



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	In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work	Permit Number
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You must submit 3 copies of this form. Only 1 has to be notarized if signed prior to coming to City Hall.

	Project Address	
	Project Description	

Property ID Key/Number		Parcel Number	
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Owner's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Construction Contractor	Mailing Address	City, State, Zip	Telephone
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Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Legal Description	
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Bonding Company	
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Bonding Company Address	
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Architect's Name	
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Architect's Address	
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Project Information

Subdivision Name	Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio

Setbacks Provided over Required (ft)

Flood Zone	
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Setbacks Provided over Required (ft)

Front	Rear	Side	Corner	Street Side

Project	Area	Electrical	Hvac	Water	Meter
New	Living	Service Size	Type	Municipal	Size
Alteration	Garage			Well	
Addition	Porch(s)		Efficiency	Plumbing	
Repair	Other		Airhandler	Sewer	
Other	Total		Condenser	Septic	

Garage	Number of Bedrooms	Cost / Value	Code In Effect
Attached			
Detached			

Applicant Signature	_____ Date _____
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WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender 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. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.

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.

(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 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

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: ____

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(S): _____

CONTRACTOR NAME: _____

JOB SITE ADDRESS: _____

EXISTING 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.

$$\frac{\text{Total Existing Impervious Surface}}{\text{Lot Area}} = \text{Existing Impervious Surface \%}$$

PROPOSED IMPERVIOUS SURFACES:

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.

$$\frac{\text{Total Proposed Impervious Surface}}{\text{Lot Area}} = \text{Proposed Impervious Surface \%}$$

I, _____, certify that the calculations submitted above for the Impervious Surface Ratio are accurate and complete.

Applicant Name: _____

Signature: _____ Date: _____



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City of Mascotte
Annamarie Reno
City Manager

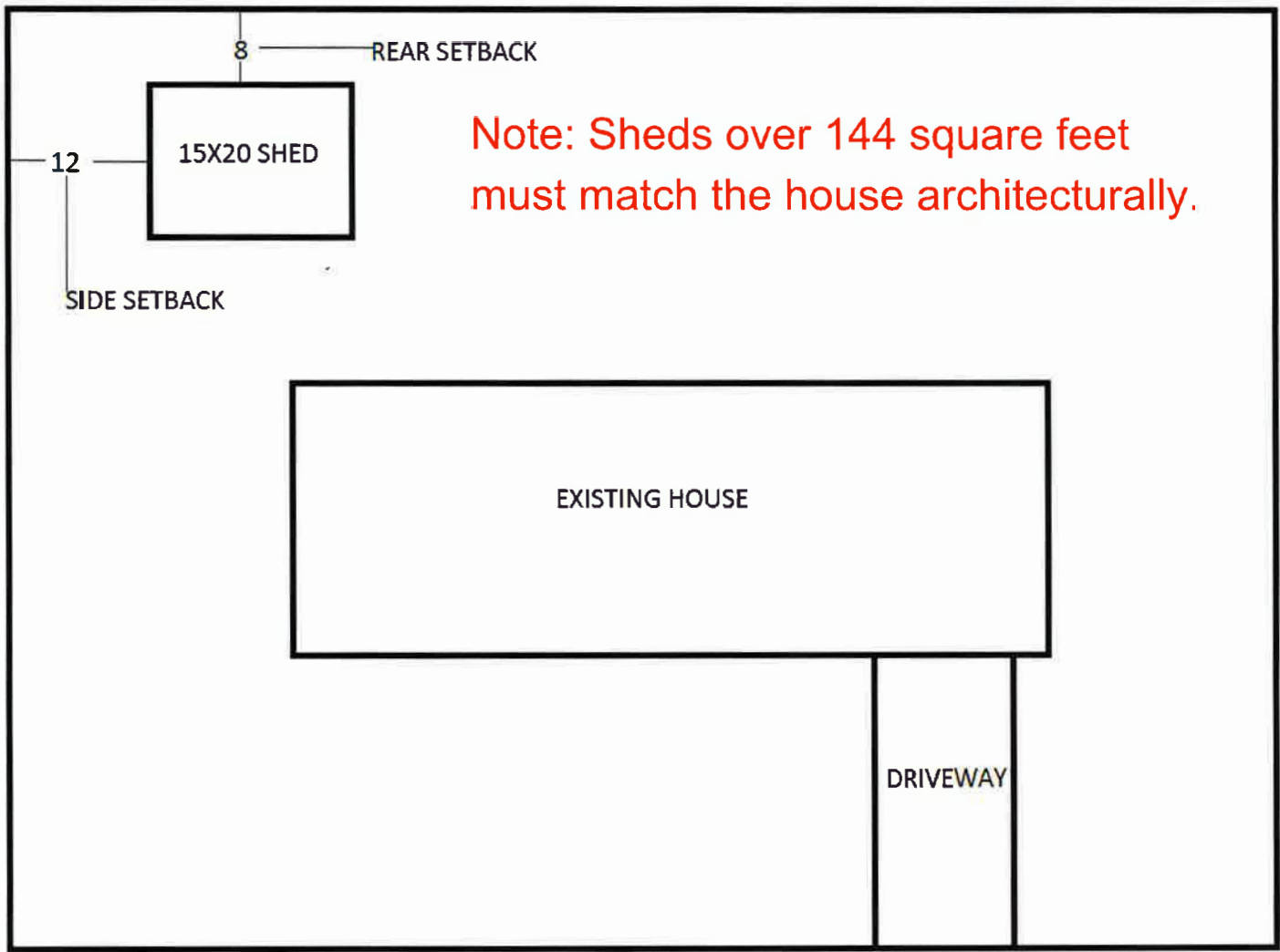
HOA ARB
Approval: _____

Date: _____

Attached ARB Approval Form:

Yes: _____

No: _____



SAMPLE SHED SITEPLAN