



Town of Welaka
400 Fourth Avenue
Welaka, FL 32193
Phone: (386) 467-9800
Fax: (386) 467-8863
Inspection Line: (855) 445-7630
www.welaka-fl.com

PERMIT CHECKLIST



Before any development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the use, or change in the appearance of any structure.

PLEASE USE THIS CHECKLIST IN PREPARING YOUR PERMIT APPLICATION FOR SUBMITTAL.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

The following must be submitted in order to apply for a permit:

- Completed building permit application, signed by Qualifier/Contractor or property owner when acting as Owner Builder. Be sure to include the Electric Utility Company.
- Copy of contractor's state and local licenses, proof of Workers Compensation Insurance or exemption (for all contractors and all subcontractors).
- Owner/Builder Disclosure Statement and Affidavit, if applicable.
- Notice of Commencement (certified and recorded for projects \$2,500 or more, or for mechanical \$7,500 or more.)
- Proof of ownership – Current Tax Notice, Homestead Exemption Notice, Certificate or Title, or Recorded Deed.
- Copy of signed dated contract, if applicable, or value of project.
- Raised seal Flood Elevation Survey with spot elevation where structure is to be located. (Required if any part of the property is in an A zone or V zone.)
- Legal Description – Section, Township, Range, Lot, Block, Parcel, Alt Key, Subdivision name.
- Proof of payment for Impact Fees, if applicable.
- Three (3) sealed sets of construction plans – Signed and sealed by FL Architect or Engineer.
- Three (3) copies of truss/rafter uplift load summary sheet and truss layouts.
- Three (3) copies of Energy Form 600A, B or C.
- Load calculations for HVAC.
- Three (3) copies of HVAC duct layout – attached to plans.
- Three (3) copies of a site plan. Must be drawn to scale (1" = 30') using site plan or survey with the below items showing.
 - a. Dimensions of the property.
 - b. Location of all existing proposed structures.
 - c. Setbacks from all property lines to existing and proposed structures.
 - d. Location of all roads and right-of-ways (including center lines) in relation to the property.
 - e. A directional arrow indicating North.
 - f. The scale used for the site plan, such as 1" = 30'.
 - g. Septic, drain field and well location on the proposed building site. If any one of these locations is within 75' of the property line, then the site plan must encompass those areas adjoining the proposed building site indicating location of property's septic, drain field and well locations.
 - h. Location of all natural and manmade surface waters (i.e. lakes, streams, canals, wetlands, etc.)
 - i. Location of proposed and/or existing water lines and meters.



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- j. Location of driveways and sidewalks.
- k. Location of LP tanks, size, type and distance from tank to structure. Distance from all external ignition sources, i.e. air conditioner.
- l. All utility easements.
- One (1) complete State Health Department application package required to be submitted to the Health Department for septic and/or well, if applicable.
- Three (3) sets of product approval sheets for all new windows, siding, doors, roofing, etc.

NOTE: Site plan must be approved by Planning & Zoning before Building Permit review commences.

Please be aware that a receipt of local government permits DOES NOT preclude the need to obtain necessary state and/or federal government authorization for activities that may involve the discharge of dredged or fill material into waters of the United States, including wetlands, or for structures and/or work in or affecting navigable waters of the United States.

This permit DOES NOT authorize the violation of any private covenants, easements or restrictions that may apply to the property or any construction thereon. It is the SOLE RESPONSIBILITY of the permittee to assure compliance with any such private covenants, easements and/or restrictions PRIOR TO the conduct of any work anticipated under this permit.



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OWNER BUILDER AFFIDAVIT



Property Address: _____

Permit Number: _____

ASBESTOS ABATEMENT – DISCLOSURE STATEMENT: State law requires asbestos abatement to be performed 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 asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such a building within one year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be performed according to all local, state and federal laws and regulations which apply to asbestos abatement projects. 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. It is the owner's or operator's responsibility to comply with the provisions of s. 469.003 FS and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

ADDITIONAL PERMITS MAY BE REQUIRED: In addition to the other requirements of this permit, there may be additional restrictions to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. FS 553.79(10).

I have read this notification and by my signature, I agree to comply as stated and promise in good faith to deliver this statement to the person whose property is subject to attachment. Under penalty of perjury, I hereby certify, by my signature, that all statements made on this application are true and correct and that no construction has begun, except as otherwise has been disclosed, before the permit for this work has been issued.

THERE SHALL BE NO INSPECTIONS WITHOUT FULL COMPLIANCE: To qualify for exemption under any of the following subsections, an owner must personally appear and sign the permit application. A Power of Attorney cannot be accepted.

BUILDING, PLUMBING AND/OR MECHANICAL INSTALLATION DISCLOSURE STATEMENT – STATEMENT REQUIRED BY FS 489.103(7). State law requires construction to be performed 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 with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. 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. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not



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licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, fire codes and zoning regulations.

ELECTRICAL INSTALLATION DISCLOSURE STATEMENT – STATEMENT REQUIRED BY FS 489.503(6).
 State law requires electrical contracting to be done by licensed electrical 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 electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may also install electrical wiring in a commercial building that has an aggregate construction cost under \$75,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease more than one building you have wired yourself within one 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 electrical contractor. Your construction shall be performed according to building codes and zoning regulations. 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.

Pursuant to Chapter 455.228 of the Florida Statutes, any individual who aids and abets the unlicensed practice of a profession by employing such unlicensed person may be fined up to \$ 5,000.

I will assume full responsibility as an Owner/Builder Contractor, and will personally supervise all work permitted. I hereby acknowledge that I have read, understand, and agree to comply with all statements in the above affidavit.

 Owners Signature

 Date

 Print Owners Name

| | |
|--|---|
| STATE OF FLORIDA COUNTY OF _____ | |
| Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____ | (Name of person making statement) |
| Personally Known _____ OR Produced Identification _____ | |
| Type of Identification Produced: _____ | (Signature of Notary Public-State of Florida) |
| | (Print, Type or Stamp Commissioned Name of Notary Public) |



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Permit Number: _____

PERMIT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY

| I. PROJECT LOCATION/FACILITY INFORMATION | | | | |
|---|---|---|---------------------------------------|--------------------------------|
| PROJECT NAME | | | | |
| ADDRESS | | | | |
| SUBDIVISION/FACILITY NAME | | | LOT / UNIT# | |
| TAX FOLIO # / PARCEL # | | | ZONING DISTRICT | |
| LEGAL DESCRIPTION | | | | |
| II. IDENTIFICATION | | | | |
| A. OWNER OR LESSEE | | EMAIL ADDRESS | | FAX NO. |
| NAME | | | | TELEPHONE NO. |
| ADDRESS | | CITY | STATE | ZIP CODE |
| B. BONDING/MORTGAGE NAMES | | | | |
| Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement < \$7,500). | | | | |
| NAME | | ADDRESS, CITY, STATE & ZIP | | TELEPHONE NO. |
| FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) | | <input type="checkbox"/> SAME AS OWNER | | |
| BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE | | | | |
| MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE | | | | |
| DESIGN PROFESSIONAL | | LICENSE # | | |
| C. CONTRACTORS | | PRIMARY CONTACT EMAIL ADDRESS | | PRIMARY CONTACT CELL PHONE NO. |
| LICENSE # | TYPE | COMPANY NAME | ADDRESS, CITY, STATE & ZIP | TELEPHONE NO. EMAIL ADDRESS |
| GENERAL | | | | |
| PLUMBING | | | | |
| GAS | | | | |
| ELECTRICAL | | | | |
| HVAC | | | | |
| OTHER | | | | |
| III. TYPE OF IMPROVEMENT | | | | |
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> RELOCATION | <input type="checkbox"/> MANUFACTURED | <input type="checkbox"/> SHELL | <input type="checkbox"/> DECK |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> REPAIR | <input type="checkbox"/> MOBILE HOME SET-UP | <input type="checkbox"/> TENANT SPACE | |
| <input type="checkbox"/> ACCESSORY STRUCTURE | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> DEMOLITION | | |
| <input type="checkbox"/> POOL/SPA: | <input type="checkbox"/> IN-GROUND | <input type="checkbox"/> ABOVE GROUND | | |
| <input type="checkbox"/> OTHER _____ | ESTIMATED COST OF CONSTRUCTION: \$ _____ | | | |
| A. WORK DESCRIPTION (Residential and Non-Residential Projects) | | | | |
| Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc. | | | | |



B. DIMENSIONS/DATA

BASIC USAGE: RESIDENTIAL COMMERCIAL INDUSTRIAL MUNICIPAL

CONSTRUCTION AREA: TYPE OF CONSTRUCTION: IA IB IIA IIB IIIA IIIB IV VA VB

CONDITIONED _____ S.F. ELECTRICAL SERVICE: PHASE__ SIZE _____ AMPS _____ OVERHEAD UNDERGROUND

GARAGE _____ S.F. MECHANICAL (HVAC): GAS ELECTRICAL

OTHER _____ S.F. WATER SUPPLY: MUNICIPAL PRIVATE WELL

TOTAL AREA: _____ S.F. SEWAGE DISPOSAL: MUNICIPAL SEPTIC SYSTEM

IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 1-855-445-7630 or email floridainspections@safebuilt.com.

Owner's affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning in this jurisdiction.

713.135, FS: WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

FS 553.79(10), FS: NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known ___ OR
Produced Identification _____

Type of Identification Produced: _____

(Signature of Owner or Agent)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by _____

Personally Known ___ OR
Produced Identification _____

Type of Identification Produced: _____

(Signature of Contractors)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

V. CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certification of Competency No. _____

APPLICATION APPROVED BY: _____ DATE: _____
(Building Official/Permit Official)