain financing, consult with your lender					
or an a	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						
-			structure does not	• •		
	setbacks or improperly encroaches on an easement, the owner is					
	responsible for moving the structure, restoring the easement to its					
Ū			making the structur			
setbacks and other land use requirements. Permits expire 6 months after						
issuance.						
The foregoing instrument was acknowledged before me this day of,						
20, or has proc			28	who is personally known to me identification and who did		
or did not _			40			
(Seal)						
			Notary Public			

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 improv	vement:					
3.	Owner's Information:	Name:					
		Address:					
		Interest in Property:					
		Name and Address of fee simple t	itleholder (if other than owner):				
4.	Contractor Information:	Name:					
		Address:					
		Telephone No.	Fax No. (Opt.)				
5. S	Surety Information:	Name:					
		Address:					
		Telephone No.	Fax No. (Opt.)				
		Amount of Bond:					
6.	Lender Information:						
		Address:					
		Telephone No.	Fax No. (Opt.)				
7.		lorida designated by Owner upon whor n <u>713.13(</u> 1)(a)7.,Florida Statutes: Name:	n notices or other documents may be				
		Address:					
		Telephone No	Fax No. (Opt.)				
8.	In addition to himself or herse	elf, Owner designates	of				
	to receive a copy of the follow	ving Lienor's Notice as Provided in Sec Name:	ction 713.13 (1) (b), Florida Statutes:				
		Address:					
		Telephone No.	Fax No. (Opt.)				
9.	Expiration date of notice of co different date is specified)	ommencement (the expiration date is 1	year from the date of recording unless a				
PAY PRO	MENTS UNDER CHAPTER 713, I PERTY. A NOTICE OF COMMEN	PART I, SECTION <u>713.13</u> , FLORIDA STATU ICEMENT MUST BE RECORDED AND POS	EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER UTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR STED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN NCING 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 acknowle	edged before me thisday of	, 20, by				
who	is personally known to me or has p	produced	as identification and who did or did not				
	an oath.						

Signature of Notary Public - State of Florida

Print, type or Stamp Commissioned Name of Notary Public

Verification pursuant to Section <u>92.525</u>, 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.