

# Accessory Structure Permit Application



Madison County Building Department  
Accessory Structure Application

---

Application Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Applicant/Prime Contractor Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

DBPR Florida License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Architect (If Applicable) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

Engineer (If Applicable) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**Permit Information:**

Type of Work:  Residential  Commercial

Utility Company:  DUKE  TCEC

Class of Work:  New  Repair  Alteration  Addition  Demolition

Value of Work: \$ \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ Heated Space \_\_\_\_\_ Unheated Space \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

**OWNER'S/CONTRACTOR'S AFFIDAVIT:** I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>Signature of Owner/Agent _____ Date _____</p>	<p>Signature of Contractor _____ Date _____</p>
<p>Printed Name of Owner/Agent _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>	<p>Printed Name of Contractor _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>

Board of County Commissioners  
Madison County, Florida



MADISON COUNTY BUILDING DEPARTMENT  
Phone 850-973-6785 • Fax 850-973-6727

Madison County is an Equal Opportunity Employer

www.madisoncountyfl.com

- \_\_\_\_\_
- Will be using** this structure for a commercial building
  - Company Name: \_\_\_\_\_
  - Will not be** using this structure for a commercial building.

I will be using this structure for

- Single family dwelling
- Storage shed

Note: If using for a Single family dwelling you need to know:

1. Must be a risk category 2
2. 500 Square Footage Minimum
3. Foundation & tie down engineered for single family dwelling- need approval stamped drawing.
4. Must meet life safety code. By signing this form, I do understand that I agree to abide by the terms of this affidavit.

Signature:

\_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

NOTICE OF COMMENCEMENT

State of: FLORIDA

County of: MADISON

City of: MADISON

The undersigned hereby gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

Street Address: \_\_\_\_\_

Parcel ID# \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

GENERAL DESCRIPTION OF IMPROVEMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER INFORMATION

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

LENDER INFORMATION

Lender Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

In addition to himself, Owner designates, \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration is one (1) year from date of recording unless otherwise specified.

Signature of Owner: \_\_\_\_\_ Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_