



**Pinellas County Florida
Central Permit Form**
(727) 464-3888 – 440 Court Street Clearwater, FL 33756

CBP- ZCL- EBP- RUP- HTP- UTD- WTP/STP- File Reference

Required Reviews: Zoning Flood Utilities Eng Habitat ROW BLDG W/T DRS

Notice to Applicants - In all cases, Combination Permits are issued that include the work of all trades described in the work description, construction plans and documents and/or are required to complete the project. All portions identified as Applicant Portions must be completed to avoid processing delays.

Applicant Portion Below ↓

Applicant Type: Owner Contractor/Agent Applicant
 Application Email Notifications Owner Contractor/Agent Applicant (Default)

* Date of Application: / / Applicant Name:

Contact #: Email:

Contact for notifications Email:

* Owner: Email: Contact #:

Address: City: State: Zip:

Fee Simple Titleholder: (if other than owner) Contact #:

Address: City: State: Zip:

* Contractor Name: * License #:

Email:

Company: Contact #:

Address: City: State: Zip:

Project/Subproject Name:

* Job Address:

* PID#: / / / / / / / /

* Work Description:

New Building Sq Ft. Addition Sq Ft. Alteration Sq Ft.
 Construction Type: Conditioned Space: Sq Ft. * Valuation\$: Sq Ft.

Bonding Company:		Contact #:	
Address:	City:	State:	Zip:
Engineer/Architect:	Reg#:		
Email:		Contact #:	
Address:	City:	State:	Zip:
Mortgage Lender:		Contact #:	
Address:	City:	State:	Zip:

PRIOR TO DEMOLITION OR RENOVATION OF AN EXISTING STRUCTURE, IT IS THE OWNER AND OPERATOR'S RESPONSIBILITY TO HAVE A THOROUGH ASBESTOS INSPECTION PERFORMED BY A LICENSED ASBESTOS CONSULTANT, AND TO COMPLY WITH THE PROVISIONS OF SECTION 469.003 FLORIDA STATUTES. NOTIFY THE PINELLAS COUNTY AIR QUALITY DIVISION OF HER OR HIS INTENTIONS TO DEMOLISH THE STRUCTURE OR REMOVE ASBESTOS, WHEN APPLICABLE, IN ACCORDANCE WITH STATE, COUNTY, AND FEDERAL LAW.

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.

Owner and Contractor Affidavit: Under penalty of perjury, I/We declare that all the information contained in this building permit application is true and correct. In addition, I/We certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable law, codes and ordinances regulating construction and zoning.

Signature of Contractor or Agent**

X _____

Signature of Owner/Contractor***

X _____

Contractor/Agent Name: _____

Owner/Contractor Name: _____

* Required fields
 ** When a Contractor assigns an agent the Contractor must provide a Notarized Authorization Letter.
 *** When Owner/Contractor exemption per f.s.489.103 (7) (a) is requested, the Owner must appear in person and no agent is permitted.

OWNER/CONTRACTOR AFFIDAVIT

To qualify for exemption, an owner must personally appear and sign the building permit application and the permit receipt and must satisfy all BDRS requirements, if any, proving that the owner has a complete understanding of their obligations under the law as specified in the disclosure statement in this section.

Disclosure Statement 489.103(7) F.S. and section 26, Chapter 75-489, Laws of Florida, As Amended(*)

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the 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.
2. 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.
3. 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 Florida and to list his or her license numbers on permits and contracts.
4. 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 \$500.00.* 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 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. 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 by county or municipal ordinance.
7. 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.
8. 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. 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 must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party 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.
10. 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 <http://www.myfloridalicense.com/dbpr/> for more information about licensed contractors.
11. I am aware of, and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the address listed below in the Owner Information section.
12. I agree to notify Pinellas County BDRS immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

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 and Department of Business and Professional Regulation 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 workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Owner Information

Property Owners Name Pinellas County

Property Owners Address 12345 Pinellas County Street, Clearwater, FL 33756

Contact Telephone Number 727-464-3888 E-mail address blddiweb@pinellas.gov

Driver's License Number or Other form of Identification XXXXXXXXXXXXXXXX

Owner Statement

I hereby request exemption from the licensed contractor requirements and have read and understand the provisions of exemption and my responsibilities stated above. I have had any questions properly explained to me.

Owner's Signature *Pinellas County* Date Signed *MM/DD/YYYY*

THIS AREA IS RESERVED FOR
CLERK OF THE COURT
CERTIFICATION

Permit Number _____

Parcel ID Number _____

NOTICE OF COMMENCEMENT

State of Florida
County of Pinellas

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** _____

a) Street (**job**) Address: _____

2. **General description of improvements:** _____

3. **Owner Information or Lessee information if the Lessee contracted for the improvement:**

a) Name and address: _____

b) Name and address of fee simple titleholder (if different than Owner listed above) _____

c) Interest in property: _____

4. **Contractor Information**

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

5. **Surety** (if applicable, a copy of the payment bond is attached)

a) Name and address: _____

b) Telephone No.: _____

c) Amount of Bond: \$ _____

6. **Lender**

a) Name and address: _____

b) Telephone No.: _____

7. **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:

a) Name and address: _____

b) Telephone No.: _____ Fax No.: (optional) _____

8. a) **In addition to himself or herself, Owner designates** _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b) Phone Number of Person or entity designated by Owner: _____

9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): _____, 20____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me by means of physical presence or on-line notarization, this _____ day of _____, 20____ by _____ as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____, as _____

(Name of Person)

(type of authority, e.g. officer, trustee, attorney in fact)

for _____ (name of party on behalf of whom instrument was executed).

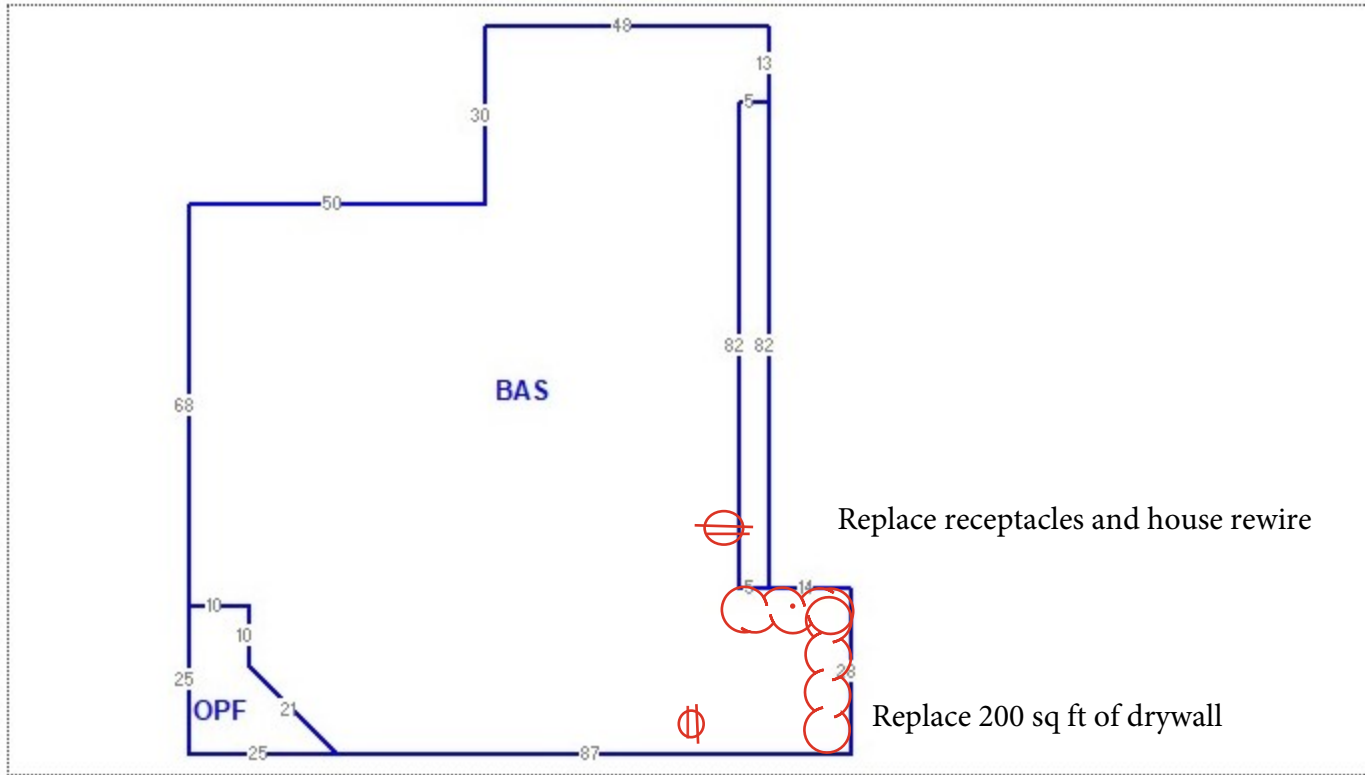
Personally Known Produced ID

Type of ID _____

Notary Signature _____

Print name _____

NOTARY STAMP



Owner/contractor signature: *Pinellas County*



Subcontractor List

Form must be submitted and signed by the Primary Contractor (permit holder) or an authorized agent (must have notarized authorization letter on file). For additional sub-contractors in a trade use additional form. Form must be submitted prior to being able to scheduling any sub-contractor inspections. For information or questions call **(727) 464-3888**.

Permit Number _____	Date _____
Construction (Job) Address _____	
Primary Contractor _____	License Number _____
Company Name _____	Telephone Number _____

Sub-Contractor Information

Building	Contractor Name		License #	
	Company Name		Contact #	
Roofing	Contractor Name		License #	
	Company Name		Contact #	
	Solar Panel R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity _____		Roof A/C Unit R & R Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity _____	
Electrical Building <input type="checkbox"/> Alarm <input type="checkbox"/> Low Voltage <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Plumbing Building <input type="checkbox"/> Irrigation <input type="checkbox"/> Site Utilities <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Fuel Gas Interior <input type="checkbox"/> Exterior/UG <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Fuel Gas Information	List Appliances _____			
	List Appliances _____			
	Piping <input type="checkbox"/> Venting <input type="checkbox"/> Both <input type="checkbox"/>	LPG <input type="checkbox"/> Natural <input type="checkbox"/>	Gas Supplier _____	Tank AG <input type="checkbox"/> UG <input type="checkbox"/>
Mechanical Equipment	Contractor Name		License #	
	Company Name		Contact #	
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
A/C <input type="checkbox"/> Refrigeration <input type="checkbox"/>	MFG _____	AHU # _____	Cond # _____	
Hood	Contractor Name		License #	
	Company Name		Contact #	
Chemical	Contractor Name		License #	
	Company Name		Contact #	
Fire Sprinkler Interior <input type="checkbox"/> Exterior/UG <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Solar Systems Trades B <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/>	Contractor Name		License #	
	Company Name		Contact #	
Pool Heater Yes <input type="checkbox"/> No <input type="checkbox"/>		Domestic HW Yes <input type="checkbox"/> No <input type="checkbox"/>	Space Htg Yes <input type="checkbox"/> No <input type="checkbox"/>	Photo Voltaic Yes <input type="checkbox"/> No <input type="checkbox"/>

Pinellas County

Signature Note: Electronic Signatures Acceptable

Print Name Contractor

Authorized Agent

e-mail to: building@pinellascounty.org - Fax to: (727) 464-5021 - Mail to: 440 Court Street Clearwater, FL 33756