

Madison County Building Department



Madison County is an Equal Opportunity Employer

Phone: 850-973-6785 Fax: 850-973-6727

www.madisoncountyfl.com

New Single Family Dwelling Check list

Customer:

Parcel ID:

- Copy of Recorded Deed
- Zoning Compliance Form
- Building Application
- Copy of Building Plans (2 sets) (1 Digital & 1 Hard Copy)- (Foundation, Floor, & Elevation)
- 911 Addressing
- 911 Address Acknowledgement
- Recorded Notice of Commencement
- Driveway Permit
- Septic Permit
- Florida Energy Code Form
- Wind Load Analysis
- Owner Builder Affidavit (If applicable)

Suwannee River management permit (For properties on the river (Elevation Certificate needed for under construction & after last inspection) Benchmark, Flood Zone

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT 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: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by An architect and/or engineer showing seal and signature with license number.

- | | | |
|--|---|--|
| <input type="checkbox"/> Digital Two Sets of Plans (1)** | <input type="checkbox"/> Digital Site Plan | <input type="checkbox"/> Digital Septic/Sewer Permit |
| <input type="checkbox"/> Digital Wind Load Analysis (1) | <input type="checkbox"/> Digital Zoning Compliance | <input type="checkbox"/> Digital Driveway Permit |
| <input type="checkbox"/> Digital Florida Energy Form (1) | <input type="checkbox"/> Digital Notice of Commencement | |
| <input type="checkbox"/> Digital Trust-Layout (1) | <input type="checkbox"/> Digital Warranty Deed | |
| <input type="checkbox"/> Commercial Lease Agreement* | <input type="checkbox"/> Commercial Utility Agreement* | <input type="checkbox"/> Benchmark (Flood Zone) |

*Commercial Projects Only

**For Commercial Projects Submit Two (2) Sets of Plans (1 for site and 1 for Fire Marshal)

** Please submit 1 hard copy for office. If indicated provide two (2) copies, one will be returned with a building permit noting any required corrections.

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.

Signature of Owner/Agent _____ Date _____

Signature of Contractor _____ Date _____

Printed Name of Owner/Agent _____

Printed Name of Contractor _____

STATE OF FLORIDA, COUNTY OF _____

STATE OF FLORIDA, COUNTY OF _____

SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,

SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,

by _____,

by _____,

who is personally known to me or has produced (type of identification)

who is personally known to me or has produced (type of identification)

_____ as identification.

_____ as identification.

Notary Signature: _____

Notary Signature: _____

My Commission Expires: _____

My Commission Expires: _____

Stamp:

Stamp:

Subcontractor Information:

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____



Emergency Addressing Notice: Visible House / Business Numbers Required Under Florida Building Code (FBC 501.2 & FRC 319.1) and Madison County policy, all properties must display their 911 address numbers. This includes homes, businesses, and industrial buildings. Visible address numbers ensure that emergency services, mail carriers, and the public can locate your property quickly and efficiently.

Date: _____ New 911 Address: _____

Owner Name: _____
(as it appears on the Deed)

Contact Name: _____ Phone: _____

Email: _____

Parcel ID Number: _____

Power Service Provider: _____ Town: _____

Zip: _____

Comments: _____ Address Point: DRIVEWAY

I acknowledge and understand the requirement for posting my address to the entrance of the property. I understand if the address is not posted, all construction will be in violation and a reinspection fee of \$35.00 will be added and need to be paid prior to another inspection being scheduled.

Date Completed: _____ Signature Permit Applicant _____

Attention: 911 Address numbers MUST be posted at the driveway entrance to the structure BEFORE the final building inspection!

* Address numbers should be 4" or larger, be displayed by the driveway entrance and be visible in BOTH DIRECTIONS. The address identification shall be legible and placed in a position that is visible from the street or road fronting the property.

** Commercial numbers should be 10" or larger.

*** Address numbers should also be posted on any and all addressed structures on the property.

**** In the case of waterfront property, on the rivers, the address should be visibly posted on the dock, or in the absence of a dock, above the approximate 100 year flood mark. On lakes, above the approximate historic high water line.

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 Lender'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: _____

Madison County Public Works
2060 NE Rocky Ford (CR 591)
Phone No. 850-973-2156 ◊ Fax 973-2641

To obtain a driveway permit or waiver for a county maintained road contact the Madison County Public Works Department.

No building permit can be issued without the proper waiver or driveway permit being issued.

Fees are: \$15.00 for an existing driveway.
\$50.00 for a new driveway.

(Make checks payable to the Madison County Board of County Commissioners)

If your driveway turns on or off a State maintained road.

Contact: Department of Transportation
850-838-5800
Perry, Florida

List of State Roads: SR 6 SR 145 SR 14 (North of I-10) SR 53 (North of I-10) US 90 US 221
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Description/Location of property (Be specific)

Complete the Following Information

Name (owner): _____

Address: _____

(Closest Address :) _____

Contact Information:

Phone No. (____) _____ / _____

(____) _____ / _____

Mobile No. (____) _____ / _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE _____ PROPERTY ID # _____

NAME _____

ADDRESS _____

BUSINESS NAME _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS:

CHECK THE APPROPRIATE METHOD YOU PLAN TO USE:

- COUNTY SUPPLIED TILT DUMPSTER
- PRIVATE SUPPLIED TILT DUMPSTER
COMPANY _____ PHONE _____
- HAULED BY PROPERTY OWNER TO LANDFILL

(PRINT NAME)

(SIGNATURE)

(DATE)

COUNTY ORDINANCES NO.93-56 NO.96-56 and NO.99-98
PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED
DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC
GARBAGE SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THIS ORDINANCE FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.

Owner Builder Affidavit

As an Owner Builder you are

Responsible for:

1. All work.
2. All corrections
3. Any Insurance claims or property damage.
4. **All reinspection fees**

The Building Department has no design professionals.

Signature of owner

OWNER BUILDER STATEMENT / AFFIDAVIT

Madison County Building Department

Owner: _____

Site Address: _____

City _____ State _____ Zip Code _____

Parcel ID: _____

Florida Statutes are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express the applicable restrictions and responsibilities.

BY SIGNING THIS STATEMENT, I ATTEST THAT: (Initial to the left of each statement)

	I understand that state law requires construction to be done by a licensed contractor and I am applying for an owner-builder permit under an exemption from that law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
	I understand that as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in the State of Florida and to list his or her license numbers on all permits and contracts.
	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within one (1) year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
	I understand that as the owner/builder, I must provide direct, onsite supervision of the construction.
	I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and county ordinances.
	I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner/builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner/builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner/builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

	<p>I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and these laws may subject me to serious financial risk.</u></p>
	<p>I agree that as the party, I am legally and financially responsible for this proposed construction activity. I will abide by all applicable laws and requirements that govern owner/builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.</p>
	<p>I am aware construction practices and I have access to the Florida Building Code.</p>
	<p>I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850) 487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.</p>
	<p>I agree to notify the Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.</p>
	<p>Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation, and the Building Department may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner/builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's liability and worker's compensation coverage.</p>

OWNER BUILDER AFFIDAVIT CERTIFICATION

I, _____, do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

Signature of Owner/Builder

Date

Form of Identification: _____
Photo ID

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

Notary Public State of Florida: _____

Commission Expiration: _____

Notary Seal: