



Date Completed: _____

PERMIT # _____

APPLICATION FOR: RESIDENTIAL BUILDING PERMIT

Mail: 101 White Ave. S.E., Live Oak, FL 32064
Office: 101 White Ave. S.E., Live Oak, FL 32064
Phone: 386.362.2276 ofc. 386.362.4305 fax

Date Stamp:

- **Submit to the office of the Building Official**

PERMIT FEE: _____
 DATE PAID: _____
 RECEIPT #: _____

- If Demolition, use separate city Demolition Permit Application
- If Manufactured Home, use separate city Manufactured Home Applications
- If a Driveway, use separate city Driveway Application
- A travel trailer **shall not** be used as a residence – no utilities may be extended to such, etc.
- Single-family homes **shall not** be converted into a duplex or multi-family without zoning approval.
- All new housing requires zoning review and approval prior to permit application.

PERMIT TYPE (please check)

<input type="checkbox"/> NEW ELECTRICAL SERVICE	<input type="checkbox"/> MECHANICAL / HVAC
<input type="checkbox"/> ELECTRICAL SERVICE UPGRADE	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> ELECTRICAL ALTERATION / REWIRING	<input type="checkbox"/> ADA / HANDICAPPED RAMP
<input type="checkbox"/> ADDITION (LIVING SPACE) TO A RESIDENCE	<input type="checkbox"/> UNCOVERED DECK, PATIO, SLAB
<input type="checkbox"/> AWNING / PORCH / COVERED DECK ATTACHED TO A RESIDENCE	<input type="checkbox"/> DETACHED ACCESSORY BUILDING / SHED, GARAGE, CARPORT, ETC.
<input type="checkbox"/> INTERIOR ALTERATION / RENOVATION A SINGLE-FAMILY RESIDENCE	<input type="checkbox"/> POOL AND/OR POOL SCREEN ENCLOSURE
	<input type="checkbox"/> FENCE (subject to Ordinance #1255 requirements)
<input type="checkbox"/> MODULAR HOME	<input type="checkbox"/> MOVING OF BUILDING OR STRUCTURE
<input type="checkbox"/> NEW CONVENTIONAL STICK-BUILT HOME	<input type="checkbox"/> SLAB WITH FOOTERS
<input type="checkbox"/> WINDOWS	<input type="checkbox"/> RE-ROOF (TEAR-OFF)
<input type="checkbox"/> DOORS	<input type="checkbox"/> ROOF-OVER
<input type="checkbox"/> SIDING	<input type="checkbox"/> SHINGLES
	<input type="checkbox"/> METAL ROOF
<input type="checkbox"/> UTILITY WORK OR CONNECTIONS	<input type="checkbox"/> IRRIGATION WELL
<input type="checkbox"/> OTHER (LIST)	

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THIS SECTION TO BE COMPLETED BY APPLICANT

1) Title Holder/ Property Owner Information

Name: _____ Phone: _____

Mailing Address: _____

2) Contractor / Hired Company

Name: _____ Phone: _____

Mailing Address: _____

3) Property / Job Location and Use:

All / Part (*Circle One*) of Tax Parcel Number: _____

Job Location Description / 911 Address: _____

Legal Description (Please give Lot #, Block, Sub-division): *Please also provide a Property Appraiser Print-out*

Type of Residence: _____

(Single-Family, Duplex & Rental or Owner Occupied)

Acreage/Size of Property (use fractions thereof if applies): _____

Building Size: _____

Additional details if needed regarding nature of work: _____

Valuation of Work: \$ _____

I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above statements and information, and the statements contained in any papers or plans submitted herewith, are true and correct. I authorize the Building Official, Fire Chief, Public Works Director or City Development Manager or his designee to enter and inspect the site and premises which is the subject of this application.

Signature of Title Holder or Applicant

Date

TO BE COMPLETED BY CITY STAFF

Approved:

Water _____ **Sewer Service** _____

Storm Drainage _____ **Zoning** _____

Zoning: _____ **Flood Zone:** _____

Building Official: _____

Date Completed: _____

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**APPLICANTS FOR RESIDENTIAL PERMITS
WILL BE REQUIRED TO FURNISH THE FOLLOWING:**



- Property owner name
- Current survey of the property
- Legal description of the property and property I.D. number
- Street address
- Zoning (*see Development Manager*)
- Plat plan with yard clearances (*Show how structure will be located on lot*)
- Size and location of off-street parking spaces
- Floor plan or blueprints drawn to scale, including electrical, plumbing and HVAC
- Specifications of materials
- Typical wall sections
- Elevations of all walls
- Location of shear wall
- Floor diagrams
- Roof diagrams
- Nailing patterns (*walls and roof*)
- Connector locations and manufacturers number
- Statement that plans comply with the Florida Building Code and sealed by Florida licensed Engineer or Architect
- Grades of material being used
- Roof framing details
- Engineer cut sheets to be submitted for trusses prior to trusses being set
- All garage door openings must show construction details with required anchorage
- All windows and doors, including garage doors must be certified by manufacturer to meet the wind load requirements of the Florida Building Code
- Contractors name and address
- Self-contracted work to be by owner and for their own personal use (*Must be owner occupied*)
- Florida energy form to be submitted
- Utility availability form to be completed
- Septic tank permits must be issued (*If City sewer not existing in area and if allowed by City code – septic's not allowed in many locations – you may have to pay to extend infrastructure*)
- If Flood Hazard Zone: Elevation certificate is required and floor elevation is to be minimum of one foot above Base Flood Elevation (AE Zone), or two feet above highest adjacent grade around perimeter of structure (A Zone) – (*Fill dirt may also be severely restricted*)
- All plans must show a footing detail, typical wall section with anchorage requirements and must contain a statement by the contractor, architect or engineer that the plans meet the requirements of the Florida Building Code
- Notice of Commencement must be filed prior to any inspections and copy furnished to the building department
- Submit Florida Product Approval Forms
- Pay all impact fees and tap fees, and establish accounts with deposits

There may be other requirements, but the above are the minimum that will be accepted. Should you have any questions, please call the Building Department at 386-362-2276