Print Form

DEPARTMENT OF GROWTH AND ENVIRONMENTAL MANAGEMENT
435 NORTH MACOMB STREET
TALLAHASSEE, FLORIDA 32301
(850) 606-1300
www.leonpermits.org

APPLICATION FOR BUILDING PERMIT AND/OR SINGLE FAMILY/MOBILE HOME ENVIRONMENTAL MANAGEMENT PERMIT

I. OWNER/LESSEE INFORMATION		CONTRACTOR/CONTACT INFORMATION	
OWNER NAME:		CONTRACTOR NAME:	
		CONTACT NAME:	
E-Mail:		E-Mail:	
CURRENT MAILING ADDRESS:		CURRENT MAILING ADDRESS:	
City: State: Zip:		City: State: Zip:	
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

- New Building - DCA Approved
- New Building – SHELL ONLY
- New Building
- Addition
- Alteration
- Repair, replacement
- Moving (replacement)
- Foundation Only
- Swimming Pool
- Roofing
- Electrical
- Retaining Wall
- Other - *Specify*

IV. CLASS OF BUILDING

RESIDENTIAL	NONRESIDENTIAL
One Family Detached	Amusement recreational
Duplex – Units Individually Owned Yes/No	Church, other religious
Triplex – Units Individually Owned Yes/No	Industrial
Quadraplex– Units Individually Owned Yes/No	Service station, repair garage
Multi-Family - No. of Units	Hospital, institutional
Hotel/Motel - No. of Units	Medical office
Condominiums - No of Units	Non-medical office
One Family Attached – Units	Bank
Mobile Homes for legal lot of record	Public utility
Mobile Home Parks Lot #	School, library, other educational
Other - *Specify*	Stores, mercantile
	Restaurant
	Cellular Tower
	Temporary Use
	Other - *Specify*

V. PROPERTY OWNERSHIP

- Public (Federal, State, or local govt)
- Private (Individual, corp, nonprofit)

VI. TYPE OF SEWAGE DISPOSAL

- Public or Private Company
- Private (Septic System, etc.)

VII. TYPE OF WATER SYSTEM

- Public or Private Company
- Private (Well, Cistern)

VIII. SPRINKLERS

- Yes
- No

IX. ON-SITE EASEMENTS (Check all that apply)

- Access
- Drainage
- Conservation
- Recorded

X. ROADS

- Public
- Private

XI. CORNER LOT

- Yes (If yes indicate preferred street for addressing)
- No

XII. NUMBER OF EXISTING BUILDINGS ON SITE:

XIII. SINGLE FAMILY/MOBILE 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**
☐ Monolithic Slab/Pad	☐ Yard/lawn _____ ☐ Septic _____	☐ Access & Construction Only	☐ No
☐ Block Stem Wall	☐ Foundation _____ ☐ Pool _____	☐ Selective Clearing	☐ Yes
☐ Pier or Piling		☐ 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 Floodletter:** ☐ / /	**Does property include, or is it located near a wetland, such as:**	**Describe slope of land:**
☐ No	☐ No	☐ Lake/Pond ☐ Other	☐ Flat 0% - 2%
☐ Yes	☐ Yes	☐ Swamp/Marsh ☐ None	☐ Slight Slope 2% - 10%
Locate on Site Plan	Finished floor	☐ Sinkhole	☐ Steep Slope 10% - 20%
(see insert "Tree Tips")	Elevation? ☐ Ft.	Distance from building area? ☐ Ft.	☐ 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?**	
☐ Ditch	☐ Canal	☐ Easement of any kind	☐ Lake Jackson	☐ Fred George Sink
☐ Culvert	☐ Other	☐ Natural areas required undisturbed	☐ Lake Bradford	☐ Lake Iamonia
☐ Swale	☐ None	☐ Land use buffers	☐ Lake Hiawatha	☐ Lake Lafayette
☐ Stream		☐ Plat restrictions	☐ Lake Cascade	☐ Lake McBride

Is property located within 100 feet of the centerline of a Canopy Road?

☐ Yes, then indicate below: ☐ No

☐ 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)	☐ Sunny Hill Road
☐ Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road)	☐ Pisgah Church Road

XIV. NOTE: ATTACH OR INCLUDE A SCALED SITE PLAN TO THE APPLICATION. ALL ITEMS CHECKED IN SECTION IX – 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			
MOBILE HOME INSTALLER			
OTHER			

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 for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC. 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 owner in fee, the applicant shall certify to be acting as the owner's authorized agent. I ALSO ACKNOWLEDGE THAT MY FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN MY PAYING TWICE FOR IMPROVEMENTS TO MY PROPERTY, AND THAT IF I AM INTENDING TO OBTAIN FINANCING, I SHOULD CONSULT WITH MY LENDER OR MY ATTORNEY BEFORE COMMENCING WORK OR RECORDING A 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

Prior to pursuing a building permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the 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 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)	III (A, B)
B	BUSINESS	R 2		IV	V (A, B)	
D	DAYCARE	R 3				
E	EDUCATIONAL	R 4		**DIMENSIONS**		**FLOOD ZONE**
F	FACTORY/INDUSTRIAL	S 1	STORAGE	Number of Stories:		☐ Yes ☐ NGVD
H	HAZARDOUS	S 2				☐ No ☐ MSL
I	INSTITUTIONAL	U	UTILITY	Building Area:	Sq. Ft.	
M	MERCANTILE	N	NONE			LFE ft.

PERMIT NUMBERS:	PLANS EXAMINER'S NOTES		√	PERMIT FEES	AMOUNT
	LOT DEPTH			DEVELOPMENT SERVICES PS/LUD	
Building:	LOT WIDTH			NEW ADDRESS ASSIGNMENT	
	FRONT SETBACK			ENVIRONMENTAL PERMIT	
Environmental:	LEFT SIDE SETBACK			ENVIRONMENTAL AMENDMENT	
	RIGHT SIDE SETBACK			ENVIRONMENTAL ATF	
Driveway:	REAR SETBACK			BUILDING ATF	
	COMMENTS:			BUILDING PERMIT	
				PLUMBING PERMIT	
ZONING:				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 submitted:		Date Issued:		
DEVELOPMENT SERVICES:						
SEPTIC SYSTEM:						
ENVIRONMENTAL:						
BUILDING:						
EMERGENCY MEDICAL:						
FIRE:						
SHERIFF:						

Other Staff Comments:

ENVIRONMENTAL DETERMINATION

☐ Project does not appear to require further environmental review.

☐ Project requires additional environmental review. ☐ Variance required. ☐ Permit denied.

Signature Authorized County Staff		**Date:**

BUILDING DETERMINATION

Signature Authorized County Staff		**Date:**

Application Revised: November, 2009