Building & Zoning Application

Florida Building Code 2020



Application Number _____

Please provide all 4 pages to this application Complete in Blue or Black ink only.

Primary Contact Information:		
Name:		
Company Name:		
Email:	Fax:	
Site Address:	Parcel ID:	
Single Family/Duplex Multi-Family Commercial I	Mixed Use # of Bldgs # of Units	# of Stories
Circle Construction Type : I II III IV V	One - Hour Protect Y or N	
Existing SQ FT "Under Roof"	Existing Net SQ FT "Under AC"	
Addition NEW SQ FT "Under Roof"	Addition NEW SQ "Under AC"	
Electric Plumbing Sign	Fence Tent Canopy/Shade	e
Description of work:		
	Notice of Commencement Required?	Y N
Census Item Occupancy Use CodeConstruction Amount \$	Prepay Amount \$ Occu	ipant Load
Check Appropriate Permit Request	Blueprints mu	st be 24" x 36"
New Home & Additions 5 sets New Home & Additions 5 sets Residential Renovations & Repairs 5 sets Reroofs/Recovers Commercial or Residential 2 sets Change of Commercial Use? Existing Use	ew Commercial or Commercial Additions / Renov Number of Pages pe Is a Disk being provio Proposed Use:	r set: ded?Y or N
Contractor's Name:		
Business Name:		
Address:		
Email:		
Property Owner:		
Address :		
City: Zip Code	e Phone:	
	Eirm	
Architect's Name: Address :	Email:	
City: Zip Code		
Engineer's Name:	 Eirm:	
Address :	Firm: Email:	
City: State Zip Code		
FBC 2020 105.3.3 An enforcing authority may not issue a building	permit for any building construction, erection, alter	ation,
modification repair, or addition unless the permit either includes or		
statement: "NOTICE: In addition to the requirements of this permit,	there may be additional restrictions applicable to t	his
property that may be found in the public records of this county, and		ner
governmental entities such as water management districts, state ag	encies or federal agencies."	

A **Right-of Way Use Permit** shall be required by the City Engineer if the use of the right-of-way is necessary. Such right- of way usage includes but is not limited to the closure of streets, sidewalks, bicycle lanes, utility-strips, and or the installation of driveways, aprons, irrigation, lighting and landscaping. Furthermore, the City Engineer may require an **Erosion Control Permit** if cutting, filling, grading or altering the natural topography of real property by any means which will impact the environment, the City's storm water system or the surrounding areas.

Tree Protection Ordinance

If any trees or palms are to be removed, relocated or protected, call 941.263.6000 x 36536 and ask the City Arborist for more information.

Pollution Control Division A) If the activity involves an underground fuel storage tank, check the appropriate box: No change of tanks Yes, tanks(s) to be installed Yes, tank(s) to be removed				
If you checked a box indicating tanks are to be installed or removed, your building permit must reflect this a	nd vou must conta	ct the Air		
and Water Quality Protection Storage Tank Program at 941.650.9087	,			
B) If the activity involves renovation or demolition, answer the following:				
Has the building ever been used for any non-residential purpose? Yes No				
If the building is residential, does it contain more than four (4) living units?	Yes	No		
If the building is residential, is it being demolished to make way for a				
commercial, municipal or multi-residential project?	Yes	No		
If you checked "yes" for any of these three questions, you may be required to submit an Asbestos Survey & Project Notification Form in accordance				
with Federal law. Please contact Sarasota County at 941.650.7519 or 941.650.3923 and ask for the Air Quality Program for further details.				

ASBESTOS REMOVAL DISCLOSURE STATEMENT FOR PROPERTY OWNERS ACTING AS THEIR OWN CONTRACTOR

State law requires asbestos abatement to be done by licensed 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 asbestos abatement contractor even though you do not have a license. you must supervise the construction yourself. You may move, remove or dispose of asbestos containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor, your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that all people employed by you have licenses required by state law and by county or municipal ordinances.

I certify that I have read the Asbestos Removal Disclosure Statement printed above and that I understand my obligations under Florida law and local and municipal ordinance. I further certify that I will comply with all provisions of those laws and ordinances and that I will allow any authorized employee of the City of Sarasota to enter the premises associated with this project for the purpose of ascertaining full compliance.

Signature	of	Owne
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Notary

Date

My Commission Expires

OWNER'S DISCLOSURE STATEMENT APPLICABLE TO OWNERS ACTING AS THEIR OWN CONTRACTOR

1) 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 thought I do not have a license.

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.

3) I understand, that as an owner builder, I am the responsible party of record on the permit. I understand that I may protect myself from 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 contracts.

4) 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 \$75,000.00. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

5) I understand that, as the owner-builder, I must provide direct on-site supervision of the construction.

6) I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons who I employ have the licenses required by law and by county or municipal ordinance.

7) I understand that it is a frequent practice of unlicensed persons to have the property owner obtain and 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 liable and subject to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My home owner'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.

8) I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the 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 the 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 employees. I understand that my failure to follow these laws may subject me to serious **financial risk.**

9) I agree that, as the party legally and financially responsible for the proposed construction activity, I will abide by all applicable laws 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.

10) I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, or the Florida Department of Revenue. I also understand that I may contact the Construction Industry Licensing Board at 850.487.1395 or at www.myflorida.com for more information about licensed contractors. 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

12) I agree to notify the City of Sarasota immediately of any additions, deletions or changes to any of the information that I have provided on this disclosure. 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 any 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. Before a building permit can be issued, this disclosure statement must be completed, signed by the property owner, notarized and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver's license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

OWNER'S AFFIDAVIT

I certify that all the foregoing information is accurate and that all work will be done in compliance with all the applicable laws regulating construction. I agree to allow any authorized employees of the City of Sarasota to enter upon the premises associated with this project for the purpose of ascertaining compliance with the terms and conditions of the application or permit.

Signature of Owner

Notary & Seal

Date

Date

APPLICATION FOR PERMIT BY CONTRACTOR

Contractor	r's Signature:	Printed Name: Printed Name:		Date:	Date:		
Agent's Sig	gnature:	Printed Name:		Date:			
According to the City's ordinance, construction is allowed between the hours of 6 AM - 9 PM weekdays and 9 AM - 9 PM on weekends and holidays.			f				
		6 AM - 9 PM weekdays ar	10 9 AM - 9 PM	on weekends and holidays.			
Fee Sc	hedule		*				
🗌 Trip	le Fee						
Zoning &	Zoning Inspection		Prepay Validation				
Building			-lida				
Electrical			- ^a				
Plumbing							
Gas			Pre				
AC/Mech	anical		_				
Roofing			_				
Fire:	Alarms		_				
	Suppression		_				
	Sprinkler		_				
	Fire Final		_	Plans Review Approved/De	nied		Date
Radon			_				
Demolitio	on		-				
Historic D	emolition		-				
Cert. of O	occupancy		-				
Cert. of C	ompletion		-				
Signs			- s				
Miscellan	eous		Notes				
Engineeri	ng		- 2				
Scanning	Fee		-				
Lien/Nota	ary		-				
Public Art	t		-				
Training 8	& Certification		_	Appro	oval Initials		Approval Date
Fire Impa	ct		-	Zoning			
EMS Impa	act		-	Engineering			
Fire & EN	1S City Srv Fee 1%		-	Utilities			
Fire Coun	ty Svc 1.25 %		-	Public Works			
EMS Cour	nty Svc 1.25 %		-	Purchasing			
Fax			-	Historical Planning			
Historic 8	k PAR		-	Notified			
Total Fee	S		-				
Credit Ca	rd Fees		-	Zoning Notes		Flood Zone	
Permit To	otal						

CITY OF SARASOF	BUILDING & ZONING DIVISION FEE SCHEDULE & WORKSHEET		FEES	CITY OF SARASOTA BUILDING AND ZONING 1565 1ST ST, SARASOTA FL 34236
	SITE ADDRESS			
	APPLICATION NUMBER	CONSTRUCTION VALUE		
ZONING:	\$2.00 PER THOUSAND OR	MINIMUM	\$ 50.00	
		MAXIMUM	\$ 15,000.00	
SIGN PERMIT:	.40 PER SQ. FT	MINIMUM	\$ 50.00	
	\$10.00 PER THOUSAND OF CONSTR. VALUE OR MINIMUM		\$ 100.00	
	S UNDER \$1000.00 IN CONSTR. VALUE MININUM BLDG FEE (F		\$ 40.00	
	· · · · ·	ENCES/SHEDS)	φ 40.00	
	BLE 25% PREPAY REQUIRED ON ALL PERMIT APPLICATIONS		• • • •	
ELECTRICAL:	ALL NEW CONSTRUCTION PER AMP FOR EACH UNIT PANELS & SUBPANELS 1-25 MINIMUM \$75.00		\$ 0.40 \$ 75.00	
	OVER 25 PANELS - SUBPANELS \$2.00 EA.			
	MOTORS EACH MOTOR UP TO AND INCLUDING 1 HI EACH MOTOR OVER 1 HP		\$ 2.00 \$ 4.00	
	EACH MOTOR OVER 5 HP \$4.00 PLUS \$.50	PER HP	\$ 0.50	
	MAXIMUM PER MOTOR		\$ 40.00	
	TRANSFORMERS AND GENERATORS \$.50 CENTS EACH W/M	IAXIMUM OF	\$ 50.00	
		ETC	\$ 75.00	
	EACH INSP. INCL. ROUGH IN, SERVICE CHANGE, FINA TEMPORARY ELECTRICAL WORK FOR RADIO TRANSMITTING	•	EA. 75.00	
	RECEIVING STATIONS, CARNIVALS, CIRCUSES, ROAD SHOW	IS F		
			\$ 75.00	
PLUMBING:	ALL NEW CONSTRUCTION PER OCCUPIED UNIT PER PLUMBING FIXTURE		\$ 45.00 \$ 5.00	
	SEWER AND WATER FOR COMPLEXES WITH OVER 50 UNITS	3	\$ 100.00	
			\$ 50.00	
	SEWERS (SANITARY OR STORM) GAS (LPG OR NATURAL GAS)		\$ 50.00 \$ 50.00	
	1ST 3 LOCATIONS		\$ 50.00	
			\$ 10.00 \$ 75.00	
	ALTERATIONS AND REPAIRS EACH INSP. INCL. ROUGH IN, TUBSET, SHOWER PAN, I	INAL FTC	\$ 75.00 EA. 75.00	
A/C MECH:	ALL NEW CONSTRUCTION PER SQ. FT OF TEMP CONTROLEI		\$ 0.05	
A/C MECH.	COMMERCIAL BOILERS & WALK IN REFRI		\$ 0.03 \$ 10.00	
	EACH INSPECTION INCL. ROUGH IN, FINAL, ETC.		EA.75.00	
FIRE:	FIRE PROTECTION SIGNALING SYSTEMS	PER DEVICE	\$ 2.00	
	STANDPIPE SYSTEMS	10	\$ 75.00	
	PRE-ENGINEERED OR ENGINEERED SUPPRESSION SYSTEM (HALON, CO2, DRY/WET CHEMICAL SYSTEMS)	15	<mark>\$ 125.00</mark>	
	SPRINKLER SYSTEM INSPECTION PER SYSTEM		\$ 75.00	
		PER HEAD	\$ 1.00	
	FIRE CONTROL SYSTEM ALTERATIONS & REPAIRS	PER RISER PER INSPECTION	\$ 50.00 \$ 75.00	
	FIRE FINAL INSPECTION	PER INSPECTION	\$ 75.00 \$ 75.00	
	ALL OTHER FIRE INSPECTIONS	PER INSPECTION	\$ 75.00	
	UNDERGOUND FIRE MAIN STAIRWAY PRESSURIZATION TEST	PER INSPECTION	\$ 75.00 \$ 75.00	
	SMOKE EVACUATION TEST	PER INSPECTION PER INSPECTION	\$ 75.00 \$ 75.00	
	FIRE SYSTEMS REQUIRING 2 INSPECTORS MINIMUM 2 HOU	R	\$ 200.00	
	PERMIT FEE FOR ALL OTHER PERMITS REQUIRED BY THE F	BC	\$ 75.00	
			\$ 150.00	
ROOFING:	ALL ROOFING EXCLUDING NEW CONSTRUCTION \$10.00 PER OF ESTIMATED CONSTRUCTION VALUATION OR FRACTION			
			\$ 100.00	
		NIMUM ROOFING FEE		
TENTS:	FIRST TENT		\$ 75.00 \$ 10.00	
	EACH	ADDITIONAL TENT	\$ 10.00 SUB-TOTAL	

RENEWAL OR RE-ISSUANCE OF A PERMIT	1		
SHALL BE FIFTY PERCENT (50%) OF THE ORIGINAL PERMIT FEE.			
REINSPECTION FEES: IST REINSPECTION	\$	100.00	
2ND REINSPECTION	\$	125.00	
3RD REINSPECTION	\$	150.00	
THEREAFTER	\$	175.00	
DEMOLITIONS: DEMO FEE	\$	100.00	
HISTORICAL DEMO	\$	100.00	
HISTORICAL DEMO ADD \$.10 PER SQ FOOT FOR ALL PERMITS	\$	0.10	
CERTIFICATE OF OCCUPANCY: EACH CERTIFICATE	\$	120.00	
CERTIFICATE OF COMPLETION	\$	120.00	
TEMPORARY CERTIFICATE OF OCCUPANCY IST TCO 30 DAYS	\$	200.00	
2ND TCO 31-60 DAYS	\$	400.00	
3RD TCO 61-90 DAYS	\$	800.00	
ALL ADDITIONAL TCO'S	\$	1,000.00	
MOVING STRUCTURES MOVING ANY STRUCTURE EACH STRUCTURE	\$	100.00	
CHANGE OF CONTRACTOR FEE 10% OR \$50.00 WHICHEVER IS GREATER OF PERMIT FEES	\$	50.00	
DUPLICATE PERMIT CARD:	\$	25.00	
SPECIAL NIGHT WORK, WEEKEND & HOLIDAY PERMIT (\$25.00 PER DAY)	\$	25.00	
AFTER HOURS INSECPECTION FEE MINIMUM 2 HOURS	\$	150.00	
TRANSMITTAL REVIEW FEE: EACH TRANSMITTAL PLUS \$1.00 PER PAGE	\$	50.00	
REPLACEMENT DRAWINGS:	\$	50.00	
OVER 10 PAGES \$50.00 PLUS \$1.00 PER PAGE			
NOTARY FEE	\$	4.00	
LIEN FEE	\$	5.00	
PERMIT EXTENTION FEE:	\$	75.00	
1% OF TOTAL PERMIT FEE FOR TRAINING AND CERTIFICATION			
RADON 3% OF TOTAL PERMIT FEE, MIN \$4.00			
SCANNING FEE \$2.50 PER PAGE WHEN THE CITY DOES THE SCANNING			
SCANNING FEE \$.50 PER PAGE WHEN CUSTOMER PROVIDES AN AS BUILT CD			
FAX CONVENIENCE FEE		\$5.00	
CREDIT CARD CONVENIENCE FEE		\$2.50	
HISTORIC PRESERVATION PER REVIEW ON ALL PERMITS		\$10.00	
PUBLIC ART REVIEW		\$5.00	
PERMIT SEARCH FEE (minimum \$10.00 fee or hourly rate for extensive research)		\$10.00	
ALCOHOLIC BEVERAGE LICENSE		\$25.00	
BUILDING OFFICAL CERTIFICATION LETTER OR WRITTEN OPINION LETTER		\$275.00	
TEMPORARY ACTIVITY PERMIT	\$	50.00	
		TOTAL	



NOTICE OF COMMENCEMENT

TO FILE THE NOTICE OF COMMENCEMENT YOU MUST FILL OUT THE FORM, HAVE IT NOTARIZED AND TAKE IT TO THE CLERK OF COURT AT THE SARASOTA COUNTY COURTHOUSE AT 2000 MAIN ST @ MAIN ST AND US 301.

GO INTO THE CLERKS OFFICE AND ASK TO RECORD THE NOTICE OF COMMENCEMENT. ONCE IT IS RECORDED ASK TO GET A CERTIFIED COPY OF THE NOC. THERE IS A FEE FOR RECORDING AND CERTIFYING THIS FORM.

THE CITY BUILDING DIVISION MUST RECEIVE THE <u>CERTIFIED COPY</u> OF THE NOTICE OF COMMENCEMENT BEFORE YOUR FIRST INSPECTION CAN BE CALLED IN. (See back of this form for example).

YOU MAY FAX IT TO **<u>941-954-4178</u>** OR BRING IT IN PERSON TO 1565 1ST ST, OR EMAIL IT TO CITYPERMITS@SARASOTAFL.GOV

COUNTY PARKING LOT			2000 MAIN ST COUNTY COURTHOUSE CLERK OF COURT	
N N WASHINGTON	EAST ON MAIN ST	BOULEVARD	/ US 301	S
1993 MAIN ST HOLLYWOOD 20 MOVIE THEATER			1990 MAIN ST COURTHOUSE CENTER	

NOTICE OF COMMENCEMENT

NEEDS TO HAVE (2) TWO STAMPS IN ORDER FOR YOU TO CALL-IN YOUR FIRST INSPECTION.

RECORDING STAMP

RECORDED IN OFFICIAL RECORDS INSTRUMENT # 2011074924 1 PG 2011 JUN 28 09:29 AM KAREN E. RUSHING SpaceLERK AG. THEFCTREULIT. GOILRT ENT SARASUTA COUNTY, FLORIDA HJAMES Receipt#1400744

CERTIFIED STAMP

Ext. 10/24/12 "STATE OF FLORIDA, COUNTY OF SARASOTA I hereby certify that the foregoing is a true and correct copy of pages______through _____of the instrument filed in this office. The original instrument filed contains _____ pages This copy has no redactions. D This copy has been redacted percent to law, redacted percent to law, witness my hand and official seal this 25 day of 20 the circuit court CARENELAUNTING, CLERK OF THE CIRCUIT COURT By: HERRIY GIGI

Permit No._

Tax Folio No. ____

NOTICE OF COMMENCEMENT

State of Florida, County of Sarasota

The **UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement

LEGAL DESCRIPTION OF PROPERTY (INCLUDING STREET ADDRESS, IF AVAILABLE): ____

General description of the improvements:	
OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CON	ITRACTED FOR THE IMPROVEMENT:
Address:	
Owner's Interest in site of the Improvement:	
NAME & ADDRESS OF FEE SIMPLE TITLEHOLDER (IF DIFFERENT FROM	I OWNER LISTED ABOVE):
Contractor's Name:	
Contractor's Address:	
CONTRACTOR PHONE NUMBER:	
SURETY: (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACH	ED):
NAME & ADDRESS:	AMOUNT OF BOND \$
Lender Name:	
	PHONE NO.:
Persons within the State of Florida designated by the own for by Florida Statute §713.13(1) (A) 7.	ER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED
Name:	
Address:	
IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES THE FOR PROVIDED IN SECTION 713.13(1)(B) FLORIDA STATUTES:	LOWING PERSON(S) TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS

EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS 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 JOBSITE 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.

Notary commission stamp here:	Signature of Owner	
	Printed Name of Owner	
	Sworn to me this	day of
	In the year 202	
		Notary Public Signature
		Notary Public Printed Name

Building Division Letter of Transmittal



Complete this form and submit it <u>OVER THE COUNTER</u> with any new or adjusted pages. You must also fill out section (G), below summarizing your changes. We <u>DO NOT</u> accept transmittals by fax or mail.

Type or print. Please use <u>blue</u> or <u>black</u> ink. Only contractors or agents can <u>submit</u> or <u>pick up</u> transmittals.

Is this an (<u>ACTIVE</u>) pe	rmit? ** Is this a (I	PENDING) Permit**?
PERMIT NUMBER		
Date Submitted: S		
Submitted by:		
(All lines of form must be com	plete prior to presenting thi	is transmittal to the front counter)
Did a City Reviewer or Inspector reque	st these changes? Yes [] No [] !	Name:
Who should receive this transmitt	al? [] Plans Review [] Zoning [] Planning [] Engineering [] Utilities/Eng.
IMPORTANT NOTE: All blueprints (Transmittals no	c/drawings must be the <u>same size</u> ot meeting these requireme	
b) 5 Sets <i>Residential (New Homes</i>		-
		et
	, , , ,	per set onal construction value:
f) Briefly describe all items you are su		
· · · · · · · · · · · · · · · · · · ·		ES THAT HAVE BEEN CHANGED!!!!!!
Fee Schedule		
Zoning	Approved: Reje	ected: Date:
Building + \$1.00 per page	Name of Reviewer:	
Electrical	REVIEWER COMMENTS OR CO	ONDITIONS:
Plumbing		
AC / Mechanical		
Roofing		
Signs		
Trees		
Fire (AL, Sup, Spr & F)		
Cert of Occupancy		
Scan Fee		
Cert & Training Fee		
Radon Fee		
Total Fees	<u> </u>	



City of Sarasota Building Division <u>Subcontractor Form</u> 1565 1st St, Sarasota, FL, 34236 Phone 941-263-6494 Fax 941-954-4178, Inspections 941-263-6418

Or email to CityPermits@sarasotafl.gov

I certify that I am the Contractor which obtained the below permit, Owner or Authorized Agent, and that the below constitutes a true list of subcontractors working for me on this job. I understand any change of subcontractors shall be permissible provided written notification of said change is first submitted to the Building Division.

PERMIT	#:	

_____PERMIT ADDRESS: ____

CONTRACTOR NAME: _____

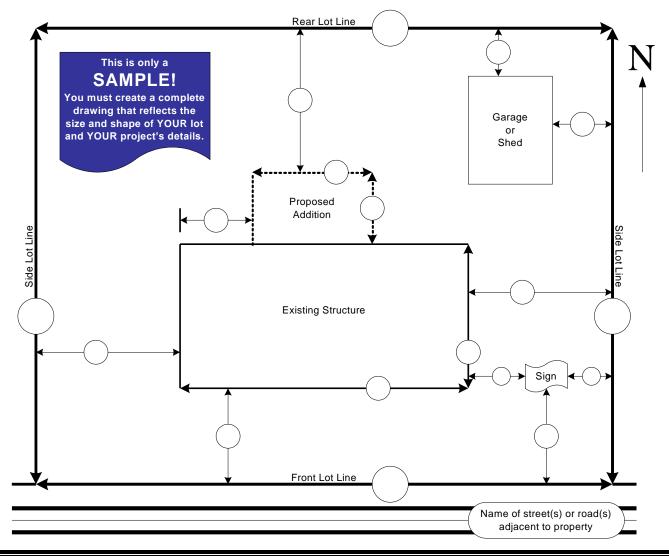
ELECTRICAL Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
PLUMBING Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
A/C MECH. Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
ROOFING Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
FIRE ALARM Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
FIRE SPRINKLER Co.	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
FIRE SUPPRESSION Co.	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
FIRE LINE Co. Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
GAS Company Name	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #
IRRIGATION Co. Name	Contractor Name
Address	Cont./Agent Signature
Phone Number	City Reg. #
MISCELLANEOUS Co.	Contractor Name
Address	Contr./Agent Signature
Phone Number	City Reg. #



BUILDING & ZONING DIVISION SAMPLE SITE PLAN

Instructions for preparing a Site Plan

- I. On an 8-1/2 x 11 sheet of standard paper (or larger), draw your individual property. Your drawing MUST be to scale and show adjacent street(s) and roads(s), with a direction arrow indicating north.
- II. Show ALL buildings, mobile homes, garages, sheds and any other structures on your property on the site plan, regardless of the reason for requesting a permit.
- III. If the requested permit is for an addition, show the existing structure(s) with solid lines and the addition(s) with dotted lines.
- **IV.** After locating all structures on your property, show distances in feet from lot lines and for key elements of the plan (as illustrated by the circles in the sample, below).
- V. Sign and date your site plan drawing before submitting it with your permit application.
- VI. The drawing below is <u>SAMPLE ONLY</u>. Your lot and building(s) will differ in size, shape and scale. Your drawing must accurately reflect YOUR property and YOUR project. Where the shapes of building(s) differ, include measurements for the offsets from the lot lines or other parts of the building(s).



UTILITY REQUEST APPLICATION FORM

DATE

City use only Application Numb	perB	Building Permit Number			
LEGAL DESCRIP	TION OF SITE:	APPLICANT INFORMATIO	N:		
Street Address:		Property Owner Name:			
Sarasota County PID#:		_Company Name:			
Subdivision Name:		_Mailing Address:			
Lot & Block No	City:	State:Zip:			
Email Address:		Phone Number:			
	TYPE OF BUILDING <u>TO BE</u> SEI	RVED BY CITY UTILITIES (check one)			
Family-Residential	Multi-Family Residential	Commercial	Multi-Us	se	
UTILITY SE	CRVICE REQUESTED (check all	desired even if property currently is served	with all or som	e)	
Domestic Water	Irrigation Water Reclaimed Water	Fire System Water	Sanitary Se	wer	
OUESTIONS (please	e answer all):				
- -					
Is the property located v	vithin the City of Sarasota?		YES	NO	NA
If not, are you applying	for Annexation within the City of Sara	usota for the purpose of obtaining City Utili	ties? YES	NO	NA
Is there an existing conne	ection to the City water system?		YES	NO	NA
Is there an existing conne	ection to the City sewer system?		YES	NO	NA
Is there an existing reduc	ed pressure backflow prevention device	located at the meter?	YES	NO	NA
Is the building served by	v a dedicated fire line?		YES	NO	NA
Is there an existing build	ding on the property?		YES	NO	NA
Is the existing building be	eing demolished?		YES	NO	NA
If the building is to be det	molished, is a new building to be constru	cted?	YES	NO	NA
If not demolished, is the	existing building to be remodeled?		YES	NO	NA
If not demolished, is the	existing building being expanded (cons	structing an addition)?	YES	NO	NA
	have a well or non-potable water irrigation		YES	NO	NA
	have a potable water irrigation system?		YES	NO	NA
Does/Will the property h			YES	NO	NA
1 1 1	have a fire protection system or a tall bui	lding of five or more floors?	YES	NO	NA
V	- •				

I	_am the legal owner of the property described above and ha
(print name)	
legal authority to execute this application form and I attest the	he information provided on this form is true and accurate.
SIGNATURE	DATE

City of Sarasota Utilities Department

Water Demand and Meter Size Determination Form

Based on 2017 Florida Building Code (FBC), Appendix P Residential, Appendix E Commercial

Service Address _____

_____Building Permit #_

	Dunung		
Occupancy Multi-Unit#	Owne	er's Name	
Item No. Residential (Private):	Load Value	# of Fixtures	Total Fixture Load
1. Bathroom group - Flush Tank	3.6		
2. Bathroom group - Flushometer Valve	8.0		
3. Bathtub - Faucet	1.4		
4. Bidet - Faucet	2.0		
5. Combination Fixture - Faucet	3.0		
6. Lavatory - Faucet	0.7		
7. Shower Head - Mixing Valve	1.4		
8. Water Closet - Flushometer Valve	6.0		
9. Water Closet - Flush Tank	2.2		
10. Water Closet - Flushometer Tank	2.0		
11. Dishwashing machine (8 lb) - Automatic	1.4		
12. Kitchen Sink - Faucet	1.4		
13. Laundry Tray (1 to 3) - Faucet	1.4		
14. Washing Machine (8lbs) Automatic	1.4		
15. Other:			
Commercial (Public):	Load	# of Fixtures	Total Fixture
16. Bathtub - Faucet	4.0		
17. Lavatory - Faucet	2.0		
18. Shower Head - Mixing Valve	4.0		
19. Urinal - 1" Flushometer Valve	10.0		
20. Urinal - 3/4" Flushometer Valve	5.0		
21. Urinal - Flush Tank	3.0		
22. Water Closet - Flushometer Valve	10.0		
23. Water Closet - Flush Tank	5.0		
24. Water Closet - Flushometer Tank	2.0		
25. Kitchen Sink - Hotel/Restaurant - Faucet	4.0		
26. Service Sink - Offices, etc. Faucet	3.0		
27. Washing Machine (8lbs) - Automatic	3.0		
28. Washing Machine (15lbs) - Automatic	4.0		
29. Drinking Fountain - Offices, etc. 3/8" Valve	0.25		
30. Other:			
Total Fixture Load (Sum of Items 1-30)			
Total Water Demand from Fixtures – GPM			
Other Water Demands (GPM). For Ex: Sillcock, Hose Bibb = 5 GPM			
Total Domestic Water Demand – GPM (Total Fixture Demand + Other Demands			
Irrigation System Demand (GPM)			

Water Meter Size Selection Table - Domestic and/or Irrigation

Meter Size (Inches)	5/ 8"	1"	1. 5"	2"	3"	4"	6"	8"	
Maximum Flow Rate (GPM)	20	50	10 0	16 0	32 0	50 0	10 00	150 0	
Max. Fix Load - Flush Tank	21	12 8	37 5	69 5	19 55	36 57	84 00	126 00	
Max. Fix Load - Flushomet.	7	50	25 0	62 5	19 55	36 57	84 00	126 00	
						Domestic I Selection	Neter Size	•	
						Irrigation I Selection	Meter Size	•	

Please check all site conditions that apply: 1) Building of five or more floors _____ 2) Irrigation System _____ 3)Auxiliary or Reclaimed Water System _____ 4) Fire Protection System _____ Size of Proposed Fire Line (As Applicable) _____

Name (Print)	Phone	Email
Signature	Date	

CITY OF SARSOTA SARASOTA



Backflow Prevention Protecting Water Protecting People Assembly Test Report

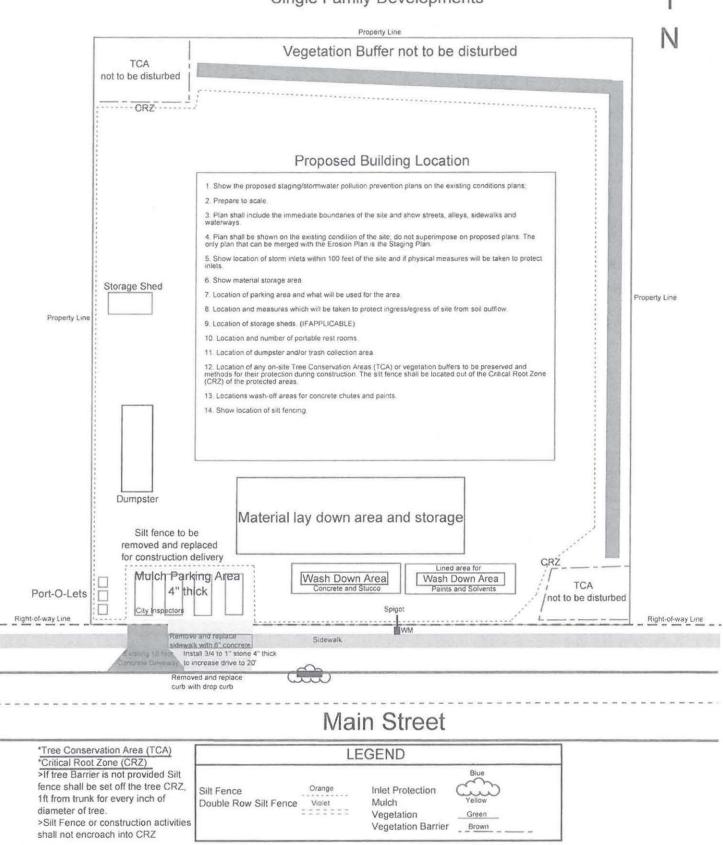


Water Conservation

TESTER NAME (PRINT)		PHON	E	FAX			
TESTER/COMPA	NY MAILING ADDRESS		BUILD	BUILDING PERMIT NO.				
SERVICE ADDR	ESS		METE	CR NO.				
LOCATION OF I	DEVICE		SERIA	L NO.				
DEVICE INFO	MANUFACTURER	TYPE SIZE			MODEL			
DATE		E PRESSURE TIME OF TEST	PSI		E DROP ACROSS ECK VALVE PSI			
	CHECK VALVE NO. 1	CHECK	X VALVE NO.	. 2 I	DIFFERENTIAL PRESSURE RELIEF VALVE			
INITIAL TEST 1. Held atPSI 2. Leaked 3. Closed tight Cleaned		1. Held at 2. Leaked 3. Closed tigh			. Opened atPSI . Did not open			
	Cleaned 🗌	Clean	ed 🗌		Cleaned			
RReplaced:EDiscPSpringQuideAPin retainerIHinge pinRDiaphragmSOther, describe		Spring Guide Pin retaine Hinge pin - Seal Diaphragm	r r ribe		deplaced:Disc. upperDisc. LowerSpringDiaphragm, largeUpperLowerDiaphragm, smallUpperLowerSpacer, lowerOther, describe			
FINAL TEST	Closed tight	Closed tight -		0	pened atPSI			
TYPE OF SER REMARKS:	VICE: POTABLE WATER	POTABI	LE IRRIGATION	N 🗌	FIRE SERVICE			
REPORT OF 1	EST RESULTS: PASSED	FAILED]					
REPORT OF TEST RESULTS: PASSED FAILED CITY OF SARASOTA Utilities Department - Attn: Cross-Connection Section 1750 12 th Street, Sarasota, FL 34236 Ph: (941) 263-6200			THE ABOV TESTED BY: REPAIRED BY FINAL TEST B	<i>ï</i> :	T IS CERTIFIED TO BE TRUE			
	(941) 365-4840 <u>backflow.utilities@sarasotafl.g</u>	<u>(0V</u>	CERTIFICATI					

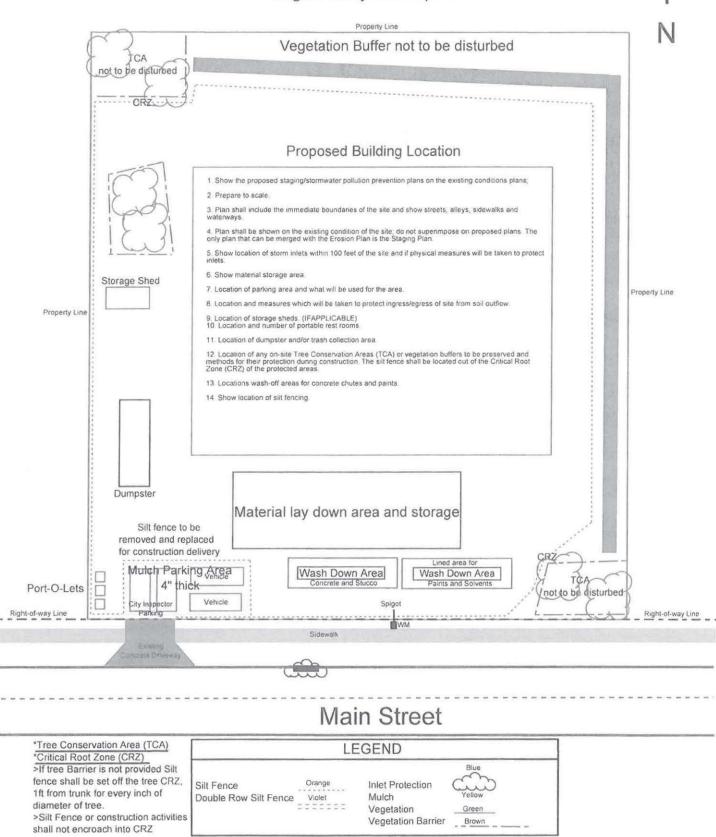
The backflow device must be installed on private property not within the public right-of-way. COSUD - Oct. 22, 2019

SWPPP SAMPLE COPY Single Family Developments



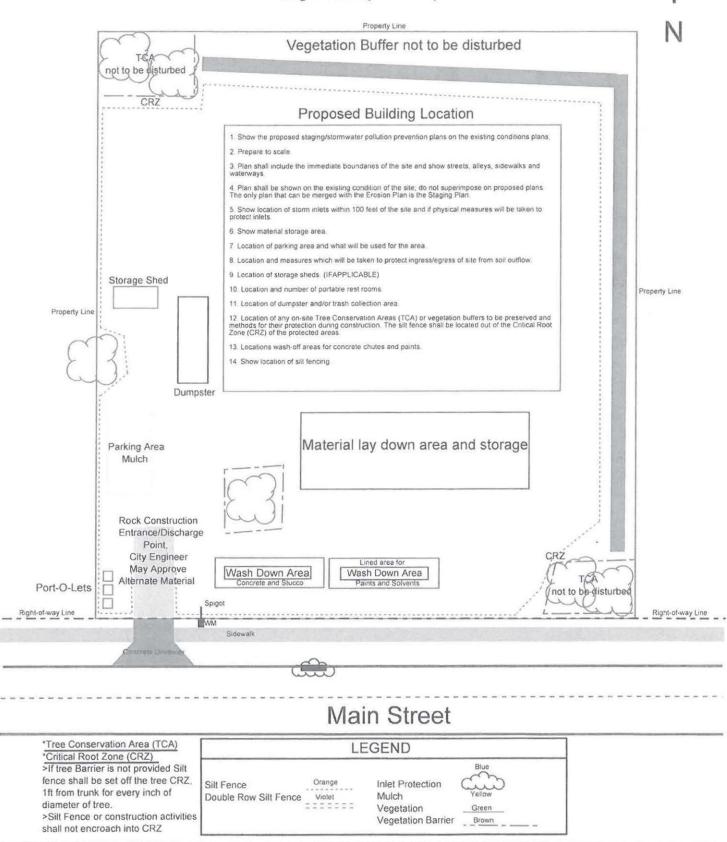
ALL ELIMENTS MAY NOT BE REQUIRED, DETERMINATION WILL BE BASED ON SITE CONDITON AND PROJECT PHASE

SWPPP SAMPLE COPY Single Family Developments



ALL ELIMENTS MAY NOT BE REQUIRED, DETERMINATION WILL BE BASED ON SITE CONDITON AND PROJECT PHASE

SWPPP SAMPLE COPY Single Family Developments



ALL ELIMENTS MAY NOT BE REQUIRED, DETERMINATION WILL BE BASED ON SITE CONDITON AND PROJECT PHASE



CITY OF SARASOTA MINIMUM REQUIREMENTS FOR ONE & TWO FAMILY RESIDENTIAL ADDITION ITEMS TO BE INCLUDED

	ITEMS TO BE INCLUDED			
	REQUIRED DOCUMENTS MUST BE SUBMITTED AT TIME OF PERMIT APPLICATION	BE CI	BOX S RCLED CABLE	AS
	Plan size must be no larger than 24" x 36"			
1.	Copy of the recorded deed (if metes and bounds) or legal description.	YES	NO	N/A
2.	Florida Energy Efficiency forms: Provide (2) complete sets of form 600A or 600B. All front sheets shall contain the signature of the person who performed the calculations and the signature of the owner/agent, 2 copies of manual "J" short form, and 2 energy guides. Manual "J" forms and energy guide are obtained from the Mechanical Contractor.	YES	NO	N/A
3.	Flood Protection: Flood Damage control regulations and minimum standards under the National Flood Insurance Program require new construction, substantial improvements, and remodeling projects to be protected from flood damage. Pursuant to these regulations, the following information must be included with plans submitted for approval for structures built within the Special Flood Hazard Area (for greater detail, please refer to the Plans Examiner detailed checklist) verification of grade and structural related elevations; certification of materials, ventilation, and floodproofing techniques, area identified for remodeling and the value of construction; and added engineer certifications for construction within a floodway or velocity zone and for commercial construction below the base flood elevation.	YES	NO	N/A
4.	Site Plans: Provide 5 copies of single line drawings to scale showing property boundaries, lot dimensions, and location of proposed and existing structures on the lot, street in front of the property and street name. If located on a corner lot, indicate the names of both streets. Also include all easements, conservation and/or wetland areas.	YES	NO	N/A
5. 6.	Contractor/agent shall sign a "no Tree Removal" affidavit or provide a tree removal permit. Homeowner affidavit if applicable under Florida Statue 489.103(7). Affidavits available at the permitting offices.	YES YES	NO NO	N/A N/A
	PLANS AND SPECIFICATIONS NEW 1 & 2 FAMILY	BE CI	BOX S RCLED	AS
	RESIDENTIAL STRUCTURES		CABLE	
1.	 5 copies of drawings to scale (1/4" = 1') with sufficient clarity and detail to indicate the nature and scope of work. Such drawings shall contain information, in the form of notes or otherwise, as to the quality of materials, where the quality is essential to conforming with the technical codes of the 2017 Florida Building, 2017 FBC-R, Plumbing, Mechanical, Fuel Gas, Energy Efficiency, Accessibility, and 2011 National electrical codes. Such information shall be specific, and the technical codes shall not be cited as a whole or in part, nor shall the term "legal" or its equivalent be used as a substitute for specific information. All drawings, specifications, and accompanying data shall bear the name and signature of the person/persons responsible for the design. For plans that include multiple options only those options for the building being considered for permit shall be signed and sealed by a design professional. 	YES	NO	N/A
	GENERAL PLAN REQUIREMENTS	EACH	BOX S	SHALL
	PLANS SHALL HAVE THE STRUCTURAL DESIGN CRITERIA CLEARLY INDICATED (I.E., WIND LOADING, FLOOR AND ROOF LIVE AND DEAD LOADS). The following information related to wind loads shall be shown on the construction plans	BE C	PLICAE	D AS
1.	Basic wind speed, mph, (km/hr).	YES	NO	N/A
2.	Components and Cladding. The design wind pressures in terms of psf, (kN/m2) to be used for the design or exterior component and cladding materials not specifically designed by the registered design professional.	YES	NO	N/A
	Floor plans shall include the following:			
1.	Size and arrangement of all rooms with intended use for each room.	YES	NO	N/A
2.	All plumbing fixtures. Provide a Utility Cost estimate sheet and the fixture count sheet.	YES	NO	N/A
3. 4.	Attic access (22" x 30" minimum). Any new attic of 30' Sq. feet or more. FBC-R section R807 Emergency egress windows in all bedrooms. If adding a habitable space Smoke/Carbon Detectors are required thru-out the residence.	YES YES	NO NO	N/A N/A
5.	Location of air compressor.	YES	NO	N/A
6. 7.	Location of air handler. Location of fireplaces.	YES YES	NO NO	N/A N/A
7. 8.	Complete door and window schedule provide window NOA's and installation instructions.	YES	NO	N/A
9.	Garage door installation details and data indicating compliance with the wind load requirements of Section 1606.	YES	NO	N/A
10. 11.	Location and dimensions of all interior and exterior shear walls. Locations of all interior bearing walls, columns, and pads.	YES YES	NO NO	N/A N/A
12.	All header and lintel sizes, types, ratings, and locations.	YES	NO	N/A
	Foundation plans shall include the following:	YES	NO	N/A
1	Interior and exterior footing size and reinforcement, including lapping of reinforcement, location and dimensions of foundation dowels, vertical steel and anchor bolt sizes. Column pad sizes and reinforcement.	YES	NO	N/A
3.	Termite treatment of soil, vapor barrier, wire mesh or fiber additive, clean compacted fill under all Slabs (soil compaction tests may also be required).	YES	NO	N/A
4.	See FBC-R Section R302 for fire resistant construction distances for new SFR and new additions.	YES	NO	N/A
	WALL SECTIONS – ONE STORY WOOD FRAME WALLS Provide a detailed cross-section of each wall type from the foundation through the roof, including the following:	BE CI	BOX S RCLED CABLE	AS
1.	Foundation with reinforcement. (Bottom of all footings is at least 12" below finish grade).	YES	NO	N/A
2.	Pressure treated plate with anchor bolt size, spacing, embedment, and washer size or approved alternate anchor.	YES	NO	N/A
3. 4.	Size, grade and species of all structural lumber. Stud size and spacing, top and bottom connection for bearing walls.	YES YES	NO NO	N/A N/A
4. 5.	Double top plate, show splicing for shear walls.	YES	NO	N/A

CITY OF SARASOTA ° 1565 1st Street, 2ND Floor Annex ° Sarasota, FL 34230 ° (941) 263-6494

6.	Wall sheathing size and type with nailing schedule, special blocking, and nailing for shear walls.	YES	NO	N/A
7.	Ceiling and eave height and overhang. SEE FBC-R SECTION R302	YES	NO	N/A
	WALL SECTIONS – MASONRY WALLS			
1.	Foundation with reinforcement. (Bottom of all footings is at least 12" below finished grade).	YES	NO	N/A
2.	Size of vertical reinforcement showing lap dimensions and embedment into footing, and bond beam.	YES	NO	N/A
3.	Wall thickness, ceiling, and eave height and overhang.	YES	NO	N/A
4.	Bond beam size, type, and size reinforcement indicating lap.	YES	NO	N/A
5.	Lintel type dimensions and reinforcement.	YES	NO NO	N/A
6.	Size and grade of top plates, including dimensions and spacing of anchor bolts and washers, or size, type and spacing of truss anchors.	YES		N/A
7. 3.	Exterior finishes and wall coverings. Brick veneer, additional footing width, tie schedule, and flashing.	YES YES	NO NO	N/A
5.	Roof structure (truss or conventional wall) wall connections. Nailing schedule for roof sheathing and roof covering.	TES	NU	IN/F
).	Window and door anchorage details.	YES	NO	N/A
	WALL SECTIONS – TWO STORY			
	All of the one-story information plus floor framing and draft stopping.	YES	NO	N/A
2.	Connections to wall above and below.	YES YES	NO NO	N/#
<u>.</u>	Nailing schedule for floor sheathing.	YES	NO	N/A
ŀ.	Continuous load path from the roof truss to the foundation.	TES	NU	IN/F
	INTERIOR BEARING WALLS	YES	NO	N/A
	All foundations, connections to foundation, and roof structure.	TES	NU	IN/F
	GABLE ENDS	YES	NO	N//
	All sheathing, lateral bracing, nailing schedules for sheathing, and connections to wall below.	YES	NO	N/A
	Gable truss diaphragm installation, and method of horizontal bracing at wall/gable joint.Roof sheathing attachment.	YES	NO	N//
	Connections for uplift and lateral load.	YES	NO	N//
· ·	POSTS, COLUMNS, AND BEAMS	TEO	ne	14,7
	All materials and connections from the foundation to the roof structure with anchorage and connection	YES	NO	N/A
•	details.	115	NO	11/7
	SECOND STORY FRAMING PLAN	VEC	NO	N1/
	Type and size or pre-engineered members and/or size, grade, and species of conventional framing.	YES	NO	N//
	Direction, span, and spacing of floor structural members.	YES	NO NO	N//
	Engineering and specifications for pre-engineered floor systems shall be on the job site for the inspectors.	YES YES	NO	N//
	Type and thickness of floor sheathing including nailing schedule. Required hangers, connectors, and fasteners of structural members.	YES	NO	N/
		TLJ	NO	11/1
	ROOF FRAMING PLAN	VES	NO	N//
	Direction, span, and spacing of roof structure.	YES YES	NO NO	N/.
	Size, grade, and species of lumber for all framing. Hold down connector sizes for all headers.	YES	NO	N//
	Roof framing layout plan indicating truss locations, specifications of connectors (manufacturer's designation and load capacity) and nailing schedule.	YES	NO	N//
	When pre-engineered trusses are being used, the signed and sealed engineered truss shop drawings shall be provided on the job site for the inspectors.	YES	NO	N/
).	Type and thickness of roof sheathing, including nailing schedule.	YES	NO	N//
	EXTERIOR ELEVATION PLAN SHALL INCLUDE THE FOLLOWING:			
	Front, rear, and side elevations including windows, doors, roof slopes, and chimneys.	YES	NO	N//
	Roof overhangs and ventilation.	YES	NO	N/.
	Porch guardrails and stair handrails.	YES	NO	N/
	Crawl space ventilation and access panels.	YES	NO	N/
	Complete stair, handrail, and guardrail details including tread, riser and handrail/guardrail dimensions.	YES	NO	N//
	PLUMBING PLAN SHALL INCLUDE THE FOLLOWING:			
	All plumbing fixtures and locations.	YES	NO	N/
	Completed fixture count sheet.	YES	NO	N/.
	Water heaters and locations.	YES	NO	N/.
	Back flow preventer shall be installed or provide a current backflow cert. for existing backflows.	YES	NO	N/
	Natural gas/propane pipe & layout to include sizing and equipment BTU rating and locations. MECHANICAL PLAN SHALL INCLUDE THE FOLLOWING:	YES	NO	N/
•	Air leakage (mandatory) see FBC-R section R402.4. provide a note on the plans that the test shall be done prior to building Final Inspection.	YES	NO	N/
	Duct insulation R-Value if they are not installed in conditioned space. See FBC-R Energy sec. R403.2.1	YES	NO	N/
	Dryer vents and bathroom exhausts.	YES	NO	N/
	Equipment schedule including energy efficiency, supply cfm's, and power requirements.	YES	NO	N/
	Show location of all equipment.	YES	NO	N/
	Provide GFI as determined by NFPA 70 210-63.	YES	NO	N/
	Show size of all tri-boxes, register outlets, and reducers. (not required for single family)	YES	NO	N/
	Attic access shall be installed according to FBC-R Energy Conservation Section R402.4 Provide a note on the plans. (Must be insulated or weather stripped)	YES	NO	N/
	ELECTRICAL PLANS SHALL INCLUDE THE FOLLOWING:			_
_		YES	NO	N/
	Designer name and registration number shall be on all plans. Over 600 Ample			N/
	Designer name and registration number shall be on all plans. Over 600 Amp's Provide riser diagram. Over 600 Amp's	YES		/
	Provide riser diagram. Over 600 Amp's	YES YES	NO NO	N/
	Provide riser diagram. Over 600 Amp's Indicate the panel size and location on the plans.			
	Provide riser diagram. Over 600 Amp's Indicate the panel size and location on the plans. Provide electrical layout plan showing location of receptacles, switches.	YES	NO	N/
2. 3. 4. 5.	Provide riser diagram. Over 600 Amp's Indicate the panel size and location on the plans.	YES YES	NO NO	N/2 N/2 N/2 N/2