Demolition Permit: DEMO

☐ 1. Completed building/construction permit application packet

☐ 2. A proposed site plan survey showing setbacks. (LDC SECTION 13.204)
Building Division Permit Application

Email: ____________________________  Permit #: ____________________________

Job Address: ____________________________  City: ______  State: ______  Zip: ______

Contractor/Business Name: ____________________________  Phone: ____________________________

Contractor Address: ____________________________  City: ______  State: ______  Zip: ______

State License/Comp#: ____________________________  State: ____________________________

Property Owner: ____________________________  Phone: ____________________________  Address: ____________________________

City: ______  State: ______  Zip: ______

Description of Work: ____________________________

Total Value of Work (Labor & Materials) $ ____________________________

Tax Parcel ID Number: ____________________________

Architect/Engineer's Name: ____________________________  Phone: ____________________________

Address: ____________________________  City: ______  State: ______  Zip: ______

Bonding Company: ____________________________  Phone: ____________________________

Address: ____________________________  City: ______  State: ______  Zip: ______

Mortgage Lender’s Name: ____________________________  Phone: ____________________________

Address: ____________________________  City: ______  State: ______  Zip: ______

Building Type:  □ Commercial  □ Residential

Permit Type:
□ Addition  □ Building  □ Clearing/Grubbing  □ Demolition  □ Driveway  □ Electrical
□ Fence  □ Fire  □ Gas  □ Hood System  □ Marine Const.  □ Mechanical
□ Mobile  □ Parking Lot  □ Plumbing  □ Renovation  □ Repair  □ Roof
□ Shed  □ Sign  □ Swimming Pool  □ Temp Pole  □ Windows/Doors/Siding

Total Area New Construction Under Roof (Sq. Ft.): ____________________________
Total Area Addition/Remodel/Repair Under Roof (Sq. Ft.): ____________________________

Type of Construction:  □ I-A  □ I-B  □ II-A  □ II-B  □ III-A  □ III-B  □ IV-A  □ V-A  □ V-B

Is this application for a change of use or occupancy?  □ Yes  □ No

Building Permit Application  1 of 4
Sub-Permit Supplemental Information

Electrical: Service Size_________Circuits Altered/Added_________Service Change-out (Work With)? □ Yes □ No

Plumbing: Number of Fixtures_________Number of Sewer Connections_________Water Heaters_________

Mechanical: Number of Systems_________Size_________BTU's_________Total Value $_________

Gas: Number of Outlets_________Number of Appliances_________Total Value $_________

Notice to Owner/Contractor

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has been commenced prior to issuance of a permit and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for building, electrical, plumbing, mechanical, roofing, signs, and pools, etc.

_________________________Initials

OWNER / CONTRACTOR 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 per State and City of Fort Walton Beach.

_________________________Initials

If the direct contract is greater than $2500, the applicant/owner must file a NOTICE OF COMMENCEMENT. $7500 on mechanical

_________________________Initials

Florida State Statute, Section 713.135: WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_________________________Initials

HOLD HARMLESS AGREEMENT

The Contractor or Owner, for and in consideration of a building permit issued by the City of Fort Walton Beach, agrees to indemnify and hold harmless said City of Fort Walton Beach, its officers and agents, from all claims, damages or expenses that the City of Fort Walton Beach may be liable for which arise from the construction or doing of any work by the Contractor or Owner, within the City of Fort Walton Beach. The Contractor agrees to deliver to the Tax & Licensing Dept. of the City of Fort Walton Beach, a Certificate of Insurance evidencing coverage for this Hold Harmless Agreement and showing the City of Fort Walton Beach an additional insured and which further requires 10 days' notice to the City of Fort Walton Beach, of any cancellation or reduction of coverage. Said certificate, evidencing insurance coverage for the City, shall be presented prior to the start of any work or construction on the project for which the building permit is to be issued. As applicant I promise in good faith that the statement provided by the Florida Department of Agriculture and Consumer Services concerning Florida Construction Lien Law will be delivered to the person whose property is subject to attachment. I HEREBY CERTIFY that the information set forth above is a true and correct description of the proposed work to be done and that any changes not approved by the Building Official will rend the building permit issued on this application null & void.

_________________________Initials

Building Permit Application 2 of 4
(If the owner is applying for the permit, a homeowner disclosure statement shall be attached to the permit)

Document must be signed in the presence of a Notary or witnessed by the Building Official's designee:

OWNER/CONTRACTOR ACKNOWLEDGMENT: By signature below, the Owner and/or Contractor/Agent do hereby acknowledge that I/We have read, understood and shall comply with the information and notices listed above. I/We do declare that all the information contained within this building permit application is true and correct and do certify that all work shall be done in compliance with all applicable laws, codes and ordinances regulating construction and zoning.

SIGNATURE: ____________________________

(HOME OWNER*)
Date: ____________________________

STATE OF FLORIDA, COUNTY OF OKALOOSA

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of __physical presence or __online notarization, by ____________________________, (name of person making statement), who ___is personally known to me or ___has produced ____________________________, (type of identification) as identification.

Seal:

SIGNATURE: ____________________________

(CONTRACTOR/AGENT**)
Date: ____________________________

STATE OF FLORIDA, COUNTY OF OKALOOSA

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of __physical presence or __online notarization, by ____________________________, (name of person making statement), who ___is personally known to me or ___has produced ____________________________, (type of identification) as identification.

Seal:

*The owner must appear in person and sign affidavit. No agent is permitted when the owner/contractor exemption per F.S.S. 489.103 (7)(a) is utilized.
**Any agent assigned by a Contractor must provide an original notarized Letter of Authorization.

Received By: __________________ Initials

Date: __________________

Reviewed & Approved by: __________ Initials

Date: __________

Building Permit Application 3 of 4
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 to be utilized on the construction project for which you are applying. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org.

<table>
<thead>
<tr>
<th>Category/Subcategory</th>
<th>Manufacturer</th>
<th>Product Description</th>
<th>Approval Number(s)</th>
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<tbody>
<tr>
<td>EXTERIOR DOORS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Swinging</td>
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<tr>
<td>b. Sliding</td>
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<tr>
<td>c. Sectional/Roll Up</td>
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<tr>
<td>d. Other</td>
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<tr>
<td>WINDOWS</td>
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<tr>
<td>a. Single/Double Hung</td>
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<tr>
<td>b. Horizontal Slider</td>
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<tr>
<td>c. Casement</td>
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<td>d. Fixed</td>
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<tr>
<td>e. Mullion</td>
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<tr>
<td>f. Skylights</td>
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<td>g. Other</td>
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<tr>
<td>PANEL WALL</td>
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<tr>
<td>a. Siding</td>
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<tr>
<td>b. Soffits</td>
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<td>c. Storefronts</td>
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<td>d. Glass Block</td>
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<tr>
<td>e. Other</td>
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<tr>
<td>ROOFING PRODUCTS</td>
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<tr>
<td>a. Asphalt Shingles</td>
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<td>b. Non-Structural Metal</td>
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<td>c. Roofing Tiles</td>
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<td>d. Single Ply Roof</td>
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<td>e. Other</td>
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<tr>
<td>STRUCTURAL COMPONENTS</td>
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<tr>
<td>a. Wood Connectors</td>
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<td>b. Wood Anchors</td>
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<tr>
<td>c. Truss Plates</td>
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<tr>
<td>d. Insulation Forms</td>
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<tr>
<td>e. Lintels</td>
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<td>f. Others</td>
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<tr>
<td>NEW EXTERIOR ENVELOPE</td>
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<tr>
<td>SHUTTERS</td>
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</table>

I understand that, at the time of inspection, the following information must be available to the inspector on the jobsite:

1. A copy of the product approval.
2. The list of performance characteristics which the product was tested and certified to comply with.
3. A copy of the applicable manufacturers' installation requirements.

Further, I understand a product may have to be removed if approval cannot be demonstrated during inspection.

Applicant Signature: ___________________________ Date: ___________________________

Building Permit Application 4 of 4
Section 713.13, before starting any improvement to real property for which the direct contract price is greater than $2,500, or $7,500 on mechanical the owner or owner's agent (contractor) must:

| Step 1 | RECORD a Notice of Commencement at the Recording Division of the Clerk's Office of the Okaloosa County Courthouse Annex.  
Address: 1940 Lewis Turner Blvd, Fort Walton Beach, FL 32547.  
Phone: (850)-651-7200  
Office Hours: 8:00 a.m. - 4:30 p.m.  
Mailing Address: 1940 Lewis Turner Blvd, Fort Walton Beach, FL 32547 |
|---|---|
| Step 2 | POST at the job site either:  
- A certified copy of the Recorded Notice of Commencement  
- A notarized statement that the Notice of Commencement has been filed for recording along with a copy of the Notice of Commencement |
| Step 3 | FILE with Growth Management Department PRIOR to requesting the first Inspection:  
- A certified copy of the Recorded Notice of Commencement  
- A notarized statement that the Notice of Commencement has been filed for recording along with a copy of the Notice of Commencement.  
You may complete Step 3 by email, fax, mail, or hand delivery to Growth Management Department |

Growth Management Department will not perform or approve inspections until Step 3 has been completed by the Owner or Owner's Agent. The recording of the Notice of Commencement is requested prior to the issuance of a permit.

These guidelines are not intended to be all inclusive. It is intended to provide a detailed guideline in the preparation of plans for submittal to this office for review and approval. There may be additional submittal requirements not listed on the checklist.
NOTICE

Florida State Statue, 713.13 requires, for any permit with a value of $2,500.00 or more prior to receiving the first inspection, a copy of the Notice of Commencement and a Notarized Affidavit stating that the Notice is being filed with the Clerk of the Circuit Court, must be submitted to the Growth Management Department.

The Recorded Notice of Commencement, with the Clerk of Courts stamp, must be filed with the Growth Management Department.
Notice of Commencement

Permit No.________________________________________
Parcel I.D. No.____________________________________

State of Florida
County of________________________________________

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 this Notice of Commencement.

1. Description of Property:____________________________________________________________

2. General description of improvement:________________________________________________

3. Owner information:
   a. Name & Address:_______________________________________________________________

   b. Interest in Property:___________________________________________________________

   c. Name and address of fee simple titleholder (other than owner):____________________

4. Contractor’s Name & Address:_____________________________________________________

5. Surety Information:
   a. Name & Address:_______________________________________________________________

   b. Phone Number:_______________________________________________________________

   c. Fax Number:_______________________________________________________________

   d. Amount of Bond: $____________________________________________________________

6. Lender’s Name & Address:________________________________________________________

   a. Phone Number:_______________________________________________________________

7. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13(1)(a)(7) Florida Statutes:
   Name & Address:_______________________________________________________________

   a. Phone Number:_______________________________________________________________

   b. Fax Number:_______________________________________________________________

8. In addition to himself, owner designates of __________________________________________ to receive a copy of Lienor’s Notice as provided in Section 713.13(1)(b), Florida Statutes.

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)

   ______________________________________________________________

   Signature of Owner

State of Florida
County of________________________________________

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of ______ physical presence or ______ online notarization, by ____________________________ (name of person making statement), who ______ is personally known to me or ______ has produced ____________________________ (type of identification) as identification

Notary Signature:_________________________________________ Seal:

Name (print):______________________________________________
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 though 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 a 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. 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, onsite 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 whom 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 an 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 subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner’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 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 employee. 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 this 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, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or www.myflorida.com/dbpr/proclib/ 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 building department 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 an 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 and signed the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner’s driver 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.

I, ___________________________________________ acknowledge that as an Owner/Builder, I am to actually physically, build the structure or do the work which I have had permitted in accordance with the stipulations listed above.

Property owner address:

______________________________
Permit address:

______________________________
Telephone: ________________________ Driver’s License No.: ____________________
Other identification: ____________________

I hereby acknowledge that I have read and understand the above affidavit on this _______ day of ______________________, 20__________

Owner/Builder Signature: ________________________________________________

State of Florida
Okaloosa County

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of ___ physical presence or ___ online notarization, by __________________________ (name of person making statement), who ___ is personally known to me or ___ has produced ____________________ (type of identification) as identification.

My Commission expires: [Seal]

____________________________________
Signature of Notary
CITY OF
FORT WALTON BEACH
Growth Management Department
Inspections • Building • Planning
105 Miracle Strip Pkwy SW • Fort Walton Beach, FL 32548
850.833.9605 / 9927 www.fwb.org

THE CITY OF FT WALTON BEACH BUILDING DEPARTMENT
LETTER OF AUTHORIZATION

I, ________________________________ (license holder name), licensed qualifier for ________________________________ (company name), do certify that the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

<table>
<thead>
<tr>
<th>Print/Type Name of Person Authorized</th>
<th>Authorized Person's Signature</th>
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<tbody>
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</table>

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

<table>
<thead>
<tr>
<th>LICENSE HOLDERS SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
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</table>

STATE OF FLORIDA, COUNTY OF: ____________________________

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of ___ physical presence or ___ online notarization, by __________________________ (name of person making statement), who ___ is personally known to me or ___ has produced __________________________ (type of identification) as identification.

_________________________________________  ________________________________
NOTARY’S SIGNATURE  MY COMMISSION EXPIRES