



Dixie County Building & Zoning Department

387 SE 22nd Ave
P.O. Box 2610
Cross City, FL 32628
(352)498-1236
(352)498-1286 fax

RESIDENTIAL

Building Permit Application

COMMERCIAL

MUST COMPLY WITH THE 2014 FLORIDA BUILDING CODE

PERMIT TYPE: (Check one) Structural Mechanical Electrical Plumbing Fire

JOB ADDRESS:									
OWNER'S NAME:									
OWNER'S ADDRESS:									
CITY:			PHONE NUMBER:			FAX NUMBER:			
DESCRIPTION OF WORK:									
COST OF JOB:		SQUARE FOOT:							
CONTRACTOR:									
MAILING ADDRESS:									
CITY:			STATE:			ZIP CODE:			
PHONE NUMBER:		FAX NUMBER:		EMAIL:					
STATE LICENSE NUMBER:			STATE REGISTRATION:			CERTIFICATE OF COMPETENCY:			
LOT:	BLOCK:	CONSTRUCTION TYPE:		OCCUPANCY TYPE:		OCCUPANCY LOAD:			
PARCEL NUMBER:				SUBDIVISION:					
ZONING DIST:	FLOOD ZONE	CITY APPROVAL REQUIRED		CROSS CITY <input type="checkbox"/>		HORSESHOE BEACH <input type="checkbox"/>			
TYPE OF WORK:	ADD <input type="checkbox"/>	NEW <input type="checkbox"/>	ALTER <input type="checkbox"/>	REPAIR <input type="checkbox"/>	REPLACE <input type="checkbox"/>	OTHER <input type="checkbox"/>			
FEE SIMPLE TITLE HOLDER (if other than owner):									
FEE SIMPLE TITLE ADDRESS:									
BONDING COMPANY'S NAME:									
BONDING COMPANY ADDRESS:									
MORTGAGE LENDER'S NAME:									
MORTGAGE LENDER'S ADDRESS:									
ARCHITECT/ENGINEER:						PHONE:			
EMAIL ADDRESS:						FAX:			
MAILING ADDRESS:									

SUB-CONTRACTOR INFORMATION

ELECTRICAL COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
PLUMBING COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
HVAC COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
GAS COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
ROOFING COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
LOW VOLT COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:
IRRIGATION COMPANY NAME:	PHONE:
LICENSE HOLDER:	STATE LIC NO:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify 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 regulation construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, FENCES, etc.

OWNER AFFIDAVIT: I certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws regulation construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOU PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S / AGENT'S SIGNATURE:

CONTRACTOR'S SIGNATURE:

X _____
STATE OF FLORIDA
COUTNY OF DIXIE

X _____
STATE OF FLORIDA
COUTNY OF DIXIE

The forgoing instrument was acknowledged before me on this ____ day of _____ 20____ by _____ who is personally known to me, or has produced _____ as Identification and who did not take an oath.

The forgoing instrument was acknowledged before me on this ____ day of _____ 20____ by _____ who is personally known to me, or has produced _____ as Identification and who did not take an oath.

Signature of NOTARY PUBLIC

Signature of NOTARY PUBLIC

SEAL

SEAL

APPLICATION APPROVED BY: _____ DATE: _____



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Checklist provided to: _____ Date: _____ Time: _____

Distributed by: _____

1. ___ Building Permit Application with complete owner/applicant information, contract price/value, project address and parcel #, driving directions & power company. **MUST BE COMPLETED AND SIGNED BY OWNER OR CONTRACTOR.** If the property for which you are requesting a permit is **leased land** or that of a **family or friend**, it will be necessary for you to provide a **NOTARIZED LETTER** from the owner granting you permission to pull any type of permit on his/her property. The property owner must sign all documents.
2. ___ Notice of Commencement – Certified and Recorded at Clerk of Court Office for projects of \$2,500 or more; \$7,500 or more on mechanical.
3. ___ Legal Description – Section, Township, Range, Lot and Block, Parcel #, Alternate Key and Subdivision Name.
4. ___ Proof of Ownership – Current Tax Notice, Certificate of Title or Recorded Deed.
5. ___ Owner Builder Disclosure Statement and Affidavit/ if applicable.
6. ___ Contractor and Sub-Contractor – license verification form must have original signature of license holder or a notarized letter giving permission for an employee only to pull permit for them.
7. ___ Florida Product Approval Forms – Material suppliers provide the product approval numbers.
8. ___ Septic Tank Permit or Approval Letter.
9. ___ Florida Energy Efficiency Form-Load calculations HVAC (2 copies). This must be signed by preparer, owner or contractor.
10. ___ Flood Elevation Survey – Required if any part of property is in an "A zone" or "V zone", also required on 1st floor and Final inspection.
11. ___ 911 Address-Must be posted- Can be obtained from 911 Addressing at 17600 SE Highway 19 in Cross City.
12. ___ Driveway Permit- County or State (DOT).
13. ___ Construction Plans – 2 copies residential; 3 copies on commercial. Must be signed and sealed by a licensed engineer or Architect. M/H requires 2 copies of setup/blocking plans done by licensed M/H installer.
14. ___ Truss/Rafter Engineering/Roof Framing Plan – 2 copies.
15. ___ Site Plan & Certified Survey - 2 copies. Must include all improvements, setbacks and proposed construction.
16. ___ Commercial Only – Life Safety Review/Fire inspection@ Handicap accessibility requirements.
17. ___ LP Gas Certification.
18. ___ Swimming Pool Requirement Notice.
19. ___ Zoning Approval – Cross City and Horseshoe Beach provide their residents with zoning letter.
20. ___ Substantial Improvement/Damage Application – "A" and "V zones".

Completed Application Pkg. received from: _____ Date: _____ Time: _____

Received & Verified by: _____



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GENERAL GUIDELINES WHEN APPLYING FOR A RESIDENTIAL PERMIT

Zoning Letter \ Zoning Permit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Application	Proof of Ownership	Notice of Commencement	Site Drawing & Certified Survey (2)	Construction plans (2 sets)	Energy Calculations	ACCA Manual "J" – "S" & "D"	Product Approval Sheet	Floor/Roof Truss Drawings (2)	Prime & Subcontractor List	Driveway Permit	Health Dept. or Utility Permit	Manufacturers' Specifications	Property Appraiser Form	Mobile Home / Inspection	Mobile Home Set-up Sheet	Impact Fee	FEMA Elevation Certificate	
SINGLE FAMILY DWELLING - SFD	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X
SFD – ADDITION (attached)	X	X	X	X	X	X	X	X	X	X		X	X						X
SFD – ALTERATION	X	X	X	X		X	X	X	X	X	X		X						X
SFD – MODULAR HOME	X	X	X	X	X	X	X		X		X	X	X	X				X	X
MOBILE HOME – NEW	X	X	X	X	X	X	X				X	X	X	X			X	X	X
MOBILE HOME – USED	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X
DET. GARAGE/SHED/CARPORT	X	X	X	X	X	X			X	X	X	X		X					X
ALUMINUM STRUCTURE	X	X	X	X	X	X	X	X	X		X			X					
RE-ROOF		X	X	X					X		X			X					
POOL / SPA / HOT TUB	X	X	X	X	X	X					X			X					X
SHED (Pre-Manufactured – DCA)	X	X	X	X	X	X					X			X					X
WOOD DECK/STAIRS/LANDINGS	X	X	X	X	X	X			X		X								
SLAB (for future structure)	X	X	X	X	X	X					X								
WINDOWS / DOORS		X	X	X		X			X		X			X					
BOAT HOUSE	X	X	X	X	X	X			X	X	X			X					
BULKHEAD / RETAINING WALL	X	X	X	X	X	X					X								
DEMOLITION		X	X	X	X						X				X				
HVAC (heating & cooling new)		X	X				X	X			X			X					X
HVAC (heating & cooling replaced)		X	X								X			X					
PLUMBING		X	X	X							X		X	X					X
ELECTRICAL		X	X	X							X			X					X
GAS – LP or NATURAL		X	X	X			X				X			X					X

This chart is provided as an informational guide. Other specific requirements may apply to your project.

Some of the requirements may not apply to your project. Staff can help you with specific questions.



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OWNER/BUILDER AFFIDAVIT DISCLOSURE STATEMENT F.S. 489.103 (7) EXEMPTIONS

State law requires construction 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 contractor even though you do not have a license. You must provide direct, on-site supervision of the construction yourself. You may build or improve farm outbuildings, a one-family or two-family residence for your use and occupancy. You may also build or improve a commercial building at a cost not exceeding \$75,000.00 as long as it is for your own use or occupancy. You may not build or improve said structures for the purposes of selling or leasing that building. If you sell or lease a building you have built or improved within one year after construction is complete, then a presumption is created that it was built or improved for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building; it is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

Initial _____

I understand that the building official and inspectors are not there to design or give advice on how to meet the minimum code.

Initial _____

I understand that as an owner-builder that any contract disputes with sub-contractors and T. must be handled in a civil court with the advice of an attorney. This department -will not mitigate any contract disputes.

Initial _____

I understand that if I compensate any person or company for work performed they are required to be licensed in this jurisdiction. If for some reason they do not possess a license, I may be responsible and liable for the cost of the license.

Initial _____

I understand that if any person that is unlicensed and. uninsured gets injured on my construction project - they may be entitled to workmen's compensation. I could be held liable for al] doctor, lawyer and related medical cost, which could include loss of wages during recovery from their injury.

Initial _____

To qualify for this exemption under this subsection, an owner must personally appear and sign the building permit application and initial the above.

Initial _____

I hereby acknowledge that I have read and understand the above disclosure statement and that I further understand that any violation of the terms of the owner/builder exemption shall be reported by me Building and Zoning Department to the Florida State Department of Professional Regulation. Signed and acknowledged on this ____ day of _____, 20__.

Owner/Builder Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is personally known____ to me, or who has produced _____ as identification.

Signature of Notary
Title: Notary Public

Type or Print Name of Notary
Commission Number _____

(SEAL)

Notice of Commencement

Permit Number _____
Parcel Number _____

State of Florida
County of Dixie

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.

1. Description of property: _____
 - a. Street (job) Address: _____
2. General description of improvement(s): _____
3. Owner information or lessee information if the lessee contracted for the improvement:
 - a) Name and address: _____
 - b) Interest in Property: _____
 - c) Name and address of Fee Simple Titleholder (if other than owner listed above): _____
4. Contractor Information:
 - a) Name and Address: _____
 - b) Phone: _____ Fax (optional): _____
5. Surety (if applicable, a copy of the payment bond is attached)
 - a.) Name and address: _____
 - b) Amount of bond \$: _____
 - c) Phone: _____
6. Lender
 - a) Name and address: _____
 - b) Phone: _____
7. 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:
 - a) Name and address: _____
 - b) Phone: _____ Fax (optional): _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
 - a) Name and address: _____
 - b) Phone: _____
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) _____, 20____

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 penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner of Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)
The foregoing instrument was acknowledged before me this ____ day of _____, 20____ (year) by _____ (name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed)

(Print Name and Provide Signatory's Title/Office)

Notary Signature: _____
Print Name: _____

Personally Known: _____
ID Produced: _____



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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 budding permit. We recommend you contact your local product supplier should you not know the product approved number for any of the applicable listed products. Statewide approved products are listed online www.floridabuildinn.org.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. Exterior Doors			
a. Swinging			
b. Sliding			
c. Sectional/Rollup			
d. Other			
2. Windows			
a. Shingle/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. Other			
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 manufacturers requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Applicant Signature

Date