



RESIDENTIAL  
 COMMERCIAL

FOR OFFICE USE ONLY  
 FBC Version: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_ Accepted By: \_\_\_\_\_

## BUILDING PERMIT APPLICATION

SURVEY OR PLOT PLAN REQUIRED FOR NEW STRUCTURES, ADDITIONS, SHEDS AND MOBILE HOME PLACEMENT

**Job Address:** \_\_\_\_\_ **AltKey** \_\_\_\_\_

**Job Description / Details of Work** \_\_\_\_\_

Property Legal Description \_\_\_\_\_ Attached

**Point of Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Point of Contact E-mail** \_\_\_\_\_

**Owner Name(s)** \_\_\_\_\_ **Owner Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email:** \_\_\_\_\_

Fee Simple Title Holder (if other than owner) Name(s) \_\_\_\_\_

Fee Simple Title Holder Address \_\_\_\_\_

**Contractor Company Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**License Holder** \_\_\_\_\_ **State Cert/Reg #** \_\_\_\_\_

Bonding Company \_\_\_\_\_ Address \_\_\_\_\_

Architect / Engineer Name \_\_\_\_\_ Address \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_ Address \_\_\_\_\_

**Building Type:** IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

\*\*\*Building Type can be found on the first page of your engineered plans/drawings\*\*\*

VALUE OF WORK	\$ _____	SQUARE FOOT CONDITIONED	_____
<small>(Total Value of all Construction)</small>	<small>(Required)</small>	SQUARE FOOT UNCONDITIONED	_____
		<b>SQUARE FOOT TOTAL</b>	_____
POTABLE WATER METER SIZE	_____	EXISTING IMPERVIOUS AREA	_____
		PROPOSED IMPERVIOUS AREA	_____
IRRIGATION: Yes <input type="checkbox"/> No <input type="checkbox"/>	IRRIGATION METER: Yes <input type="checkbox"/> No <input type="checkbox"/>	METER SIZE	_____
WILL EXISTING TREES BE REMOVED: Yes <input type="checkbox"/> No <input type="checkbox"/>	(If yes, attach Tree Removal Permit Application)		

<b>Sub-Contractors</b>	MECHANICAL _____	LICENSE # _____
	ELECTRICAL _____	LICENSE # _____
	PLUMBING _____	LICENSE # _____
	ROOFING _____	LICENSE# _____
	GAS _____	LICENSE # _____
	OTHER _____	LICENSE # _____

**Homeowner's Association Verification**

Is the property or job address located in a neighborhood with an active Homeowner's Association?

Yes  No

Has the planned improvement been reviewed by the Homeowner's Association making sure that the improvement complies with HOA covenants and restrictions?

Yes  No

**Note: If you answered YES to the above questions please submit an approval letter from the HOA along with your building permit application. The City of Tavares reserves the right to deny a building permit request if Homeowner's Association approval has not been granted.**

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 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 separate permit may be required for ELECTRIC, PLUMBING, MECHANICAL, SIGNS, FENCES, DOCKS, POOLS, ETC.

**OWNERS AFFIDAVIT:** I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

**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.**

\_\_\_\_\_  
SIGNATURE OF OWNER or AGENT

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_

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

[ ] Personally Known \_\_\_\_\_ OR  
[ ] Produced Identification  
Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_

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

[ ] Personally Known \_\_\_\_\_ OR  
[ ] Produced Identification  
Type of Identification Produced: \_\_\_\_\_

**Notice to Contractor/Owner**

If you have not recently pulled permits within the City of Tavares, please include all necessary copies of your license, occupational license, workman's compensation coverage or valid exemption, and insurance liability coverage. Failure to provide all necessary information or fill out this application completely could result in a delay in processing or a denial/rejection of your permit application.



America's Seaplane City

**CONSTRUCTION WASTE  
DISPOSAL STATEMENT**

CITY OF TAVARES  
COMMUNITY DEVELOPMENT  
201 E. Main Street, P.O. Box 1068  
Tavares, Florida 32778

PRIOR to the issuance of a Building Permit for the construction or renovation of any structure, the Applicant shall provide for the collection and disposal of any construction waste which may result from construction. Construction waste **MUST** be disposed of at a properly permitted landfill or recycling facility.

The City of Tavares is not responsible for construction or vegetation debris resulting from a permitted construction project. Therefore, there are two (2) alternatives whereby the Applicant may satisfy this requirement.

**Alternative I**

Use a licensed collector or specialty hauler to collect and properly dispose of/or recycle all construction wastes resulting from this project.

**Alternative II**

The owner/contractor will collect and properly dispose of/or recycle all construction waster resulting from this project.

Please indicate which method of disposal will be used for this project: (PLEASE CHECK ONE)

**Alternative I**       **Alternative II**

Regardless of which method the applicant chooses, ultimately the responsibility to properly dispose of/or recycle all construction waste will fall to the general contractor/owner. Please be advised that removal of construction waste is one of many requirements for the issuance of a certificate of occupancy.

I hereby swear or affirm that I have read the requirements indicated above, and agree to the terms as directed by the City of Tavares.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by,  
\_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as  
identification.

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

(SEAL)

Phone: (352) 742-6213  
Fax: (352) 742-6087  
P.O. Box 1068



Building Department  
201 E. Main Street  
Tavares, FL 32778

## HVAC MATCHING EQUIPMENT CERTIFICATION

This form shall be part of all mechanical permit applications for unit replacement. Permits will not be processed without supporting documents

Section 553.912, Florida Statutes, has been revised to read as follows and is effective July 1, 2010

553.912 Air Conditioners- All air conditioners that are sold or installed in the state ...It is the intent of the legislature that all replacement air-conditioners be installed using energy-saving, quality installation procedures, including, but not limited to, equipment sizing analysis and duct inspection.

In addition, the Florida Building Commission, in Declaratory Statement # DCA07-DEC-172, concluded the following:

Section 13-607.AB.3.1.1, Florida Building Code, Building Volume (2007 as amended) requires verification of equipment efficiency to demonstrate compliance with U.S.D.O.E. certification requirements. Outdoor and indoor units that are not designed to be operated together must still meet the D.O.E. standard. If the system does not meet the standard, it is considered to be "mismatched" and does not meet code. The code expressly authorizes "mix-matched" use of components which may be used to replace an exterior compressor and indoor air handler from different manufactures where they are designed to work together.

- Installing both the Air Handler and Condenser**  
**Provide equipment sizing analysis with permit application.**  
**Provide certification of visual duct inspection at final inspection.**
  
- Installing either the Air Handler or Condenser (provide documentation)**  
**The replacement unit you are installing is certified for capacity and efficiency by (check one)**
  - ARI Rating**
  - ARL or other recognized testing laboratory**
  - Mechanical Engineer, Florida registration number \_\_\_\_\_**
  - Manufacture' s letter**

Section 302.4, Florida Mechanical Code - Alterations resulting in the addition of Loads to any member shall not be permitted without verification that the truss is capable of supporting such additional loading.

If the unit is mounted on the roof of a structure or in the Truss System:

- Provide Manufactures detail showing size for size change out**
- Provide approval of Additional Loading from a Registered Design Professional (if not size for size)**

License Holder (print name) \_\_\_\_\_

License # \_\_\_\_\_

License Holder (signature) \_\_\_\_\_

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