LEON COUNTY

DEPARTMENT OF DEVELOPMENT SUPPORT AND ENVIRONMENTAL MANAGEMENT 435 NORTH MACOMB STREET, 2ND FLOOR TALLAHASSEE, FLORIDA 32301

(850) 606-1300 www.leonpermits.org

BUILDING PERMIT APPLICATION

I. OWNER/LESSEE INFORMATION							
OWNER NAME:							
MAILING ADDRESS:							
CITY:	ST	ATE:	ZIP:				
WORK PHONE:	MOBILE PHONE:			НС	OME PHONE:		
EMAIL ADDRESS:							
II. LICENSED CONTRACTOR INFORM	MATION						
BUSINESS NAME:		CON	TRACTOR NAME:				
MAILING ADDRESS:							
CITY:	ST	ATE:	ZIP:				
WORK PHONE:			MOBILE PHONE:				
EMAIL ADDRESS:							
III. SITE AND BUILDING INFORMATI	ON						
PARCEL I.D. #_			NO OF EVICTING DI DOG	CON	CITE		
			_ NO. OF EXISTING BLDGS	ON			
ADDRESS:					LO	T	BLK
SUBDIVISION NAME:					PH.	ASE_	
BUILDING FOUNDATION: \Box Monolithic Slab/Pad	☐ Block St	em Wa	ll Pier or Piling				
USE OF FILL:	☐ Foundation	cu. yds	s.	/ds.	☐ Pool	cu	. yds.
PROPERTY OWNERSHIP: Public (Fed, State or lo	ocal govt) Privat	e (Indi	vidual, corp, non-profit) UT	ILIZ	ING BLDG ENVE	ELOP	E OPTION? Yes No
SEWAGE DISPOSAL: Public Privat	e (Septic System)*	WAT	TER SYSTEM: Public		☐ Private Co.	[☐ Private (Well)
ROADS: Public Private CORNE	R LOT:	Yes -	- indicate preferred street for a	ddres	SS:		
* Please contact the Florida Dept. of Health in Leon County for septic tank permit requirements. In accordance with F.S. 381.006, an approved septic permit is							
required prior to issuance. Where connection to central water and sewer is proposed, receipts from the service provided shall be provided prior to permit issuance.							
Is property located within 100 feet of the centerline of a Canopy Road? U No Yes, then indicate below: Meridian Road, SR 155 (from 7th Avenue to Georgia State line) Old Bainbridge Road (from Raa Avenue to Capital Circle SR 263)							
Magnolia Dr Centerville Rd – Moccasin Gap Rd.(from 7th Avenue to SR 59) Old Centerville Road							
Miccosukee Road (from Capital Circle NE /Route 261 to Moccasin Gap Road) Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road) Sunny Hill Road Pisgah Church Road							
IV. RESIDENTIAL BUILDINGS							
One Family Detached Two Family Attached (Duplex) Multi Family							
Accessory Structure (Shed, greenhouse, pool house, detached garage, etc.) Triplex Hotel/Motel							
Single-Family Attached (Townhouse) Quadruplex Other - Specify							
V. NON-RESIDENTIAL BUILDINGS (If known, please provide LSP#)							
Amusement recreational Hospital, institutional Public utility Cellular Tower					Cellular Tower		
, 8	Church, other religious Medical office School, library, other educational Other - Specify			Other - Specify			
Service station, repair garage Bank			Restaurant				
Fire suppression system required? Yes No							

VI. DESCRIPTION	OF WORK	1				
New Building	NH 1/	Moving Site Built Home		Mechanical*		
New Building – SHELL O New Manufactured Home		Foundation Only (Commercial Only) Residential Swimming Pool		Plumbing* Fuel Gas*		
Manufactured home repla		Retaining Wall	illillig Fooi	Other – specify belov	42	
Addition	cement	Roofing*		Other – specify belov	v	
Alteration/Repair/Replace	ement*	Electrical*				
PLEASE NOTE: ALL BUI	LDING PERMIT APPLICA	ATIONS REQUIR	E A SITE PLAN, EXCEP	T THOSE INDICATED WITH AN	N ASTERISK (*) ABOVE.	
North directional arrow Property boundary lines Location of ALL existin Location of driveways, s Location of septic system Location of water system Location of any wells well of the system Location of any fill mate Limits of clearing activity Location of Canopy Roa Location of grading activity Location of any on-site of the system Location of any on-site of the system	g structures and their distance streets and utility easements in (proposed and existing) in 200 feet of the septic systematical type of the septic systematical type of the septic systematical type or nearby wetlands (lakes, por constructed water conveyant specifical systematical systematica	es from all property em, even if wells are ble nds, swamps, marsh ce features such as	Ilines and each other e located on adjacent propert es, sinkholes or shallow dep ravine, ditch, swale, culvert, treas required undisturbed or	oressions) canal, stream or springs/seeps		
		•	q. Footage:			
	Co	st of New/Added St				
☐ MECHANICAL Work	☐ ELECTR	ICAL Work	☐ PLUMBING	Work	EL GAS Work	
ALTERATIONS (if applical	ble): Alteration Costs:					
PROVIDE PROJECT NAR						
VII. CONTRACTOR	INFORMATION					
TYPE	BUSINESS/CONTRA	CTOR NAME	LICENSE NO.	EMAIL ADDRESS	PHONE	
ENGINEER						
ARCHITECT						
PRINCIPAL						
ELECTRICAL						
PLUMBING						
MECHANICAL						
GAS						
ROOFING						
CLEARING/ EXCAVATION						
MANUFACTURED HOME INSTALLER						
SPECIALTY				†		

Fla. Stat. 553.79(12) 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.

Application Revised: 1/3/24

CONTRACTOR

Approved as to form: Leon County Attorney's Office 301 South Monroe St., Suite 202 Tallahassee, FL 32301



Applicant's Affidavit of Ownership & Designation of Agent(s)

Leon County **Board of County Commissioners** Department of Development Support & Environmental Management 435 North Macomb St. Tallahassee, FL 32301

Phone#: (850) 606-1300 Fax#: (850) 606-1301

Date:		Fax#: (85	50) 606-1301
PARCEL I.D.# (List all numbers	for the site subject to this affidavit.):		·
I. OWNER INFORMATION			
OWNER'S (S') NAME:			
OWNER'S (S') MAILING ADDRE			
CITY:	COUNTY:	STATE:	ZIP CODE:
II. DESIGNATION OF AGENT			
named party(ies) as my agent in all 1 County. In authorizing the agent(s)	ated property and the applicant(s) for matters pertaining to the location addr named below to represent me or my or e application is accurate and complete	ess and concerning approval(s company, I attest that the appli) and permit(s) required by Leon cation is made in good faith and
(1) Owner's Agent:			
Address:			
Contact Phone:	Email Address:		
	ion of Agent to be limited in any 1 cy for the parcel; limited to obtaining		
(2) Owner's Agent:			·
Address:			
Contact Phone:	Email Address:		
If the Owner intends the Designat	ion of Agent to be limited in any recy for the parcel; limited to obtaining	nanner, please indicate the li	mitation below (i.e., limited to
III. NOTICE TO OWNER(S)			
installation has commenced prior to regulating construction and develop	in approval(s) and permit(s) for the to the issuance of a permit and that a ment of land in this jurisdiction. I ceth all applicable laws regulating const	all work will be performed to ertify that all the foregoing inf	meet the standards of all laws
	olicant's agent prior to issuance sha ad the original applicant is released		
particular site. Applicants should be reviewed by the County. Based on	tion, applicants should review any e aware that Deed Restrictions or Cov this information, I hereby acknowled f there are any Deed Restrictions and ls	enants are private civil issues ge that I have been advised the	and therefore are not enforced or nat I should seek out and obtain
	on 119.071(4)(d) Subparagraphs ar. ers of certain public employees, e.g. la		
Do you or your spouse fall into one	of these protected categories? Yes_	No	
If yes, do you want the exempt inferecord request? Yes No	ormation that is included on this app	lication withheld from the pu	blic, or from any official public
The authenticity of the request to v subject to verification by this Depart	withhold this specific information from tment. Owner's (s') Initials	m the public as specified in	Chapter 119, Florida Statutes is

Access to Property By submitting this application, I (we) am (are) providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Section 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence, no further permission will be required.	
Owner's (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 (s) Initials	
WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWIC FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED O THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	N
I (we),, certify that I (we) am (are) the owner(s), as defined by Sections 10-1.101 or 10-4.201(a) of the Leon County Code of Laws, of the property described herein.	у
OWNER SIGNATURE (1): OWNER SIGNATURE (2):	
NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED	
STATE OF: COUNTY OF: □ For an individual or individuals acting in his, her or their own right; or	
	of
(name of officer or agent, title of officer or agent) (office held)	
(name of corporation) (state) He/she is personally known to me or has produced as identification. (type of identification produced)	
□ For Partnership Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization this day of, 20, by, partner on behalf of (name of acknowledging partner) (name of partnership)	
(name of acknowledging partner) a partnership. He/she is personally known to me or has produced (type of identification produced) (name of partnership) as identification.	
Signature of Notary Seal	
Print Name of Notary	

Title or Rank



Leon County Department of Development Support & Environmental Management

435 North Macomb St., 2nd FL Tallahassee, Florida 32301 Phone: (850) 606-1300 www.leonpermits.org

Permit Application Checklist

LB#:
LDR#:
LDV#:
LPR#:

General Information:

Parcel ID#				
Sewage Disposal	Septic Tank Permit Required	Sewer Tap Receipt Required		
Driveway	Driveway Exits	Driveway Permit Required		
Notice of Commencement	Form Provided	Form Recorded ☐ OR BK, PG		
Square Footage*	Plans SF:	Energy Form SF:		
*Verify SF includes all spaces (conditioned and unconditioned – garages and porches). The SFs on the plans and energy form should				
match; if not, check with a plans reviewer to see if the application is sufficiently complete to accept.				

Documents Required:

Provided	Item	Sealed Plans	Notes
NSFR DET	TACHED/ATTACHED, ADDITIONS	S, ACCES	SORY STRUCTURES/DWELLINGS & COMMERCIAL
	Building Permit Application		
	Owner's Affidavit		
	Scope of Work Checklist		
	Site Layout Plan		
	Flood Letter	Y	Not required if accessory structure is 300 SF and consist of non- habitable space constructed of flood resistant materials
	Wind Load Analysis	Y	Only required for additions and accessory structures over 400 SF
	Energy Code EPL Card		
	Soil Report	Y	Only required for additions and accessory structures over 400 SF
	Manufacturer's Installation Instructions for Siding and Soffits		
Building P	lans (Residential Only):	•	
	Electric Plan		
	Elevation Plan		
	Floor Plan		
	Foundation Plan (and details)		
	Special Foundation Plan	See Notes	Refer to the soil report to see if sealed plans are required
	Gas Riser Plan		
	Roof Plan		
	Truss Plan		
	Typical Wall Section Plan		
Building P	lans (Commercial Only):		
	Engineered Plans	Y	Includes structural, mechanical, electrical, plumbing, architectural plans
MOBILE A	AND MANUFACTURED HOMES		
	Building Permit Application		
	Owner's Affidavit		
	Site Layout Plan		
	Pier Spacing Worksheet		
	Flood Letter	Y	