



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:		STATE:	ZIP:
WORK PHONE:	MOBILE PHONE:	HOME PHONE:	
EMAIL ADDRESS:			
FEE SIMPLE TITLE HOLDER NAME:			
FEE SIMPLE TITLE HOLDER ADDRESS:		CITY:	STATE: ZIP:
BONDING COMPANY:			
BONDING COMPANY ADDRESS:		CITY:	STATE: ZIP:
MORTGAGE LENDER NAME:			
MORTGAGE LENDER ADDRESS:		CITY:	STATE: ZIP:
II. CONTRACTOR INFORMATION			
BUSINESS NAME:		CONTRACTOR NAME:	
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
WORK PHONE:	MOBILE PHONE:		
EMAIL ADDRESS:			
III. SITE AND BUILDING INFORMATION			
PARCEL I.D. # _____		NO. OF EXISTING BLDGS ON SITE _____	
ADDRESS: _____			LOT _____ BLK _____
SUBDIVISION NAME: _____			PHASE _____
BUILDING FOUNDATION: <input type="checkbox"/> Monolithic Slab/Pad <input type="checkbox"/> Block Stem Wall <input type="checkbox"/> Pier or Piling			
USE OF FILL: <input type="checkbox"/> Yard/Lawn ____ cu. yds. <input type="checkbox"/> Foundation ____ cu. yds. <input type="checkbox"/> Septic ____ cu. yds. <input type="checkbox"/> Pool ____ cu. yds.			
PROPERTY OWNERSHIP: <input type="checkbox"/> Public (Fed, State or local govt) <input type="checkbox"/> Private (Individual, corp, non-profit)			UTILIZING BLDG ENVELOPE OPTION? <input type="checkbox"/> Yes <input type="checkbox"/> No
SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic System)*		WATER SYSTEM: <input type="checkbox"/> Public <input type="checkbox"/> Private Co. <input type="checkbox"/> Private (Well)	
ROADS: <input type="checkbox"/> Public <input type="checkbox"/> Private		CORNER LOT: <input type="checkbox"/> No <input type="checkbox"/> Yes – indicate preferred street for address:	
* Please contact the Florida Dept. of Health in Leon County for septic tank permit requirements.			
Is property located within 100 feet of the centerline of a Canopy Road? <input type="checkbox"/> No <input type="checkbox"/> Yes, then indicate below:			
<input type="checkbox"/> Meridian Road, SR 155 (from 7th Avenue to Georgia State line)	<input type="checkbox"/> Old Bainbridge Road (from Raa Avenue to Capital Circle SR 263)	<input type="checkbox"/> Magnolia Dr. - Centerville Rd – Moccasin Gap Rd.(from 7th Avenue to SR 59)	<input type="checkbox"/> Old Centerville Road
<input type="checkbox"/> Miccosukee Road (from Capital Circle NE /Route 261 to Moccasin Gap Road)	<input type="checkbox"/> Sunny Hill Road	<input type="checkbox"/> Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road)	<input type="checkbox"/> Pisgah Church Road
IV. RESIDENTIAL BUILDINGS			
<input type="checkbox"/> One Family Detached	<input type="checkbox"/> Two Family Attached (Duplex)	<input type="checkbox"/> Multi Family	
<input type="checkbox"/> Accessory Structure (Shed, greenhouse, pool house, detached garage, etc.)	<input type="checkbox"/> Triplex	<input type="checkbox"/> Hotel/Motel	
<input type="checkbox"/> Single-Family Attached (Townhouse)	<input type="checkbox"/> Quadruplex	<input type="checkbox"/> Other - Specify	

V. NON-RESIDENTIAL BUILDINGS (If known, please provide LSP# _____)

Amusement recreational	Hospital, institutional	Public utility	Cellular Tower
Church, other religious	Medical office	School, library, other educational	Other - <i>Specify</i>
Industrial	Non-medical office	Stores, mercantile	
Service station, repair garage	Bank	Restaurant	

Fire suppression system required? Yes No

VI. DESCRIPTION OF WORK

New Building	Demolition	Electrical*
New Building – SHELL ONLY	Moving Site Built Home	Mechanical*
New Manufactured Home (SDMH, RDMH)	Foundation Only (Commercial Only)	Plumbing*
Manufactured home replacement	Residential Swimming Pool	Other – <i>specify below</i>
Addition	Retaining Wall	
Alteration/Repair/Replacement*	Roofing*	

PLEASE NOTE: ALL BUILDING PERMIT APPLICATIONS REQUIRE A SITE PLAN, EXCEPT THOSE INDICATED WITH AN ASTERISK (*) ABOVE.

SITE PLANS MUST BE DRAWN TO SCALE AND DEPICT THE ACTUAL CONFIGURATION AS SHOWN ON THE PROPERTY APPRAISER'S DATABASE. THE SITE PLAN MUST INCLUDE THE FOLLOWING INFORMATION:

- North directional arrow
- Property boundary lines
- Location of ALL existing structures and their distances from all property lines and each other
- Location of driveways, streets and utility easements
- Location of septic system (proposed and existing)
- Location of water system
- Location of any wells w/in 200 feet of the septic system, even if wells are located on adjacent property
- Location of any fill material
- Limits of clearing activity
- Location of Canopy Road Protection Zone, if applicable
- Location of grading activity
- Location of any on-site or nearby wetlands (lakes, ponds, swamps, marshes, sinkholes or shallow depressions)
- Location of all natural or constructed water conveyance features such as ravine, ditch, swale, culvert, canal, stream or springs/seeps
- Location of special development restrictions such as easements, natural areas required undisturbed or land use buffers

SITE PLANS MUST BE DRAWN TO SCALE

NEW/ADDED CONSTRUCTION (if applicable): New/Added Square Footage: _____
 Cost of New/Added Sq. Footage: _____

ALTERATIONS (if applicable): Alteration Costs: _____

PROVIDE PROJECT NARRATIVE OR WORK DESCRIPTION:

VII. CONTRACTOR INFORMATION

TYPE	BUSINESS/CONTRACTOR NAME	LICENSE NO.	PHONE
PRINCIPAL			
ELECTRICAL			
PLUMBING			
MECHANICAL			
GAS			
ROOFING			
CLEARING/ EXCAVATION			
MANUFACTURED HOME INSTALLER			
SPECIALTY CONTRACTOR			

NOTICE: In addition to the requirements of this permit, other restrictions applicable to the property such as private deed restrictions and or covenants may apply. These private deed restrictions and or covenants may be found in the public records of this county. There may also be other approvals or permits required from state or federal agencies including but not limited to the state water management district.

Approved as to form:
Leon County Attorney's Office
301 South Monroe St., Suite 217
Tallahassee, FL 32303



Applicant's Affidavit of Ownership & Designation of Agent

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: _____

I. OWNER INFORMATION

OWNER'S (S') NAME :

OWNER'S (S') ADDRESS:

CITY: COUNTY: STATE: ZIP CODE:

PARCEL I.D.# (For each additional parcel, a separate affidavit form is required):

II. DESIGNATION OF APPLICANT'S (S') AGENT

As the owner(s) of the above-designated property and the applicant(s) for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address and concerning approval(s) and permit(s) required by Leon County. In authorizing the agent named below to represent me or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrence for the parcel; limited to obtaining a land use compliance certificate; etc.).

III. NOTICE TO OWNER(S)

Application is hereby made to obtain approval(s) and permit(s) 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 and development of land in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, 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 regulating construction and zoning.

All changes in ownership and applicant's agent prior to issuance shall require a new affidavit. If ownership changes, the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

Deed Restrictions and Covenants

Prior to pursuing a 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's Initials

Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(d) Subparagraphs a.-r. 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 yes, 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 (s') Initials

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 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.

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.

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

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20 ___, by _____, who is personally known to me or who has produced _____ as identification.
(name of person acknowledging)
(type of identification produced)

For Corporation or Governmental Entity; or

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20 ___, by _____, as _____ of _____, a _____ corporation, on behalf of the _____ corporation.
(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 _____ a partnership. He/she is personally known to me or has produced _____ as identification.
(name of acknowledging partner) *(name of partnership)*
(type of identification produced)

Notary Seal

Signature of Notary

Print Name of Notary

Title or Rank