



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

**SINGLE FAMILY APPLICATION
CHECKLIST 2017 FLORIDA BUILDING CODE**

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

1 COPY COMPLETED PERMIT APPLICATION INCLUDING:

- LEGAL DESCRIPTION
- NOTARIZED SIGNATURE OF OWNER AND CONTRACTOR
- PROOF OF OWNERSHIP (RECORDED WARRANTY DEED OR TAX BILL)
- NON-REFUNDABLE \$350.00 PLAN SUBMITTAL FEE

1 COPY SURVEYS SHOWING THE FOLLOWING

- LOCATION OF ALL STRUCTURES PROPOSED AND EXISTING WITH DIMENSIONS TO PROPERTY LINES
- LOCATION OF DRIVEWAY AND REQUIRED TURNABOUTS WITH DIMENSIONS
- WALKWAYS AND PLANTERS, LOCATION OF ALL FENCES
- LOCATION OF ALL ACCESSORY BUILDINGS OR STRUCTURES
- FLOOD ZONE LINE OR LINES IN RELATIONSHIP TO STRUCTURES PROPOSED OR EXISTING
- FLOOD ZONE WITH BASE FLOOR ELEVATION WITH CURRENT ADOPTION DATE
- LEGAL DESCRIPTION OF LOT
- LOT DIMENSIONS AND BEARINGS
- STREET AND WATERWAY NAMES
- GRADE ELEVATIONS (PROPOSED AND EXISTING)
- EXISTING AND PROPOSED STRUCTURES, DECKS, PADS, ETC.
- PROPOSED FINISHED FLOOR ELEVATIONS
- CROWN OF ROAD(S), EASEMENTS, BUILDING SETBACK LINES, ALL ENCROACHMENTS INTO SETBACKS
- WELL LOCATIONS (PROPOSED AND EXISTING)
- SEPTIC DRAIN FIELD(S) (PROPOSED AND EXISTING)
- CANALS, PONDS, OR RIVERFRONT LOCATIONS, ROAD RIGHT-OF-WAYS
- IMPERVIOUS/PERVIOUS CALCULATIONS
- ALL ENCROACHMENTS MUST BE ABATED OR VARIANCES RECEIVED PRIOR TO ISSUANCE OF BUILDING PERMIT.
- CERTIFICATION TO THE TOWN OF SEWALL'S POINT

1 COPY SITE PLAN INDICATING THE FOLLOWING"

- SITE RETENTION CALCULATIONS, DELINEATED RETENTION AREAS AND DIRECTION OF DRAINAGE.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED
- ALL AREAS OF EXCAVATION AND DISTURBED SOIL AND PROVISIONS FOR STABILIZATION
- INDICATE PROVISIONS FOR STORMWATER EROSION PREVENTION DURING CONSTRUCTION (SILT FENCING, ETC.)

IF PROPERTY IS OVER ONE (1) ACRE THEN A FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S (FDEP) STORMWATER DISCHARGE PERMIT AND SITE RETENTION PLAN IS REQUIRED (APPLICATION AVAILABLE AT TOWN HALL).

1 COPY SEPTIC TANK PERMIT, IF APPLICABLE (PLANS MUST BE STAMPED BY HEALTH DEPT.).

1 COPY COMPLETE SETS OF PLANS WITH ALL REQUIRED PAGES SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER. MAXIMUM SIZE PLANS 24" X 36".

1 COPY THE FLORIDA ENERGY CODE FOR THE "SOUTH" ZONE 8

1 COPY MANUAL "J" - WEST PALM BEACH AREA (DRY BULB: SUMMER 91 DEGREES/WINTER 45 DEGREES). MUST SHOW EQUIPMENT SIZE AND TYPE.

1 COPY WINDLOAD CERTIFICATION SIGNED & SEALED BY A FLORIDA REG. ARCHITECT OR ENGINEER IF APPLICABLE INFORMATION IS NOT ON THE PLANS.

1 COPY PRODUCT APPROVAL CHECKLIST SIGNED & SEALED BY THE ARCHITECT OR ENGINEER OF RECORD, IF APPLICABLE INFORMATION IS NOT ON THE PLANS.

1 COPY NOTICE OF COMMENCEMENT, MUST BE SUBMITTED PRIOR TO THE FIRST INSPECTION

Town of Sewall's Point BUILDING PERMIT APPLICATION

Date: _____ Permit Number: _____

OWNER/LESSEE NAME: _____ Phone (Day) _____ (Fax) _____
Job Site Address: _____ City: _____ State: _____ Zip: _____

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*****PLEASE NOTE - YOUR PERMIT MAY BE REJECTED WITHOUT FILLING IN ALL ENTRIES - INCLUDING THE SCOPE OF WORK*****

*SCOPE OF WORK (PLEASE BE SPECIFIC):

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO _____
Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO _____
(Must include a copy of all variance approvals with application)

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ _____
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
** Is subject property located in flood hazard area? VE8 ___ VE7 ___ AE8 ___ AE7 ___ AE6 ___
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: _____ Phone: _____ Fax: _____

Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____

State License Number: _____ OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL: _____ Fla. License# _____

Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*:
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2017
National Electrical Code: 2014, Florida Energy Code: 2017, Florida Accessibility Code: 2017, Florida Fire Prevention Code: 2017

WARNINGS TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

***** A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT. CONTRACTOR/OWNER'S INITIALS _____

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X _____
State of Florida, County of: _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X _____
State of Florida, County of: _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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One S. Sewall's Point Road
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SPECIFICATIONS AND PRODUCT APPROVALS

SPECS. FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, SHUTTERS, SIDING, ROOF COVERING AND SIMILAR ENVELOPE ELEMENTS MUST BE ON-SITE FOR INSPECTIONS. THESE PRODUCTS MUST BE TESTED BY AN APPROVED TESTING LAB AND DESIGN PRESSURES STATED. MUST HAVE ARCHITECT/ENGINEER OF RECORD REVIEW, TO VERIFY THAT IT MEETS DESIGN. ROOF COVERING SPECIFICATIONS/DADE COUNTY OR FLORIDA APPROVAL MUST INCLUDE MANUFACTURER/PRODUCT NAME AND TEST NUMBER.

**IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER
 F.B.C. 2014 - 1609.1.2 (PROTECTION OF OPENINGS)**

MANDATORY PLAN REQUIREMENTS: A - Y MUST BE PROVIDED

- A. Product Approval Affidavit _____
- B. Energy Code Form 600A-Version 04 - verify square footage _____
- C. Manual "J"-91° summer/45° winter- South area weather, equip. size, & type _____
- D. Health Department permit or Utilities verification _____
- E. High/low lots must comply with Town ordinance Sect. 50-176 (b) (2) _____
- F. Lowest habitable floor slab elevation _____
- G. Foundation Plan:**
 - 1. Footing sizes and reinforcing steel _____
 - 2. Interior bearing wall footings _____
 - 3. Porch footings/pads _____
 - 4. Column pads _____
 - 5. Posts/columns locations and vertical reinforcement _____
 - 6. Frame construction – min. 18" deep footings. _____
 - 7. Structural concrete subject to salt spray (min. 5000 p.s.i.) _____
- H. Roof Framing Plan _____
- I. Truss Connector Schedule-address girders _____
- J. Typical Wall Sections-frame and CBS _____
- K. Roof assembly described - type, materials, fasteners, flashing, wind resistance rating. _____
- L. Interior Bearing Wall Section _____
- M. Exterior elevations, indicate overall building height AFF or NGVD (VE Zone) _____
- N. Design Pressures – check exposure and end zones _____
- O. Gable End Detail _____
- P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing? _____
- Q. Porch Framing-post and beam connectors, top & bottom _____
- R. Correct Codes listed _____
- S. Floor framing plan _____
- T. Design wind load information:**
 - 1. Ultimate wind speed – verify _____
 - 2. Importance factor _____
 - 3. Exposure – verify _____
 - 4. Internal pressure coefficient _____
- U. Tile roof installation _____
- V. Rated separation between residence and garage. _____
- W. A/C duct layout plan in 1/4" scale. _____
- Y. Air Distribution Test Report per Section FBC-R403.2.2.1 _____
- X. Plumbing riser diagram _____



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STANDARD SINGLE FAMILY PLAN REVIEW CHECKLIST

Floor Plans

- 1. Egress Windows must be labeled on plan. _____
- 2. Handicap Accessible Bathroom indicated on plans (with fixture dimensions). _____
- 3. Water Heater- on plan? Relief line cannot be trapped. _____
- 4. Attic Access- minimum 22"x30" unless roof peak < 30" _____
- 5. Safety Glass- hazardous locations _____

Details

- 1. Roof and wall sheathing – nailing zone pattern. _____
- 2. Buck details- windows, doors, and garage doors _____
- 3. Chimney/Fireplace/Dormer- construction details _____
- 4. Stair details- tread and riser, handrails and balcony railing _____
- 5. Butt glass- engineering details _____
- 6. Glass block details _____
- 7. Window head, jamb, & sill details. Impact or shuttered.
(Shutter attachment and substructure for fasteners) _____
- 8. Frame to masonry connection details _____
- 9. Exit / Escape door _____

Electric Plans

- 1. Bathroom – G.F.I. receptacles _____
- 2. Kitchen – G.F.I. receptacles at counters _____
- 3. Garage – Min. 1 G.F.I. receptacle, if more all G.F.I. _____
- 4. Electric Panel Location _____
- 5. Electric Riser Diagram _____
- 6. Receptacles – spacing and location _____
- 7. Outside receptacles – One G.F.I. / W.P. front and rear of house _____
- 8. Switches location _____
- 9. Smoke detectors per code – bedroom (sleeping) areas & stairs, AFCI protection _____
- 10. U.F.E.R. ground required _____
- 11. Attic access light w/pull chain or switch _____
- 12. Disconnects at Water Heater & A.C. Units _____
- 13. Branch circuit arc-fault protection in bedrooms _____

Toilet rooms (interior) shall be mechanically ventilated. _____

H.V.A.C.

- 1. Balanced return air: transfer louvers or ducted return. _____
- 2. Access to equipment in attic. _____
- 3. Duct work, A/H protection in Garage. _____
- 4. Distribution Test Report per FBC-R403.2.2.1 _____



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**FLORIDA ENERGY CONSERVATION CODE
 Air Distribution System Test Report**

Owner: _____ Contractor name: _____
 Address: _____ Jurisdiction: _____
 City: _____ Permit No.: _____
 Zip: _____ Final inspection date: _____

Section 403.2.2.1. Duct tightness. Duct tightness shall be verified by testing to ASHRAE Standard 152. Prescriptive is substantially leak-free (see below) Performance is Qn = as indicated on energy calculation.
 _____ Ducts/air handler in conditioned space _____ Tested by a Class 1 BERS rater (see results below)

Signature: _____ Date: _____
 Printed Name: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	_____ cfm25(out or tot) circle test type
2	System 2	_____ cfm25(out or tot) circle test type
3	System 3	_____ cfm25(out or tot) circle test type
4	System 4	_____ cfm25(out or tot) circle test type
5		_____ Sum lines 1-4
6	Total House Duct System Leakage	Divide Line 5 by _____ = _____ (Qn, out or tot) (total conditioned floor area) (circle test type)

To qualify as "substantially leak free," Qn must be less than or equal to 0.03. (Section 202. SUBSTANTIALLY LEAK FREE. Distribution system air leakage to outdoors is no greater than 3 cfm per 100 square feet of conditioned floor area at a pressure differential of 25 Pascal (0.10 in. w.c.) across the entire air distribution system, including the manufacturer's air handler enclosure.)

I am a FL BERS Class 1 rater in good standing. I have tested the air distribution system(s) referenced by the permit listed above in accordance with ASHRAE Standard 152.

BERS Signature: _____ Date: _____/_____/_____

BERS Printed Name: _____

FL BERS Class 1 Rater Certification #: _____

The Building Energy Rating System (BERS) law can be found at FS 553.990-999. Currently certified FL BERS Class 1 raters can be found at http://securedb.fsec.ucf.edu/engage/engage_search_rater.

For Building Department use only:

Form received by: _____ Date: _____/_____/_____

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA COUNTY OF MARTIN

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.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX _____ NUMBER: _____
INTEREST IN PROPERTY: _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: _____

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED) _____

ADDRESS: _____
PHONE NUMBER: _____ FAX _____ NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____

ADDRESS: _____
PHONE _____ NUMBER: _____
FAX NUMBER: _____

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) (b) , FLORIDA STATUTES:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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:

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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 PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20 _____

BY: _____ AS _____ TYPE OF AUTHORITY _____ FOR _____ PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

NOTARY SIGNATURE/ SEAL



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**SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL**

APPLICANT'S NAME _____ BLDG. PERMIT # _____

MAILING ADDRESS _____

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. **WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION.** USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. *(NOT OCCUPATIONAL LICENSE NUMBERS)*

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS		
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS		
PLU	* PLUMBING		
AC	* HARV		
EL	* ELECTRICAL		



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AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* **REQUIRES SEPARATE VERIFICATION FORMS.**

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day
of _____, 20 _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

*****IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.**

OWNERS NAME: _____

CONSTRUCTION ADDRESS: _____

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: _____

VALUE OF CONSTRUCTION \$ _____

LOW VOLTAGE

TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER

SCOPE OF WORK: _____ **VALUE** _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR

ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: _____

TELEPHONE NO: _____ **FAX NO:** _____
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

**** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.**

*****VERIFICATION OF PARCEL CONTROL NUMBER*****

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ **LOT:** _____ **BLK:** _____ **PHASE:** _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT



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V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name _____ Insurance Policy No. _____

Building Address or Legal Description _____

City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ Date of FIRM index _____ Zone _____

SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... feet (NAVD)
2. Base Flood Elevation (BFE)..... feet (NAVD)
3. Elevation of the lowest adjacent grade..... feet (NAVD)
4. Approximate depth of anticipated scour/erosion used for foundation design..... feet (NAVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... feet (NAVD)

SECTION III: V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

SECTION V: Certification

Certifier's Name _____ Company Name _____

Title _____ Florida License No. _____

Address _____ City _____ State _____ Zip Code _____

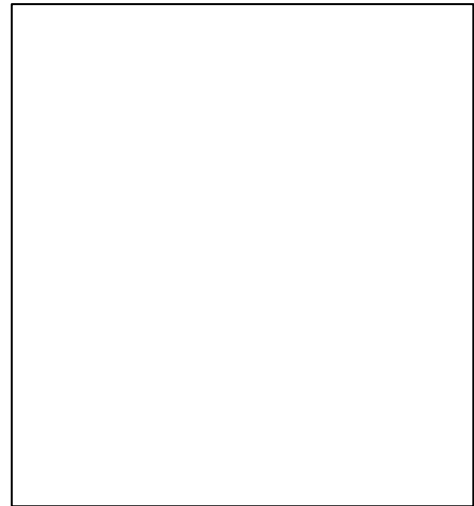
Signature _____ Date _____ Telephone Number _____

Seal

NON-CONVERSION COVENANT AGREEMENT FOR STRUCTURES BUILT IN THE TOWN OF SEWALL'S POINT SPECIAL FLOOD HAZARD AREA (V-ZONE)

Application has been made for a Building Permit
From the Town of Sewall's Point, FL.

Property _____ Owner(s) _____ name: _____
_____ Property Address _____
_____ Deed dated _____
_____ Recorded _____
Parcel Identification _____ Number: _____
_____ Flood Zone Base Flood Elevation
_____ feet (NGVD)
FIRM Panel Number _____ Effective date _____



In consideration for the granting of a permit for the above structure, the property owner(s) agrees to the following:

1. That the enclosed area below the base flood elevation (BFE) shall be used solely for parking of vehicles, limited storage, or access to the building and will never be used for human habitation without first becoming fully compliant with the Town of Sewall's Point flood damage prevention ordinance (Chapter 58) in effect at the time of conversion.
2. That all interior walls, ceilings, and floors below the BFE shall be unfinished and constructed of flood-resistant materials.
3. That any essential mechanical, electrical, or plumbing devices shall not be installed below the BFE.
4. The walls of the enclosed areas below the BFE shall be equipped with at least two vents which permit the automatic entry and exit of floodwater with total openings of at least one square inch for every square foot of enclosed area below flood level. The vents shall be on at least two different walls, and the bottoms of the vents shall be no more than one foot above grade.
5. That any variation in construction beyond what is permitted shall constitute a violation of this agreement and Section 58-85 (6) Town of Sewall's Point Code of Ordinances.
6. That this Non-conversion Agreement becomes part of Permit # _____.

The following shall be recorded on the deed to the above property: *"This structure has received special permission to be constructed in the Special Flood Hazard Area. The lowest floor shall not be finished or converted to a habitable space unless the enclosed area below the Base Flood Elevation becomes fully compliant with the Town of Sewall's Point Code of Ordinances Chapter 58, most current version in effect at the time of conversion"*.

Signature of Property Owner Date _____
Print name _____
Address _____

Witness _____
Date _____
Print name _____
Address _____

Signature of Property Owner Date _____
Print Name _____
Address _____

Witness _____
Date _____
Print Name _____
Address _____

Authorized signature (Town of Sewall's Point) Print (Title) Date

The foregoing instrument was acknowledged
Before me by its maker. Date: _____

Notary Seal

Signature of Notary
My Commission Expires: _____



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

IMPORTANT NOTICE

MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD

EFFECTIVE MARCH 16, 2015

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON CONSTRUCTION VALUE. THE VALUE OF CONSTRUCTION WILL BE DETERMINED BY THE HIGHER OF EITHER THE BID/CONTRACT WRITTEN AGREEMENT OR THE INTERNATIONAL CODE COUNCIL BUILDING VALUATION DATA PLUS A MULTIPLIER DEPENDING ON THE LOCATION AND COMPLEXITY OF THE STRUCTURE.

THE FOLLOWING VALUES WILL BE ASSESSED BASED ON THESE TYPICAL CONSTRUCTION TYPES:

Please use the following table to calculate cost per square foot of air conditioned space

NON FLOOD ZONE		<5,000 SQ. FT	5,000 – 9,999 SQ. FT
SLAB ON GRADE/FILL	1 STORY	\$140 / SQ. FT.	\$155 / SQ. FT.
	2 STORY	\$155 / SQ. FT.	\$165 / SQ. FT.
STEM WALL	1 STORY	\$155 / SQ. FT.	\$165 / SQ. FT.
	2 STORY	\$165 / SQ. FT.	\$175 / SQ. FT.
FLOOD ZONE		<5,000 SQ. FT.	5,000 – 9,999 SQ. FT.
STEM WALL	1 STORY	\$165 / SQ. FT.	\$175 SQ. FT.
	2 STORY	\$175 / SQ. FT.	\$185 SQ. FT.
COLUMNS/PILE	1 STORY	\$185 / SQ. FT.	\$195 SQ. FT.
	2 STORY	\$200 / SQ. FT.	\$225 SQ. FT.

FOR 10,000 SQUARE FOOT OR GREATER ADD MULTIPLIER OF 1.15

Use the following information to calculate cost per square foot for non-air conditioned space:

\$75 / SQ. FT.

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT <http://www.iccsafe.org/cs/Pages/BVD.aspx>. A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.

JOHN R. ADAMS BUILDING OFFICIAL

Updated 2/25/2015