



## City of Mascotte


### Permit Checklist

#### AC Permit

1. COMPLETED PERMIT APPLICATION
2. COPIES OF LICENSE AND INSURANCE
3. NOTICE OF COMMENCEMENT FOR JOBS VALUED AT OVER \$10,000
4. PROPERTY RECORDS CARD SHOWING THE OWNER MATCHES THE OWNER ON THE APPLICATION.
5. AHRI SHOWING THE UNIT MEETS THE MINIMUM EFFICIENCIES REQUIRED BY THE FLORIDA BUILDING CODE.
6. FOR NEW INSTALLATIONS PROVIDE A DUCT LAYOUT, ENERGY CALCULATION AND AC LOAD CALCULATION.

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>

To Schedule An Inspection Please visit <a href="https://www.alpha-inspections.net">https://www.alpha-inspections.net</a>		 <b>CITY OF MASCOTTE PERMIT APPLICATION</b>		Permit Number				
Alternate Key Number	Parcel Number	Project Address						
		Project Description						
Owner's Name	Mailing Address	City, State, Zip	Telephone					
Email Address:								
Fee Simple Titleholder's Name	Mailing Address	City, State, Zip	Telephone					
General Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Construction Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Electrical Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Plumbing Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
HVAC Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Roofing Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Gas Contractor	Mailing Address	City, State, Zip	Telephone					
Email Address:		State License Number:						
Legal Description								
Bonding Company								
Bonding Company Address								
Architect's Name								
Architect's Address								
Project Information		Job Name:						
		Subdivision Name	Lot No.	Phase				
Zone	Lot Area							
		Setbacks (ft)	Front	Rear	Side	Corner		
Project (check one)		Area		Electrical	Hvac		Water (check one)	
New		Living		Service Size	Type		Municipal	
Alteration		Garage			Efficiency		Well	
Addition		Porch(s)			Airhandler		Plumbing (check one)	
Repair		Other			Condenser		Sewer	
Other		Total					Septic	

Attached  
Detached

Job Value

7th Edition Florida Building Code

Signature of Applicant

Date

**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. If the City of Mascotte determines the structure does not meet applicable setbacks or improperly encroaches on an easement, the owner is responsible for moving the structure, restoring the easement to its original condition, or otherwise making the structure comply with City setbacks and other land use requirements. Permits expire 6 months after issuance.

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