



City of
Umatilla
Florida

Application Date: _____

Permit#: _____

Building Permit Application

BUILDING MECHANICAL ELECTRICAL PLUMBING GAS

Job Description and Detail

Job Name: _____ Job Cost: _____ Square Footage: _____

Job Address: _____

Job City: _____ County: _____

Description of work: _____

Legal Description: _____

Alternate Key # _____ OR See attached Record: _____

For Residential: Number of Bedrooms: _____ Proposed Occupancy: _____

Historic District Property: _____

Contractor Name/Company: _____

Contractor's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Contractor's State License No _____ OR Lake County Certificate of Competency NO. _____

Property Owner's Name/Lessee: _____

Phone: _____ Email: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Architect/Engineer's Name _____

Architect Engineer's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Mortgage's Lender Name: _____

Mortgage's Lender Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Applicant is hereby made to obtain a permit to complete the work and installations as indicated. Applicant hereby certifies 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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, POOLS, WELLS, FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONS, ETC.



OWNERS'S AFFIDAVIT: I certify that all the forgoing information is accurate and correct to my knowledge, and that all work will be completed in compliance with all applicable law's regulation construction and zoning.

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 YOU NOTICE OF COMMENCEMENT.

PROPERTY OWNER OR AGENT SIGNANTURE

CONTRACTOR SIGNATURE

PRINT FULL LEGAL NAME

PRINT FULL LEGAL NAME

DATE

DATE

STATE OF FLORIDA
COUNTY OF LAKE

The Foregoing instrument was sworn or acknowledge before me by means of

Physical Presence or Online Notarization,

This _____ day of _____, 20_____.

By _____

Who is personally know to me or

Who has produced _____ as identification.

Notary Public



City of Umatilla Florida

City of Umatilla, 1 S. Central Ave, PO Box 2286, Umatilla, FL 32784
Phone (352) 669-3126 Fax (352)6698-8312 Website: www.umatillafl.org

Sub-Contractor Information Sheet

REQUIRED INFORMATION

Permit Number: _____ Project Name: _____
Job Address: _____
City: _____ State: _____ Zip Code: _____
License Holder Name (Qualifier): _____
Company Name: _____ License Number: _____

The above- named licensed contractor intends to use the following sub-contractor(s) on this project and (if applicable on residential) obtain permits for them.

Plumbing Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

Mechanical Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

Electrical Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

Roofing Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

Irrigation Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

Other Contractor

Company Name: _____ Job Cost: _____
License Holder Name: _____ License: _____
Contractor Signature: _____ Date: _____

PLEASE BE ADVISED IF YOUR CHOSEN SUBCONTRACTOR(S) DO NOT HAVE THEIR CURRENT INFORMATION (SUCH AS THEIR BUSINESS LICENSE, COMPETENCY LICENSE, WORKERS COMPENSATION ECT.) IN OUR FILES THEN WE ARE UNABLE TO ISSUE A PERMIT FOR SAID SUBCONTRACTOR. PLEASE VERIFY THEIR INFORMATION AND IF THEY ARE REGISTERED WITH THE CITY.

I UNDERSTAND IT IS MY OBLIGATION TO GIVE TIMELY NOTIFICATION OF ANY CHANGE TO THE CITY OF UMATILLA BUILDING DEPARTMENT.

PRIMARY CONTRACTOR SIGNATURE _____ **DATE:** _____



Notice of Commencement

PREPARE AND RETURN RECORDED DOCUMENT TO:

CITY OF UMATILLA
PO BOX 2286
UMATILLA, FL 32784

Tax Folio/Parcel ID: _____

Permit # _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property. In accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of Property: _____

2. General Description of Improvement: _____

3. Owner Information: _____

a.) Interest in property: _____

b.) Name and address of fee simple title holder (if other than owner)

4. Contractor: _____

5. Surety Name and address (if applicable) _____

6. Amount of Bond \$ _____

7. Lender: _____

8. 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. Name: _____

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

10. Expiration date of Notice of Commencement (the expiration date is (1) year from the date of recording unless specified.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPROATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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 Owners s Authorized Officer/Director/Partner/Manager) _____ Date _____

STATE OF FLORIDA
COUNTY OF LAKE
The Foregoing instrument was sworn or acknowledge 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.

STATE OF FLORIDA
COUNTY OF LAKE
The Foregoing instrument was sworn or acknowledge 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.

Notary Public Seal

Notary Public Seal

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	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			
6. NEW EXTERIOR			
A. ENVELOPE PRODUCTS			

The products listed below 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

Plan 3 – Rev 8/15



City of
Umatilla
Florida

COMMERCIAL SCOPE OF WORK

Date: _____ Permit # _____

Form Prepared by: _____ Contact Phone#: _____

Scope of work for address: _____

Email: _____

Select Best Job Description:

- Reconfiguration only of existing space. Same occupancy type, or use.
- Addition/Reduction of space to existing Business/Occupancy type
- New use, Occupancy type or Business existing space

General Plan Requirements:

1. A legible scaled site plan is required of the unit/space location showing the use/occupancy type of all adjacent business to the location.
2. An existing dimensioned floor plan is required showing sizes and us of all rooms.
3. A proposed floor plan is required if any changes are to be made.
4. Show the size of each room/area to determined occupancy load.
5. Show locations of emergency lighting, exit lights, fire extinguishers and sprinkler heads if present.

For the following types of construction, please list the areas or rooms where that type of construction may be performed. (Offices, Conference Room, Sales, Storage, Waiting Rooms). You may specify areas where no work is to be done as existing or no change. List any special conditions in the addition information area.

Building:

Electric: Changes or additions will require current load calculations and for proposed new load

Plumbing: Any relocations or additions

Mechanical: New energy calculations are required for any changes or added areas

Additional Information: