




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

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 https://www.alpha-inspections.net		 CITY OF MASCOTTE PERMIT APPLICATION		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			
END OF PAGE 1 OF 2								

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

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: _____