

City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, FL 34286

Phone (941) 429-7044 Email: bldginfo@cityofnorthport.com Inspections (855) 941-4636

Submittal Checklist for a New Single-Family Residence Permit

*****Please Submit in the Following Order*****

1. ___ A Check for **10%** of the square footage **under roof** – must match square footage printed on plans
2. ___ Permit Application with **accurate** Parcel ID Number, Lot, Block & Addition
3. ___ Sarasota County Property Appraiser’s Parcel Detail Page (*Computer Print Out*)
4. ___ Split/Combine form (*If Applicable*)
5. ___ Homeowner/Contractor Disclosure Statement (*Owner/Builders Only*)
6. ___ Sub-Contractor Confirmation form (*1 form per Sub-Contractor*)
7. ___ Land Clearing Application **w/3 color coded** copies of site plans (max size 11”x17”) showing proposed house, driveway, well, drain field and **ALL** trees on the property with diameters & **X**’s on trees removed.
8. ___ Water Availability Letter from North Port Utilities (*Phone: 941-240-8000*)
9. ___ Utility Payment Verification (*If Applicable*)
10. ___ **Approved** Septic Permit from Health Department (*If Applicable, 941-861-3310*)
11. ___ Notice of Commencement, must have legal description (*recorded in Sarasota County*)
12. ___ Right-of-Way Use Permit **w/ attached site plan**
13. ___ Best Management Practice Compliance form **w/3 copies** of site plans (max size 11”x17”) showing silt fence and drainage
14. ___ **3** copies of color coded landscape plan (max size 11”x17”)
15. ___ Boundary Survey with raised and signed seal
16. ___ **3 ‘2020’** Energy Code Calculation forms and Manual J Calculation forms, must have legal description
17. ___ **3** Sets of Truss Layouts from manufacturer, must be initialed by Engineer of House
18. ___ **3 ‘2020’** Data Summary Sheets, **1** Original - signed/sealed and **2** copies w/Parcel ID
19. ___ **3** Sets of Plans—Signed and Sealed
20. ___ Design pressure for soffits shown on plans, or if not, show worst case and designate the area on plans, including product approvals or NOA’s

****Impact Fees must be PAID prior to the issuance of a Certificate of Occupancy****

Optional (As Needed)

___ Natural/Propane Gas Installation ___ Irrigation System Installation

SUBMITTED APPLICATIONS ARE STAMPED IN AND HELD FOR SIX (6) MONTHS.

IF THEY ARE NOT PICKED UP WITHIN SIX (6) MONTHS OF THE STAMPED IN DATE, THE APPLICATION WILL BE
CONSIDERED **VOID AND THE PAPERWORK DESTROYED!**

All fees are due before a Certificate of Occupancy (CO) is issued. At that time a completed and signed Termite Certificate (must be on the North Port form) is due as well.

NOTIFIED: _____ / _____

FEES DUE: \$ _____



4970 City Hall Blvd
North Port, FL 34286
Ph: 941-429-7044
Inspections: 855-941-4636

CITY OF NORTH PORT

Permit Application

bldginfo@cityofnorthport.com
www.cityofnorthport.com

DEPARTMENT	Permit #:
BUILDING _____ ZONING _____ FIRE _____ PUBLIC WORKS _____	
Related Permit (if applicable) # _____	<i>Office Use ONLY</i>

- | | | |
|---|--|--|
| <input type="checkbox"/> Commercial (New) | <input type="checkbox"/> Electric and/or Low Voltage | <input type="checkbox"/> Accessory Structure (Shed, Carport, etc.) |
| <input type="checkbox"/> Commercial (Addition) | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Commercial (Build-Out) | <input type="checkbox"/> Plumbing and/or Gas | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Commercial (Remodel) | <input type="checkbox"/> Exterior Door & Window | <input type="checkbox"/> Swimming (Pool, Spa, etc.) |
| <input type="checkbox"/> Dumpster | <input type="checkbox"/> Mobile Home or Modular | <input type="checkbox"/> Waterfront (Dock, Seawall, etc.) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Residential (New) | <input type="checkbox"/> Cell Tower/Antenna |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Residential (Addition) | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Fire (Alarm, Sprinkler etc.) | <input type="checkbox"/> Residential (Remodel) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Screen/Pool Cage | |

COST OF CONSTRUCTION \$ _____ PARCEL ID _____

JOB SITE ADDRESS _____ ZIP CODE _____

LOT _____ BLOCK _____ ADDITION _____

PROPERTY OWNER _____ OWNER'S PHONE _____

DESCRIPTION OF WORK _____

SQ FT OF LOT _____ SQ FT UNDER ROOF _____

Central Water Central Sewer Well Septic

Existing Sprinkler: Yes No Existing Alarm: Yes No

CONTRACTOR'S COMPANY NAME _____

AGENT/CONTACT PERSON _____ PHONE _____

EMAIL _____ STATE LICENSE # _____

***Subcontractor Verification Forms Required if any of these trades will be doing work*:**

Electrical Mechanical Plumbing Gas Roofing Other

DEV TECH _____ BLDG _____ ZONING _____ MECH _____ ELEC _____ PLBG _____ FIRE _____

PUBLIC WORKS _____ PLANNING _____ UTILITIES _____

PLEASE SIGN BELOW

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installations have commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws and ordinances regulating construction in The City of North Port, Florida, whether specified herein or not. I understand that a separate permit may be required to perform electrical, plumbing, sign, well, pool, furnace, boiler, heater, air conditioning, storage tank, demolition or any other types of work as specified by The City of North Port. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that impact fees shall be determined with the application for a building permit and shall be due before a Certificate of Occupancy can be issued. Permit Fees shall be payable at issuance of a building permit.

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.

The permit will expire **180 days** from the date it is issued if inspections have not commenced, or **180 days** from the last **approved** inspections. (FBC 105.3.2/105.4.1)

The party applying for the permit signs below. (Only 1 notarized signature needed per application)

Homeowner's Signature: _____

Print Name: _____

Contractor Signature: _____

Print Name: _____

Authorized Agent: _____

Print Name: _____

Date: _____

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by

_____ who is personally known to me or who has produced

_____ as identification by means of physical presence or online notarization.

Notary Public Signature _____

SEAL



Building Division
 4970 City Hall Blvd, North Port, FL 34286
 Phone: (941) 429-7044 Fax: (941) 429-7180
 Email: bldginfo@cityofnorthport.com



SUB-CONTRACTOR CONFIRMATION

SUB-CONTRACTOR CONFIRMS THAT HE/SHE IS RESPONSIBLE FOR THE WORK ON THIS SPECIFIC PROJECT, AND ALLOWS THE GENERAL CONTRACTOR TO OBTAIN A BUILDING PERMIT FROM THE CITY.

Gen. Contractor: _____ Permit Application #: _____

OR

Owner / Builder: _____

Job Address: _____

Circle only one: Electrical Mechanical Plumbing Roofing Fire Sprinkler Other
 Fire Alarm Low Voltage Fire Suppression Fire Underground

The qualifier of each major sub-trade (listed above) performing work under a general contractor must complete this form and submit it to the General Contractor or Owner/Builder **PRIOR** to issuance of permits.

Sub-Contractor: _____

Address: _____

License #: _____ Phone #: _____

Qualifiers Affidavit
 KNOW ALL MEN that I _____ (name) qualifier/agent of
 _____ (name of company) do hereby certify that my company is
 responsible for the work as stated above.

 Signature of Qualifier/Agent

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

by _____, who is personally known to me or has
 produced _____ as identification.

 Signature, Notary Public - State of Florida

(SEAL)

 Printed, Typed, or Stamped Name of Notary

NOTIFIED: _____ / _____

FEES DUE: \$ _____



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Ph: 941-429-7162
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CITY OF NORTH PORT

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Land Clearing/Underbrush Application

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	Permit #: _____
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Reason for land clearing/underbrush

- Invasive tree understory (pepper trees, palmettos etc.)
 To remove spoil pile
 To facilitate construction
 Other _____

PARCEL ID _____ JOB SITE ADDRESS _____

LOT _____ BLOCK _____ ADDITION _____ LOT SQ FT _____

PROPERTY OWNER _____ OWNER'S PHONE _____

DESCRIPTION OF WORK _____

CONTRACTOR _____ LICENSE # _____

AGENT/CONTACT PERSON _____ PHONE _____

EMAIL _____

Is the silt screen in place across the swale? (Yes / No) If no, provide date the silt screen will be in place: _____

1. Mitigation worksheet must be filled out and attached.
2. **Three color coded copies of the site plan are required with the application.** (A color aerial photo from the Sarasota County Property Appraiser's website may be used in lieu of a site plan for invasive tree understory removal **ONLY**.)
3. A Road Right of Way (ROW Use) application must be attached to the land clearing/underbrush application.
4. Silt Screen area must be highlighted on all 3 site plans (land clearing ONLY).

I assume Legal responsibility for any and all violations on this property pertaining to the City of North Port Tree Protection Regulations for the duration of the permit or until the permit is closed.

Print Name of Owner/Contractor/Authorized Agent

Signature

Date

- APPROVED. This application is approved in accordance with Chapter 45 of the City's Unified Land Development Code
- Adjacent Lots _____

CONDITIONS

- The construction authorization card shall be posted on the jobsite prior to any work being performed. The construction authorization card shall remain until a permit box for building construction is located on the property. At that time, a land clearing permit and right-of-way use permit will be placed in the permit box.
- Best Management Practices shall be used to prevent the erosion of unstable soil with methods such as silt screens or hay bales.
- All Land Clearing activities must be completed within one (1) year of the issuance of the Land Clearing Permit. All exposed soil must be stabilized (sod, mulch, gravel etc.) by the time of final inspection.
- DENIED.

Authorized Signature

Date

*****If you need to re plant a tree(s), the replacement tree should be ≈3" at DBH (54" off the ground) and ≈8' tall.*****

TREE MITIGATION CALCULATIONS FORM

Attach additional sheets as necessary

HERITAGE TREES BEING REMOVED

#	Type of Tree	DBH	Mitigation Fee: DBH x \$100	Is Tree within footprint of Residential Unit?	
1	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Heritage	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TOTAL HERITAGE TREE MITIGATION FEE			_____		

MITIGATION POINTS

PROTECTED SLASH PINE, LONGLEAF PINE OR SABAL PALM TREES BEING REMOVED

#	Type of Tree (select one)	DBH	Mitigation Points: DBH divided by 3
1	Pine Palm	_____	_____
2	Pine Palm	_____	_____
3	Pine Palm	_____	_____
4	Pine Palm	_____	_____
5	Pine Palm	_____	_____
6	Pine Palm	_____	_____
7	Pine Palm	_____	_____
8	Pine Palm	_____	_____
9	Pine Palm	_____	_____
10	Pine Palm	_____	_____

PROTECTED LIVE OAK, LAUREL OAK OR SCRUB OAK TREES BEING REMOVED

#	Type of Tree	DBH	Mitigation Points: DBH
1	Oak	_____	_____
2	Oak	_____	_____
3	Oak	_____	_____

4	Oak		
5	Oak		
6	Oak		
7	Oak		
8	Oak		
9	Oak		
10	Oak		
TOTAL MITIGATION POINTS			

CONSERVATION CREDITS			
Heritage Trees Remaining On Site		DBH	Conservation Credits: DBH x 3
1	Heritage		
2	Heritage		
3	Heritage		
4	Heritage		
5	Heritage		
6	Heritage		
7	Heritage		
8	Heritage		
9	Heritage		
10	Heritage		
Protected Pines and Oaks, or Native Trees Remaining On Site		DBH	Conservation Credits: DBH x 2
1	Type: _____		
2	Type: _____		
3	Type: _____		
4	Type: _____		
5	Type: _____		
6	Type: _____		
7	Type: _____		
8	Type: _____		
9	Type: _____		
10	Type: _____		
Protected Sabal Palms or Master Tree List trees Remaining On Site (select one)		DBH	Conservation Credits: DBH
1	Sabal Palm or Master Tree: _____		
2	Sabal Palm or Master Tree: _____		
3	Sabal Palm or Master Tree: _____		
4	Sabal Palm or Master Tree: _____		
5	Sabal Palm or Master Tree: _____		
6	Sabal Palm or Master Tree: _____		
7	Sabal Palm or Master Tree: _____		
8	Sabal Palm or Master Tree: _____		
9	Sabal Palm or Master Tree: _____		

10	Sabal Palm or Master Tree: _____	_____	_____
Master Tree List Trees Planted on site		DBH	Conservation Credits: DBH
1	Type: _____	_____	_____
2	Type: _____	_____	_____
3	Type: _____	_____	_____
4	Type: _____	_____	_____
5	Type: _____	_____	_____
6	Type: _____	_____	_____
7	Type: _____	_____	_____
8	Type: _____	_____	_____
9	Type: _____	_____	_____
10	Type: _____	_____	_____
SUBTOTAL CONSERVATION CREDITS			_____
Protected Sabal Palms Planted On Site		DBH	Conservation Credits: DBH
1	Sabal Palm	_____	_____
2	Sabal Palm	_____	_____
3	Sabal Palm	_____	_____
4	Sabal Palm	_____	_____
5	Sabal Palm	_____	_____
6	Sabal Palm	_____	_____
7	Sabal Palm	_____	_____
8	Sabal Palm	_____	_____
9	Sabal Palm	_____	_____
10	Sabal Palm	_____	_____
TOTAL Sabal Palm conservation credits up to 20% of total mitigation points		_____	_____
TOTAL CONSERVATION CREDITS			_____

CALCULATIONS		
TOTAL MITIGATION POINTS		_____
TOTAL CONSERVATION CREDITS		_____
Balance Points: (Mitigation Points – Conservation Credits)		_____
Mitigation Fee: Balance Points X \$50 (if Balance Points are negative, enter "0")		_____
Heritage Tree Mitigation Fee (from above)		_____
TOTAL MITIGATION FEE (Mitigation Fee + Heritage Tree Mitigation Fee)		_____
If there are Mitigation fees for removal of Heritage trees in the residential unit footprint (marked "Yes" above) AND there are negative Balance Points, use the negative balance to off-set the Heritage trees in residential unit footprint Mitigation Fee.		
A	Mitigation fees for Heritage trees in residential unit footprint	_____
B	Negative Balance Points x \$50 up to the maximum of A	_____
ADJUSTED TOTAL MITIGATION FEE (B – Total Mitigation Fee)		_____

NOTICE OF COMMENCEMENT

Permit Number _____ Tax Folio # _____

The undersigned hereby gives notice that improvement will be made to certain Real Property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY:

(Legal description of the property and street address, if available).

2. GENERAL DESCRIPTION OF IMPROVEMENT:

This space reserved for recording

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name & Address: _____

Interest in Property: _____

Fee Simple Title Holder (if different from owner listed above): _____

4. CONTRACTOR: Name: _____ Phone Number: _____

Contractors Address: _____

5. SURETY (If applicable, a copy of the payment bond is attached): Amount of bond: \$ _____

Name: _____ Phone Number: _____

Address: _____

6. LENDER'S NAME: _____ Phone Number: _____

Lender's address: _____

7. Person's within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name: _____ Phone Number: _____

Address: _____

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

Phone number of person or entity designated by Owner: _____

9. Expiration of notice commencement (the expiration date will be 1 year from 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.

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

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

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____ for _____
(type of authority, ...e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Personally Known or Produced Identification _____

(Signature of Notary Public – State of Florida)

SEAL

NOTICE OF COMMENCEMENT

- Complete the NOC, sign and have notarized. NOC's are not required from contracts less than \$2,500.00.
- NOCs are required for A/C replacement for contracts \$7,500.00 and over.

SUBMITTING YOUR NOC FOR RECORDING

Mail your NOC to:

Sarasota County Clerk and Comptroller
Attn: Recording Office
P.O. Box 3079
Sarasota, FL 34230-3079

Include a check for payment made payable to **Sarasota County Clerk and Comptroller**

\$10.00 for a one-page NOC

\$18.50 for a 2-page NOC

Certified Copies:

The recording office will send a certified copy of your NOC to the appropriate building department by email, within 1-2 business days after processing. The original NOC and a certified copy will be mailed to you after recording.

Clerk of Court 941-861-7400
Recording Office 941-861-7436



City of North Port
 Neighborhood Development Services
 4970 City Hall Boulevard
 North Port, FL 34286
 Phone (941) 429-7044
 Email: bldginfo@cityofnorthport.com

OFFICE USE ONLY
PERMIT # _____

Application for a Right of Way Use Permit

PERMISSION IS HEREBY GRANTED TO

APPLICANT	Name (Print) _____		
	Email _____		
	Address _____		
	Phone Number _____		
TYPE OF WORK	New Residential Construction		Land Clearing
	New Commercial Construction		Culvert/Driveway/Sidewalk/Concrete Slab
	Communication Facility/System		Fence/Shed/Garage/Pool
	Utility Bore Digging or FPL Pole Installation		Other
LOCATION	Street Number _____	Street Name _____	
	PID Number _____	Lot _____	
	Block _____	Addition _____	

If applicable, a Corporate Bond shall be filed with the City of North Port, Florida. It is agreed between Applicant and City, bond may be used to repair any damage done, correcting any violations of ordinances and/or cleaning/restoring the grounds occupied or used by the Applicant to condition prior to issuance of this permit. ULDC CHAPTER 33; Applicant shall be responsible for repair/restoration to roadway, right-of-way, swales and adjacent properties prior to final Public Works Department approval and/or issuance to Certificate of Occupancy.

The construction authorization card shall be posted on the jobsite prior to any work being performed. The construction authorization card shall remain until a permit box for building construction is located on the property. At that time, the land clearing permit and right-of-way use permit shall be placed in the permit box.

Applicant to schedule all required inspections including after completion final inspection.

This Permit applies to Right of Way Use at **ABOVE LOCATION ONLY.**

I HEREBY AGREE to all terms under which this Permit is being issued.

Applicant Signature: _____ Date: _____

CITY OF NORTH PORT, FLORIDA

Director, Public Works or Authorized Agent: _____ Date: _____

Right-of-Way Use Permit for City of North Port


General Provisions/Conditions

- a. No streets or sidewalks may be blocked or closed without prior permission from the Public Works department.
- b. Repair and restoration of work area is required in accordance with City Code.
- c. Fire hydrants must be accessible at all times.
- d. All equipment and materials are to be properly barricaded, lighted and secured. A day/night watchman may need to be employed for that purpose.
- e. Institute proper erosion control measures effecting positive drainage at all times within City right-of-way and, use Best Management Practices as required under City codes/ordinances.
- f. Provision be made for the continuous operation of all utility pipes, ducts and other lines.
- g. Assure affected public and private property is maintained and preserved from injury through-out work performance.
- h. Assure that all work performance is done in such matter as to promote public safety.
- i. Agree that all suits, actions or claims of whatever nature which may arise, occasioned either directly or indirectly by the work permitted or the special privileges granted hereunder, shall be assumed by the Applicant and that the City Commission, and all its officers, agents and employees, shall be indemnified and saved harmless there from, and that Certificates of Liability insurance be submitted by the Applicant.
- j. Assure that all lines and grades furnished for poles, ducts, pipes, sidewalks, buildings and other structures are in accordance with city standards/codes.
- k. The City reserves the right to revoke the Right of Way Permit without other formality than that of notifying the Applicant of this effect should there be a violation to the foregoing General Provisions or City codes/ordinances. Furthermore, to invoke the provisions of the Corporate Bond to restore the area to its original condition where deemed necessary.
- l. Adherence to the National Environmental Policy Act and Endangered Species Act.
- m. If this Right-of-Way Use Permit is specific to a wireless communication device or system to be located within a City right of way, the applicant shall comply with all requirements, standards and provisions set forth in State of Florida and City of North Port regulations governing same.

I HEREBY AGREE to above General Provisions/Conditions under which this Permit is being issued.

Applicant Signature: _____

Date: _____



CITY OF NORTH PORT
Development Services Department
4970 City Hall Boulevard
North Port, FL 34286

Phone (941) 429-7044

Email: bldginfo@northportfl.gov

Fax (941) 429-7180

Product Approval Statewide

The implementation date for the Florida Product Approval System was October 1, 2003. Rule 9B-72 of the Florida Building Commission establishes a higher standard of practice for product evaluations, as well as uniformity and consistency of enforcement statewide.

The Rule covers the following eight categories of products: (Items in parentheses are examples of sub- categories of products specific functionality, but are not limited to these examples)

1. **Exterior Doors** (rollup, sectional, sliding, swinging, automatic or other)
2. **Windows** (awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other)
3. **Panel Walls** (siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other)
4. **Roofing Products** (built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cement- adhesives-coatings, liquid applied roof systems, underlayments, non-structural metal roofing, roofing tiles, waterproofing or other)
5. **Shutters** (accordion, bahama, storm panels, colonial, roll-up, equipments or other)
6. **Skylights** (skylight or other)
7. **Structural Components** (truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing or other)
8. **Products Comprising a Building's Envelope Introduced as a Result of New Technology** (as applicable)

The product approval system includes a statewide website for submittal of applications and payment of fees for statewide product approvals. In addition, a database is available to search a list of approved entities and products approved for statewide use. For more information on statewide product approval and the Florida Building Code, visit www.floridabuilding.org or call the Florida Department of Community Affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the Codes and Standards Section.

PRODUCT APPROVAL SPECIFICATION SHEET

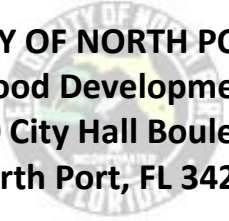
As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at www.floridabuilding.org.

Category/Subcategory	QTY	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS				
A. SWINGING				
B. SLIDING				
C. SECTIONAL/ROLL UP				
D. OTHER				
2. WINDOWS				
A. SINGLE/DOUBLE HUNG				
B. HORIZONTAL SLIDER				
C. CASEMENT				
D. FIXED				
E. MULLION				
F. SKYLIGHTS				
G. OTHER				
3. PANEL WALL				
A. SIDING				
B. SOFFITS				
C. STOREFRONTS				
D. GLASS BLOCK				
E. OTHER				
4. ROOFING PRODUCTS				
A. ASPHALT SHINGLES				
B. NON-STRUCT METAL				
C. ROOFING TILES				
D. SINGLE PLY ROOF				
E. OTHER				
5. STRUCT COMPONENTS				
A. WOOD CONNECTORS				
B. WOOD ANCHORS				
C. TRUSS PLATES				
D. INSULATION FORMS				
E. LINTELS				
F. OTHERS				
5. SHUTTERS				
A. ACCORDIAN				
B. BAHAMA				
C. STORM PANELS				
D. COLONIAL				
E. ROLL-UP				
F. EQUIPMENTS				
G. OTHER				
6. NEW EXTERIOR				
A. ENVELOPE PRODUCTS				

The products listed above did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; **(1)** copy of the product approval **(2)** performance characteristics which the product was tested and certified to comply with **(3)** copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

APPLICANT SIGNATURE

DATE


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Email: bldginfo@cityofnorthport.com

Inspections (855) 941-4636

OWNER BUILDER STATEMENT/AFFIDAVIT

Florida Statutes are quoted here or in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

BY SIGNING THIS STATEMENT, I ATTEST THAT: (*INITIAL to the left of each statement*)

_____	I understand that state law requires construction to be done by a licensed contractor, I 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.
_____	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.
_____	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 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 all permits and contract.
_____	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 \$75,000. 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 construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
_____	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
_____	I understand that I may not hire an unlicensed individual 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 city ordinance.
_____	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 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 these 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.
_____	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 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.

_____	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.
_____	I am aware of construction practices and I have access to the Florida Building Code.
_____	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 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.
_____	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.
_____	I agree to notify the Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.
_____	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, the Department of Business and Professional Regulation and the Building Division may be unable to assist you with any financial loss that you sustain as the 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 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.

Property Address: _____

I, _____ (Name), do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

Signature of Owner-Builder _____
Date

Form of Identification: _____
(Must be Photo I.D.)

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.