



City of Alachua

BUILDING DEPARTMENT
PO BOX 9
ALACHUA, FL 32616
PHONE: (386)418-6120 * FAX: (386)418-6130

RESIDENTIAL PERMIT APPLICATION

*****PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*****

Plans must comply with: Florida Building Code, Fifth Edition, 2011 NEC,
City of Alachua Code of Ordinances & Land Development Regulations

For Office Use Only:

TYPE PERMIT: Date: Permit #:

Applicant/Contractor: Address: Phone: License #:

Property Owner Name: Address: Phone:

Job Address: Unit #: Block #: Building #: Phase #:

Subdivision: Parcel Number: Lot: Section: Township: Range: Project Name:

Use of Building: Single Family Duplex New Construction Remodel/Addition

Zoning: Flood Zone: Total Square Feet (Heated & Unheated): Valuation of Work (Calculated by City Staff):
Setbacks: Front: Rear: Left: Right: BFE: FFE: BVD Value: \$

Driveway Connection: Y N Number of Stories: Foundation Type: Wall Type:

of Bedrooms: Gas: Y N Roof Type: Flooring Type:
of Baths: Provider:

WARNING TO OWNER:

A Notice of Commencement must be recorded and posted on the job site before the first inspection. Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property.

If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

1. Application is hereby made to obtain a permit to do the work as indicated. I certify that no work 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.

2. Owner's Affidavit: 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.

3. I hereby certify that I understand and agree to comply with the Zoning regulations pertaining to the property.

4. I hereby certify that I understand the City Utility departments will decide the location of water, sewer, gas and electrical entrances and that the entire sewer line from the building to the street connection must be exposed until after it has been inspected and that this is not approval of drainage or flood conditions.

5. I hereby certify that I understand and agree that I am responsible for the repair of any damages to utilities such as water, sewer, gas and electric lines, telephone and cable TV, etc occurring during this work.

6. I hereby certify that I understand and agree that before work is considered complete, all rubbish and unused materials due to or connected with construction must be removed and premises left in satisfactory condition to the City.

7. A completed Certified Copy of the Notice of Commencement must be attached if construction value is more than \$2500.00 or \$7500.00 if HVAC per F.S. §713.135

8. Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this , and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

For Office Use Only:

Electric Company: Well or City Water: Septic or City Sewer:
City Maintained Road: Y N Culvert Required: Y N

OWNER/CONTRACTOR'S AFFIDAVIT

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, I certify that no work has commenced prior to the issuance of a permit, and that all provisions of the City of Alachua and laws of the State of Florida will be complied with, whether specified or not. I will notify the City of Alachua Building Department twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.

Signature of Owner or Contractor Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to and subscribed before me this _____ day of _____,
20____ by _____, who is
personally known to me, or who presented identification.

Type of identification: _____

(Seal) _____
Public Notary, State of Florida

PERMIT COST: _____

PLAN REVIEW: _____

SURCHARGE: _____

LDR COMPLIANCE FEE: _____

ELECTRIC METER: _____

WATER METER: _____

BACK FLOW: _____

WATER TREATMENT: _____

WATER DISTRIBUTION: _____

SEWER TREATMENT: _____

SEWER COLLECTION: _____

IRRIGATION METER: _____

DRIVEWAY: _____

E911 ADDRESS: _____

TOTAL: \$ _____

ZONING APPROVED BY: _____
Planning & Zoning Signature Date

PLANS APPROVED BY: _____
Building Official Signature Date



City of Alachua Building Department

RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2014 AND THE 2014 FLORIDA RESIDENTIAL CODE

ALL REQUIREMENTS SUBJECT TO CHANGE
EFFECTIVE JUNE 30, 2015.

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 16 SECTION 1609 OF THE FLORIDA BUILDING CODE 2010 BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE FOLLOWING BASIC WIND SPEED AS PER FIGURE 1609 SHALL BE USED.

1. RISK CATEGORY I (POLE BARN, ACCESSORY BUILDINGS).....120 MPH
2. RISK CATEGORY II (RESIDENCES) 130 MPH

NO AREA IN THE CITY OF ALACHUA IS IN A WIND-BORNE DEBRIS REGION.

GENERAL REQUIREMENTS: Two (2) complete sets containing the following:

All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of heated area, unheated area, and design criteria shall be on drawings.

Designer's name and signature shall be on the drawing. If licensed architect or engineer, official seal shall be affixed.

Site Plan including:

- a) Dimensions of lot
- b) Dimensions and location of building setback lines and all utility easements
- c) Dimensions and location of all structures on the lot, location of all mechanical equipment and pads, distance between structures, and distance from wells and septic tanks
- d) Distance of structures from all property lines
- e) Location of all patios, decks, sidewalks, driveways, walkways, and points of connection to roadways
- f) If applicable, location of well and septic tank, and distance between structures, well, and septic tank

Wind-load Engineering:

Summary, calculations and any details required including lateral loads and horizontal forces.

Elevations including:

- a) All Sides including height of building
- b) Roof Pitch
- c) Overhang dimensions and detail with attic ventilation
- d) Location, size and height above roof of chimneys
- e) Location and size of skylights

Revision Date: December 1, 2015

Floor Plan including:

- a) Rooms labeled and dimensioned
- b) Shear walls
- c) Windows and Doors: attach Product Approval Specification Sheet along with manufacturer's installation requirements (FBC1715.5) and safety glazing where needed
- d) Fireplaces (gas appliance (vented or non-vented) or wood-burning) with hearth
- e) Stairs with dimensions (width, tread and riser) and detail of guardrails and handrails
- f) Garage separation material (wall /ceiling, wall /deck, and garage doors)

Foundation plan including:

- a) Location of all load bearing walls with required footings indicated as standard or monolithic and their dimensions and reinforcing
- b) All post and/or column footing including size and reinforcing
- c) Any special support required by soil analysis such as piling
- d) Location of any vertical steel
- e) If alternative method of soil treatment is used for termite protection, it shall be noted on plans

Roof System:**Truss Package including:**

- 1) Truss layout and truss details. Truss package shall be signed and sealed by a Florida registered Professional Engineer (raised seal) and submitted with the original permit application. Include axial loads as required by FBC 2303.4.1.
- 2) Roof assembly. Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating

Conventional Framing Layout including:

- 1) Rafter size, species, and spacing
- 2) Attachment to wall and uplift
- 3) Ridge Beam sized and valley framing and support details
- 4) Roof assembly Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)

Wall Sections including:***Masonry wall***

- 1) All materials making up wall
- 2) Block size and mortar type with size and spacing of reinforcement
- 3) Lintel, tie-beam sizes and reinforcement
- 4) Gable ends with rake beams showing reinforcement or gable truss and wall bracing detail
- 5) All required connectors with uplift and lateral ratings and required number and size of fasteners for continuous tie from roof to foundation
- 6) Roof assembly shown here or on roof system detail Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)

Wood Frame wall

- 1) All materials making up wall
- 2) Size and species of studs
- 3) Sheathing size type and nailing schedule
- 4) Headers sized

- 5) Gable end showing balloon framing detail or gable truss , wall hinge bracing detail and lateral bracing
 - 6) All required connectors with uplift, lateral ratings and required number and size of fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers)
 - 7) Roof assembly shown here or on roof system detail (FBC 106.1.1.2 Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
- Metal Frame wall and roof (Designed and sealed by Florida Registered Professional Engineer or Architect)

Floor Framing System:

- a) Floor truss package including layout and details signed and sealed by FL Reg. PE
- b) Floor joist size, species and spacing
- c) Girder size and species
- d) Attachment of joist to girder
- e) wind load requirements where applicable

Electrical layout including:

- a) Switches, outlets/receptacles, lighting, all required GFCI outlets identified
- b) All outlets combination AFCI, tamper proof
- c) Ceiling fans
- d) Smoke detectors
- e) Service-panel and sub-panel size and locations(s)
- f) Meter location with type of service entrance (overhead or underground)
- g) Appliances and HVAC equipment
- h) Name of electrical power company that will provide service

Heating, Ventilation and Air Conditioning Information Containing the Following:

- a) Manual J sizing equipment or equivalent computation
- b) Manual D sizing duct or equivalent with duct layout (include location & size of return)
- c) Exhaust fans in bathrooms
- d) Energy Calculations (dimensions shall match plans)
- F) Gas System Type (LP or Natural) Location and BTU demand of equipment

I have completed this checklist accurately and acknowledge that if omissions or errors are found by the Plans Examiners they will cause delays in the processing of my permit and may result in additional fees.

Signature of Applicant _____ *Date* _____



City of Alachua Building Dept.

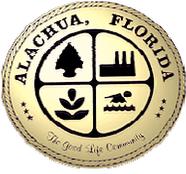
PRODUCT APPROVAL SPECIFICATION SHEET

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. You can find product approval numbers at www.floridabuilding.org. First select "Product Approval". "Find a Product". Then select a category (product), select a manufacturer, and then search. Please include the mfg's installation instructions in your package.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
2. WINDOWS			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
3. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES & SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT-UP ROOFING ROOF SYSTEMS			
J. ROOFING SLATE			
K. LIQUID APPLIED ROOF SYSTEMS			
L. ROOF TILE ADHESIVE			
M. SPRAY APPLIED POLYURETHANE ROOF			
N. OTHER			
4. SKYLIGHTS			
5. NEW EXTERIOR 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) the 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.

Signature of Applicant _____ Date _____



City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	Planner Signature: _____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Approved with conditions listed below	
Amount Paid: _____	Receipt Number: _____

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Mobile Home Install | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Barn | <input type="checkbox"/> Other: _____ |

PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

C. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ FAX: () _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____
_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

Office Use Only:

Review Date: _____

FLUM: _____

Tax Parcel Number: _____

Zoning District: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

Parking Standard for Use Type: _____

Number of Parking Spaces Provided: _____

Use Specific Standards Applicable: Yes No If yes, LDR Section Number: _____

Accessory Use Standards Applicable: Yes No If yes, LDR Section Number: _____

Previous Site Plan Approval: Yes No If yes, Date of Approval: _____

Home Occupation: Yes No If yes, has "Home Occupation Addendum" to LBT

Alcoholic Beverage License Required: Yes No Application been submitted?

Change of Use Permit Required: Yes No

Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____

Sign and fill in the box located at the top right corner of page one (1).

PERMIT # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF ALACHUA CITY OF ALACHUA

THE UNDERSIGNED hereby gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

LOT _____ BLOCK _____
SECTION _____ TOWNSHIP _____ RANGE _____
TAX PARCEL # _____
SUBDIVISION: _____ PLATBOOK: _____ MAP PAGE# _____
STREET ADDRESS: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

TO CONSTRUCT: _____

OWNER INFORMATION:

OWNER (S) NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____
INTEREST IN THE PROPERTY: _____
FEE SIMPLE TITLEHOLDER NAME: _____
FEE SIMPLE TITLEHOLDER ADDRESS: _____
(IF OTHER THAN OWNER)

CONTRACTOR NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

BONDING COMPANY: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

LENDER NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

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: _____ ADDRESS _____
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.

Expiration date is 1 year from date of recording unless a different date is specified.

SIGNATURE OF OWNER

SWORN to and subscribed before me this _____ day of _____ A. D. 20 ____.
Notary Public _____ My commission expires _____

Signature

***WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF 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.



City of Alachua

SUBCONTRACTOR VERIFICATION

PERMIT NUMBER: _____

The City of Alachua issues combination permits where one permit covers all trades doing work at one site. It is necessary that we have documentation of the subcontractors who actually did the trade specific work under the general contractor's permit.

This form shall be submitted to the Building Department at time of permitting.

GENERAL CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

ELECTRIC CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

HVAC CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

PLUMBING CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

ROOFING CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

GAS CONTRACTOR:

SIGNATURE LICENSE

COMPANY NAME: _____

CONTRACTOR UTILITY APPLICATION

Scheduled turn on date: _____

Building Permit # _____

Name: _____

Physical Address:

Parcel # _____ Subdivision _____

Billing Address:

Business Phone #: _____ Cell Phone #: _____

Tax Id #: _____

Do you wish to receive e-mail bills? _____ E-mail Address: _____

Would you like to receive "Paperless Billing and only receive a bill via your e-mail? _____

Do you wish to set up automatic monthly bill payments? _____

Do you currently have utilities with the City of Alachua? _____

If you do have a current utility account, do you wish to close this account? _____

What is the date that the utility service is to be terminated? _____

Parties authorized to make changes to this account, other than the applicant.
_____ Relationship _____

I hereby make application to the City of Alachua for utility services and upon approval of this application I agree to abide by all ordinances, provisions, and applicable rules of the City of Alachua in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Alachua collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of Alachua may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A security deposit of two and one half times the average bill is required for Commercial accounts.

Sign: _____ Date: _____

FOR CITY USE ONLY: Location #: _____ Account #: _____

Work Order #: Final _____ Turn on _____ New customer: Yes ___ No ___

Transferred Acct # _____ Final Date & WO# _____

Date opened: _____ Scheduled turn on date: _____

Proof of ownership verified: _____ Check for prior debt: _____ Drivers License: _____

Deposit Paid: _____ Receipt # _____ Opened by: _____