



DEPARTMENT OF GROWTH AND ENVIRONMENTAL MANAGEMENT
 435 NORTH MACOMB STREET
 TALLAHASSEE, FLORIDA 32301
 (850) 606-1300
 www.leonpermits.org

**APPLICATION FOR BUILDING PERMIT AND/OR
 SINGLE FAMILY/MOBILE HOME ENVIRONMENTAL MANAGEMENT PERMIT**

I. OWNER/LESSEE INFORMATION		CONTRACTOR/CONTACT INFORMATION	
OWNER NAME:		CONTRACTOR NAME:	
E-Mail:		CONTACT NAME:	
CURRENT MAILING ADDRESS:		WORK PHONE:	
City:	State:	Zip:	
WK PHONE:	HM PHONE:	MOBILE PHONE: FAX:	
	MBL PHONE:		
II. LOCATION OF BUILDING SITE			
ADDRESS: _____		LOT _____	BLK _____
SUBDIVISION NAME: _____		PHASE _____	
PARCEL I.D. # _____		COST OF IMPROVEMENT: \$ _____	
		BUILDING AREA _____	SQ.FT. _____
III. DESCRIPTION OF WORK		IV. CLASS OF BUILDING	
New Building - DCA Approved		RESIDENTIAL	
New Building – SHELL ONLY		NONRESIDENTIAL	
New Building		One Family Detached	Amusement recreational
Addition		Duplex – Units Individually Owned Yes/No	Church, other religious
Alteration		Triplex – Units Individually Owned Yes/No	Industrial
Repair, replacement		Quadraplex– Units Individually Owned Yes/No	Service station, repair garage
Moving (replacement)		Multi-Family - No. of Units	Hospital, institutional
Foundation Only		Hotel/Motel - No. of Units	Medical office
Swimming Pool		Condominiums - No of Units	Non-medical office
Roofing		One Family Attached – Units	Bank
Electrical		Mobile Homes for legal lot of record	Public utility
Other - <i>Specify</i>		Mobile Home Parks Lot #	School, library, other educational
		Other - <i>Specify</i>	Stores, mercantile
V. PROPERTY OWNERSHIP		VI. TYPE OF SEWAGE DISPOSAL	
Public (Federal, State, or local govt)		Public or Private Company	
Private (Individual, corp, nonprofit)		Private (Septic System, etc.)	
		Restaurant	
		Cellular Tower	
		Temporary Use	
		Other - <i>Specify</i>	
VII. TYPE OF WATER SYSTEM		VIII. SPRINKLERS	
Public or Private Company		Yes	
Private (Well, Cistern)		No	
IX. ON-SITE EASEMENTS (Check all that apply)			
		Access	
		Drainage	
		Conservation	
		Recorded	
		Private	
		Public	
X. ROADS			
Public		XI. CORNER LOT	
Private		Yes (If yes indicate preferred street for addressing)	
		No	
XII. NUMBER OF EXISTING BUILDINGS ON SITE:			

XIII. SINGLE FAMILY/MOBILE HOME ENVIRONMENTAL REVIEW INFORMATION: (mark appropriate boxes) If all building permit work is interior to the structure and there is no exterior soil disturbance, this section and section XI do not need to be completed.

Building Foundation	Use Of Fill (How many cubic yards?)	Clearing Activities/Disturbed Area	Grading Activities
<input type="checkbox"/> Monolithic Slab/Pad	<input type="checkbox"/> Yard/lawn _____ <input type="checkbox"/> Septic _____	<input type="checkbox"/> Access & Construction Only	<input type="checkbox"/> No
<input type="checkbox"/> Block Stem Wall	<input type="checkbox"/> Foundation _____ <input type="checkbox"/> Pool _____	<input type="checkbox"/> Selective Clearing	<input type="checkbox"/> Yes
<input type="checkbox"/> Pier or Piling		<input type="checkbox"/> Entire Site	If yes, how much area?
Are there trees 12" dbh or larger to be removed or impacted? Patriarch trees ≥ 36" dbh?	Is property floodprone? Date of Floodletter: / /	Does property include, or is it located near a wetland, such as:	Describe slope of land:
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Lake/Pond <input type="checkbox"/> Other	<input type="checkbox"/> Flat 0% - 2%
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Swamp/Marsh <input type="checkbox"/> None	<input type="checkbox"/> Slight Slope 2% - 10%
Locate on Site Plan (see insert "Tree Tips")	Finished floor Elevation? Ft.	<input type="checkbox"/> Sinkhole	<input type="checkbox"/> Steep Slope 10% - 20%
		Distance from building area? Ft.	<input type="checkbox"/> Very Steep 20% +
Check all water conveyance features, natural Or constructed, which exist on site.	Check special development restrictions that apply to property.	Is property located in the vicinity of one of the following lakes?	
<input type="checkbox"/> Ditch <input type="checkbox"/> Canal	<input type="checkbox"/> Easement of any kind	<input type="checkbox"/> Lake Jackson	<input type="checkbox"/> Fred George Sink
<input type="checkbox"/> Culvert <input type="checkbox"/> Other	<input type="checkbox"/> Natural areas required undisturbed	<input type="checkbox"/> Lake Bradford	<input type="checkbox"/> Lake Iamonia
<input type="checkbox"/> Swale <input type="checkbox"/> None	<input type="checkbox"/> Land use buffers	<input type="checkbox"/> Lake Hiawatha	<input type="checkbox"/> Lake Lafayette
<input type="checkbox"/> Stream	<input type="checkbox"/> Plat restrictions	<input type="checkbox"/> Lake Cascade	<input type="checkbox"/> Lake McBride
Is property located within 100 feet of the centerline of a Canopy Road?			
<input type="checkbox"/> Yes, then indicate below:		<input type="checkbox"/> No	
<input type="checkbox"/> Meridian Road, SR 155 (from 7th Avenue to Georgia State line)	<input type="checkbox"/> Old Bainbridge Road (from Raa Avenue to Capital Circle SR 263)		
<input type="checkbox"/> Magnolia Dr. - Centerville Rd - Moccasin Gap Rd.(from 7th Avenue to SR 59)	<input type="checkbox"/> Old Centerville Road		
<input type="checkbox"/> Miccosukee Road (from Capital Circle NE /Route 261 to Moccasin Gap Road)	<input type="checkbox"/> Sunny Hill Road		
<input type="checkbox"/> Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road)	<input type="checkbox"/> Pisgah Church Road		

XIV. NOTE: ATTACH OR INCLUDE A SCALED SITE PLAN TO THE APPLICATION. ALL ITEMS CHECKED IN SECTION IX – XIII MUST BE DRAWN ON SITE PLAN.

XV. CONTRACTOR INFORMATION

TYPE	CONTRACTOR NAME	LICENSE NO.	PHONE
PRINCIPAL			
ELECTRICAL			
PLUMBING			
MECHANICAL			
GAS			
ARCHITECT/ ENGINEER			
ROOFING			
CLEARING/ EXCAVATION			
MOBILE HOME INSTALLER			
OTHER			

OWNER AFFIDAVIT

Application is hereby made to obtain a permit(s) to do the work and installations as indicated. I certify that no work or installation 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 permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner in fee, the applicant shall certify to be acting as the owner's authorized agent. I ALSO ACKNOWLEDGE THAT MY FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN MY PAYING TWICE FOR IMPROVEMENTS TO MY PROPERTY, AND THAT IF I AM INTENDING TO OBTAIN FINANCING, I SHOULD CONSULT WITH MY LENDER OR MY ATTORNEY BEFORE COMMENCING WORK OR RECORDING A NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

Fee Simple Title Holder's Name _____

Fee Simple Title Holder's Address _____
Number Street City State Zip

Bonding Company's Name _____

Bonding Company's Address _____
Number Street City State Zip

Mortgage Lender's Name _____

Mortgage Lender's Address _____
Number Street City State Zip

Deed Restrictions and Covenants

Prior to pursuing a building permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Owner/Agent Signature _____ Contractor Signature _____

Public Record Information

Chapter 119, Florida Statutes, Section 119.07 (3)(i)1., 2. and 3, exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children. Do you or your spouse fall into one of these protected categories? Yes ___ No ___. If so, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes ___ No ___.

(The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department). _____ Owner's Initials

Access to Property

By submitting this application, I am providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Sections 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence no further permission will be required. _____ Owner's Initials

STATE OF FLORIDA, COUNTY OF LEON

The foregoing was sworn to, subscribed and acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an oath.

Notary Public, State of Florida _____

My Commission Expires _____

THIS PAGE FOR STAFF USE ONLY

OCCUPANCY TYPE			TYPE CONSTRUCTION			
A	ASSEMBLY	R 1	RESIDENTIAL	I (A, B)	II (A, B)	III (A, B)
B	BUSINESS	R 2		IV	V (A, B)	
D	DAYCARE	R 3				
E	EDUCATIONAL	R 4				
F	FACTORY/INDUSTRIAL	S 1	STORAGE	DIMENSIONS		FLOOD ZONE
H	HAZARDOUS	S 2		Number of Stories: _____		<input type="checkbox"/> Yes <input type="checkbox"/> NGVD
I	INSTITUTIONAL	U	UTILITY	Building Area: _____ Sq. Ft.		<input type="checkbox"/> No <input type="checkbox"/> MSL
M	MERCANTILE	N	NONE			LFE _____ ft.

PERMIT NUMBERS:	PLANS EXAMINER'S NOTES	√	PERMIT FEES		AMOUNT
Building:	LOT DEPTH		DEVELOPMENT SERVICES	PS/LUD	
	LOT WIDTH		NEW ADDRESS ASSIGNMENT		
	FRONT SETBACK		ENVIRONMENTAL PERMIT		
Environmental:	LEFT SIDE SETBACK		ENVIRONMENTAL AMENDMENT		
	RIGHT SIDE SETBACK		ENVIRONMENTAL ATF		
Driveway:	REAR SETBACK		BUILDING ATF		
	COMMENTS:		BUILDING PERMIT		
ZONING:			PLUMBING PERMIT		
			ELECTRICAL PERMIT		
			MECHANICAL PERMIT		
			PLAN REVIEW		
			RADON		
			FIRE		
			MOBILE HOMES		
			GAS		
		CONSTRUCTION LIEN LAW			
			TOTAL		

PLAN REVIEW RECORD		FIRST REVIEW DATE/REVIEWER		SECOND REVIEW DATE/REVIEWER		COMMENTS
PERMIT TECHNICIAN	INITIALS:	Date submitted:		Date Issued:		
DEVELOPMENT SERVICES:						
SEPTIC SYSTEM:						
ENVIRONMENTAL:						
BUILDING:						
EMERGENCY MEDICAL:						
FIRE:						
SHERIFF:						

Other Staff Comments:

ENVIRONMENTAL DETERMINATION

Project does not appear to require further environmental review.

Project requires additional environmental review. Variance required. Permit denied.

Signature Authorized County Staff		Date:
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BUILDING DETERMINATION

Signature Authorized County Staff		Date:
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