# HERNANDO COUNTY BUILDING PERMIT APPLICATION

Want a Deficiency Report Faxed to you? Please Provide Your FAX#:			NOTICE: improvement can encroach or be
Permitting Service FAX #:		constructed within an eas	ement.
Permit Application No.		Key #: Date:	
Describe work to be done:			
Valuation of work to be done: \$			
Type of construction: Fran	ne:CBS: _	Other:	
Legal description: Lot : Bloom	ock : Subdiv	vision:	Unit :
Address of job site: No.: Stree	et:	City:	, Hernando County
Directions to job site:			
Property owner:		Phone:	
E-mail:Address:			
Interest in property:			ZIÞ
Name of fee simple titleholder (If Ot Address:	her Than Owner):		
Address:	City	y:	State:Zip:
Permitting Service Name:		Contac	t Name:
Contractor:		Phone:	
E-Mail:		Nitv.	State: 7in:
License Number:	City: State: Zip: (State Certification or Hernando County # Only)		
Sub-Contractor List (Complete as N	lecessary)		
Electrical:		Phone: ate Certification or Herna	
License Number:	(Sta	te Certification or Herna	ando County # Only)
Plumbing:		Phone : ate Certification or Herna	
License Number:	(Sta	ate Certification or Herna	ando County # Only)
Mechanical :		Phone: ate Certification or Herna	
License Number:			
Roofing:License Number:		Phone:	
License Number:	(Sta	te Certification or Herna	ando County # Only)
Aluminum:		Phone	

License Number:	(State Certification o	r Hernando County # Only)
Master Plan File #:	Plan Name <sup>.</sup>	
Architect/Engineer's Name:Address:		
City:	State:	Zip:
Mortgage Lender's Name:		
Address:	State:	Zip:
certify that no work or installation work will be performed to meet to jurisdiction. I understand that a	otain a permit to do the work and in has commenced prior to the issuance standards of all laws regulating permit must be secured for ELECT IACES, BOILERS, HEATERS, TAN	ance of a permit and that all construction in this RICAL WORK, PLUMBING,
OWNER'S AFFIDAVIT: I certify that all compliance with all applicable laws regu		rate and that all work will be done in
WARNING TO OWNER: ANY PAYMEN NOTICE OF COMMENCEMENT ARE CONTINUED AS TATUTES, A TO YOUR PROPERTY. A NOTICE OF JOB SITE BEFORE THE FIRST INSPE	CONSIDERED IMPROPER PAYME AND CAN RESULT IN YOUR PAYI COMMENCEMENT MUST BE RE	NTS UNDER CHAPTER 713, PART NG TWICE FOR IMPROVEMENTS
IF YOU INTEND TO OBTAIN FINANCIN RECORDING YOUR NOTICE OF COM	· ·	ER OR AN ATTORNEY BEFORE
Owner/Contractor or Authorized Agent		
STATE OF COUNTY Sworn to (or affirmed) and subscribed befor day of ,	re me by means of □ physical presenc	e or □ online notarization, this 
☐ Personally Known OR ☐ Produced Identi	ification	
Type of Identification Produced		
Signature of Notary Public	_	
Representative: Print, Type, or Stamp Commissioned Name		J.D. D. W.
Print, Type, or Stamp Commissioned Name	Application Accepte	d By Permit
(Notary Seal)		

Hernando County Building Division, 789 Providence Blvd, Brooksville, Florida, 34601 ● 352-754-4050 ● Fax: (352)754-4416 www.hernandocounty.us/bldg

#### OWNER BUILDER DISCLOSURE STATEMENT

#### Florida Statues 455.228(1)

### Homeowners hiring unlicensed contractors may be subject to a fine of up to \$5,000.00

To qualify for exemption under any of the following subsections, an owner must personally appear and sign the building permit application. A power of attorney cannot be accepted.

#### Disclosure Statement - Statement required by Florida Statute 489.103(7)

. 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. Initial
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. Initial
I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself rom 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 ontracts. Initial
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, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially mproved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially mproved it for sale or lease, which violates the exemption. Initial
i. I understand that, as the owner-builder, I must provide direct, on site supervision of the constructionInitial
b. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or esidence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or nunicipal ordinanceInitial
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 able and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while vorking 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. Initial
I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform he 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 inderstand that my failure to follow these laws may subject me to serious financial risk. Initial
P. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable aws 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. Initial

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 <u>850-487-1395</u> or <u>www.myfloridalicense.com/dbpr/consumers.html</u> for more information about licensed contractors. I also may
contact Hernando County Building Division at 352-754-4050. Initial
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 following address:
Initial
12. I agree to notify Hernando County Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosureInitial
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.
Disclosure Statement-(Electric)-Statement Required by Florida Statute 489.503(6) State law requires electrical contracting to be done by licensed electrical contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may install electrical wiring in a commercial building the aggregate construction costs of which are under \$75,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease, unless you are completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If you sell or lease more than one building you have wired yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.
FLORIDA STATUTE 92.525 VERIFICATION OF DOCUMENTS; PERJURY BY FALSE WRITTEN DECLARATION, PENALTY (3)A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION UNDER SUBSECTION (2) IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARTION, A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S 775.084.
UNDER PENALTIES OF PERJURY I DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLOSURE STATEMENT AND AGREE TO ABIDE BY THE PROVISIONS REGULATING OWNER/BUILDER PERMITS SET FORTH ABOVE AND IN HERNANDO COUNTY CODE OF ORDINANCES & FLORIDA STATUTES.
Property Owner's Signature
STATE OF COUNTY OF Sworn to (or affirmed) and subscribed before me by means of $\square$ physical presence or $\square$ online notarization, this
Sworn to (or affirmed) and subscribed before me by means of □ physical presence or □ online notarization, this day of,, by
Personally Known OR ☐ Produced Identification
Type of Identification Produced
(SEAL)
Signature of Notary Public (SEAL)

Permit Number Key Number	
NOTICE OF COMMENCEMENT State of Florida County of Hernando THE UNDERSIGNED hereby gives notice that improvements will be made	
Florida Statutes, the following information is provided in this NOTICE OF C	
1.Description of property (legal description):	
a) Street (job) Address:  2.General description of improvements:	
2. Content a description of improvements.	
3. Owner Information or Lessee information if the Lessee contracted for a) Name and address:	or the improvement:
b) Name and address of fee simple titleholder (if different than Owner li	isted 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 713.13 (1) (a) 7., Florida Statutes:	m notices or other documents may be served as provided by Section
a) Name and address:	
b) Telephone No.:	Fax No.: (optional)
8.a.In addition to himself or herself, Owner designates	OT
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:	
<ol><li>Expiration date of notice of commencement (the expiration date may contractor, but will be 1 year from the date of recording unless a differe</li></ol>	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AF CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOT THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR N	TER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE , SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR TICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN
(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/N	Manager) (Print Name and Provide Signatory's Title/Office)
STATE OF COUNTY OF	
Sworn to (or affirmed) and subscribed before me by means of $\square$ physical presence or $\square$ or	nline notarization, this day of,, by
□ Personally Known OR □ Produced Identification	
Type of Identification Produced	
Signature of Notary Public	
Print, Type, or Stamp Commissioned Name	

(Notary Seal)

# HERNANDO COUNTY DEVELOPMENT DEPARTMENT SITE PLAN

	N	
$\mathbf{W}$		$\mathbf{E}$
	S	

## **SCALE**

1" =

#### **SITE PLAN MUST:**

- \* Not exceed 11" x 17"
- \* Be drawn in blue or black ink only.
- \* Be drawn to scale.
- \* Show any lake, canal, or river frontage.
- \* Show property dimensions, shape and size.
- \* Show all existing and proposed structures and their dimensions, and identify them.
- \* Show all street frontages (corner lot, double frontage, etc.)
- \* Show distance in feet and inches from all property lines to all structures.
- \* Show any driveway on site plan.
- \* Show all easements (utility, drainage, ingress,/egress, conservation, etc.)
- \* Show all surrounding golf courses.

Hernando County Building Division 789 Providence Blvd. Brooksville, Fl 34601 (352)754-4050 Fax: (352)754-4416

Building Permit Application#	

# **SUB-CONTRACTOR AFFIDAVIT**

DATE:	
TO WHOM IT MAY CONCERN:	
Ι,	
License Number:	, will be the
	contractor for this permit application. The job address
is:	
Signature of License Holder or Authorize	ed Agent
State of	County of
Sworn to (or affirmed) and subscribed by notarization, this day of	
□Personally Known OR □ Produced Identification	
Type of Identification Produced	NOTARY PUBLIC

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