



DEPARTMENT OF DEVELOPMENT SUPPORT AND ENVIRONMENTAL MANAGEMENT
 435 NORTH MACOMB STREET, 2ND FLOOR
 TALLAHASSEE, FLORIDA 32301
 (850) 606-1300
 www.leonpermits.org

**BUILDING/ENVIRONMENTAL MANAGEMENT PERMIT APPLICATION FOR
 SINGLE FAMILY HOME/MANUFACTURED HOME/NON-RESIDENTIAL**

| | | | |
|---|---|---|------------|
| I. OWNER/LESSEE INFORMATION | | CONTRACTOR/CONTACT INFORMATION | |
| OWNER NAME: | | CONTRACTOR NAME: | |
| E-Mail: | | CONTACT NAME: | |
| CURRENT MAILING ADDRESS: | | CURRENT MAILING ADDRESS: | |
| City: | State: | Zip: | City: |
| City: | State: | Zip: | City: |
| WK PHONE: | HM PHONE: | WK PHONE: | MBL PHONE: |
| | MBL PHONE: | | FAX: |
| II. LOCATION OF BUILDING SITE | | | |
| ADDRESS: _____ | | LOT _____ BLK _____ | |
| SUBDIVISION NAME: _____ | | PHASE _____ | |
| PARCEL I.D. # _____ | | COST OF IMPROVEMENT: \$ _____ | |
| | | BUILDING AREA _____ SQ.FT. | |
| III. DESCRIPTION OF WORK | | IV. CLASS OF BUILDING | |
| | RESIDENTIAL | NONRESIDENTIAL | |
| New Building | One Family Detached | Amusement recreational | |
| New Building – SHELL ONLY | Single-Family Attached (Townhouse) | Church, other religious | |
| New Manufactured Home (SDMH, RDMH) | Two Family Attached (Duplex) | Industrial | |
| Demolition | Triplex | Service station, repair garage | |
| Addition | Quadruplex | Hospital, institutional | |
| Alteration | Multi Family | Medical office | |
| Repair, replacement | Hotel/Motel | Non-medical office | |
| Moving Site Built | Detached Garage | Bank | |
| Foundation Only (Commercial Only) | Pool House | Public utility | |
| Residential Swimming Pool | Green House | School, library, other educational | |
| Roofing | Lawn Storage Shed | Stores, mercantile | |
| Electrical | Other - <i>Specify</i> | Restaurant | |
| Retaining Wall | | Cellular Tower | |
| Other - <i>Specify</i> | | Temporary Use | |
| V. PROPERTY OWNERSHIP | | VI. TYPE OF SEWAGE DISPOSAL * | |
| Public (Federal, State, or local govt) | Public or Private Company | Other - <i>Specify</i> | |
| Private (Individual, corp, nonprofit) | Private (Septic System) | | |
| VII. TYPE OF WATER SYSTEM | | VIII. SPRINKLERS | |
| Public or Private Company | Yes | IX. ON-SITE EASEMENTS (Check all that apply) | |
| Private (Well) | No | Access | |
| | | Drainage | |
| | | Conservation | |
| X. ROADS | | XI. CORNER LOT | |
| Public | Yes (If yes indicate preferred street for addressing) | Recorded | |
| Private | No | Private | |
| | | Public | |
| XII. NUMBER OF EXISTING BUILDINGS ON SITE: | | | |

* Please contact the Florida Department of Health in Leon County for septic tank permit requirements.

XIII. SINGLE FAMILY/ MANUFACTURED HOME/ ENVIRONMENTAL REVIEW INFORMATION: (mark appropriate boxes) If all building permit work is interior to the structure and there is no exterior soil disturbance, this section and section XI do not need to be completed.

| | | | |
|---|--|---|--|
| Building Foundation | Use Of Fill (How many cubic yards?) | Clearing Activities/Disturbed Area | Grading Activities |
| <input type="checkbox"/> Monolithic Slab/Pad | <input type="checkbox"/> Yard/lawn _____ <input type="checkbox"/> Septic _____ | <input type="checkbox"/> Access & Construction Only | <input type="checkbox"/> No |
| <input type="checkbox"/> Block Stem Wall | <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Pool _____ | <input type="checkbox"/> Selective Clearing | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Pier or Piling | | <input type="checkbox"/> Entire Site | If yes, how much area? |
| Are there trees 12" dbh or larger to be removed or impacted? Patriarch trees ≥36" dbh? | Is property floodprone? Date of Flood letter: / / | Does property include, or is it located near a wetland, such as: | Describe slope of land: |
| <input type="checkbox"/> No <input type="checkbox"/> Yes Locate on Site Plan | <input type="checkbox"/> No <input type="checkbox"/> Yes Finished floor Elevation? Ft. | <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Swamp/Marsh <input type="checkbox"/> Sinkhole Distance from building area? Ft. | <input type="checkbox"/> Flat 0% - 2% <input type="checkbox"/> Slight Slope 2% - 10% <input type="checkbox"/> Steep Slope 10% - 20% <input type="checkbox"/> Very Steep 20% + |
| Check all water conveyance features, natural Or constructed, which exist on site. | Check special development restrictions that apply to property. | Is property located in the vicinity of one of the following lakes? | |
| <input type="checkbox"/> Ditch <input type="checkbox"/> Canal | <input type="checkbox"/> Easement of any kind | <input type="checkbox"/> Lake Jackson | <input type="checkbox"/> Fred George Sink |
| <input type="checkbox"/> Culvert <input type="checkbox"/> Other | <input type="checkbox"/> Natural areas required undisturbed | <input type="checkbox"/> Lake Bradford | <input type="checkbox"/> Lake Iamonia |
| <input type="checkbox"/> Swale <input type="checkbox"/> None | <input type="checkbox"/> Land use buffers | <input type="checkbox"/> Lake Hiawatha | <input type="checkbox"/> Lake Lafayette |
| <input type="checkbox"/> Stream | <input type="checkbox"/> Plat restrictions | <input type="checkbox"/> Lake Cascade | <input type="checkbox"/> Lake McBride |
| Is property located within 100 feet of the centerline of a Canopy Road? | | | |
| Yes, then indicate below: <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Meridian Road, SR 155 (from 7th Avenue to Georgia State line) | <input type="checkbox"/> Old Bainbridge Road (from Raa Avenue to Capital Circle SR 263) | | |
| <input type="checkbox"/> Magnolia Dr. - Centerville Rd – Moccasin Gap Rd.(from 7th Avenue to SR 59) | <input type="checkbox"/> Old Centerville Road | | |
| <input type="checkbox"/> Miccosukee Road (from Capital Circle NE /Route 261 to Moccasin Gap Road) | <input type="checkbox"/> Sunny Hill Road | | |
| <input type="checkbox"/> Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road) | <input type="checkbox"/> Pisgah Church Road | | |

XIV. NOTE: ATTACH OR INCLUDE A SCALED SITE PLAN TO THE APPLICATION. ALL ITEMS CHECKED IN SECTION IX THROUGH SECTION XIII MUST BE DRAWN ON SITE PLAN.

| XV. CONTRACTOR INFORMATION | | | |
|-----------------------------------|-----------------|-------------|-------|
| TYPE | CONTRACTOR NAME | LICENSE NO. | PHONE |
| PRINCIPAL | | | |
| ELECTRICAL | | | |
| PLUMBING | | | |
| MECHANICAL | | | |
| GAS | | | |
| ARCHITECT/ ENGINEER | | | |
| ROOFING | | | |
| CLEARING/ EXCAVATION | | | |
| MANUFACTURED HOME INSTALLER | | | |
| OTHER | | | |

NOTICE: In addition to the requirements of this permit, other restrictions applicable to the property such as private deed restrictions and or covenants may apply. These private deed restrictions and or covenants may be found in the public records of this county. There may also be other approvals or permits required from state or federal agencies including but not limited to the state water management district.

OWNER AFFIDAVIT

Application is hereby made to obtain a permit(s) to do the work and installations as indicated. I certify that no work or installation commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building or structure, or to erect, install, enlarge, alter, repair, electrical, gas, mechanical or plumbing systems, the installation of which is regulated by the Florida Building Codes. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not the owner in fee simple, the applicant shall certify to be acting as the owner's authorized agent. I ALSO ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING LIEN LAW WARNING "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." A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

Fee Simple Title Holder's Name _____

Fee Simple Title Holder's Address _____
Number Street City State Zip

Bonding Company's Name _____

Bonding Company's Address _____
Number Street City State Zip

Mortgage Lender's Name _____

Mortgage Lender's Address _____
Number Street City State Zip

Deed Restrictions and Covenants

In addition to the requirements of this permit, other restrictions applicable to the property such as private deed restrictions and or covenants may apply. These private deed restrictions and or covenants may be found in the public records of this county. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by Leon County.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Owner/Agent Signature _____ Contractor Signature _____

Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(c)(d), Subparagraphs 1-8, exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children. Do you or your spouse fall into one of these protected categories? Yes ___ No ___ If so, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes ___ No ___ (The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department.) _____ Owner's Initials

Modifications

Any changes to the limits of clearing, structure location/orientation, elevations, or drainage patterns, shown on the approved plans may require additional review and new approval by Leon County. _____ Owner's Initials

Access to Property

By submitting this application, I am providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit or approval issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Sections 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence no further permission will be required. _____ Owner's Initials

STATE OF FLORIDA, COUNTY OF LEON

The foregoing was sworn to, subscribed and acknowledged before me this ___ day of _____, 20___, by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an oath.

Notary Public, State of Florida _____
My Commission Expires _____

THIS PAGE FOR STAFF USE ONLY

| | | | | | | | |
|-----------------------|--------------------|-----|-------------|------------------------------|--|------------------------------|-------------------------------|
| OCCUPANCY TYPE | | | | TYPE CONSTRUCTION | | | |
| A | ASSEMBLY | R 1 | RESIDENTIAL | I (A, B) | | II (A, B) | |
| B | BUSINESS | R 2 | | IV | | V (A, B) | |
| D | DAYCARE | R 3 | | III (A, B) | | | |
| E | EDUCATIONAL | R 4 | | DIMENSIONS | | | |
| F | FACTORY/INDUSTRIAL | S 1 | STORAGE | Number of Stories: _____ | | FLOOD ZONE | |
| H | HAZARDOUS | S 2 | | Building Area: _____ Sq. Ft. | | <input type="checkbox"/> Yes | <input type="checkbox"/> NGVD |
| I | INSTITUTIONAL | U | UTILITY | | | <input type="checkbox"/> No | <input type="checkbox"/> MSL |
| M | MERCANTILE | N | NONE | | | LFE _____ ft. | |

| | | | | | | |
|--|-------------------------------|--|-----------------------|-----------------------------|--|---------------|
| PERMIT NUMBERS: Building: Environmental: Driveway: ZONING: | PLANS EXAMINER'S NOTES | | √ | PERMIT FEES | | AMOUNT |
| | LOT DEPTH | | | DEVELOPMENT SERVICES PS/LUD | | |
| | LOT WIDTH | | | NEW ADDRESS ASSIGNMENT | | |
| | FRONT SETBACK | | | ENVIRONMENTAL PERMIT | | |
| | LEFT SIDE SETBACK | | | ENVIRONMENTAL AMENDMENT | | |
| | RIGHT SIDE SETBACK | | | ENVIRONMENTAL ATF | | |
| | REAR SETBACK | | | BUILDING ATF | | |
| | COMMENTS: | | | BUILDING PERMIT | | |
| | | | | PLUMBING PERMIT | | |
| | | | | ELECTRICAL PERMIT | | |
| | | | | MECHANICAL PERMIT | | |
| | | | | PLAN REVIEW | | |
| | | | | SURCHARGE | | |
| | | | | FIRE | | |
| | | | | MOBILE HOMES | | |
| | | | GAS | | | |
| | | | CONSTRUCTION LIEN LAW | | | |
| | | | TOTAL | | | |

| | | | | | | | |
|---------------------------|-----------|-----------------------------------|--|------------------------------------|--|-----------------|--|
| PLAN REVIEW RECORD | | FIRST REVIEW DATE/REVIEWER | | SECOND REVIEW DATE/REVIEWER | | COMMENTS | |
| PERMIT TECHNICIAN | INITIALS: | Date Approved: | | Date Approved: | | | |
| DEVELOPMENT SERVICES: | | | | | | | |
| SEPTIC SYSTEM: | | | | | | | |
| ENVIRONMENTAL: | | | | | | | |
| BUILDING: | | | | | | | |
| EMERGENCY MEDICAL: | | | | | | | |
| FIRE: | | | | | | | |
| SHERIFF: | | | | | | | |

Other Staff Comments:

| | | | |
|------------------------------------|--|--------------------------|--------------------------|
| ENVIRONMENTAL DETERMINATION | | | |
| <input type="checkbox"/> | Project does not appear to require further environmental review. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Project requires additional environmental review. | Variance required. | Permit denied. |

Signature Authorized County Staff _____ Date: _____

BUILDING DETERMINATION

Signature Authorized County Staff _____ Date: _____