City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, Fl 34286

Phone (941) 429-7044 Fax (941) 429-7180 Email: bldginfo@cityofnorthport.com Inspections (941) 429-7224

Submittal Checklist for a New Single Family Residence Permit

Please Submit In the Following Order

Please Submit the following Information and this Checklist with the Application For Construction

1. ___ A Check For **10%** Of The Square Footage Under Roof – Must Match Square Footage Printed On Plans
2. ___ Building Permit Application With Accurate Parcel Id Number, Lot, Block & Addition
3. ___ Sarasota Property Parcel Detail Page ***(Computer Print Out)***
4. ___ Split/Combine Form ***(If Applicable)***
5. ___ Authorized Agent List ***(If Applicable) For Contractors Only***
6. ___ Homeowner/Contractor Disclosure Statement ***For Owner/Builder Only***
7. ___ Sub-Contractor Verification Form
8. ___ Land Clearing Permit Application **W/3 Color Coded** Copies Of Site Plans Showing Proposed House, Driveway, Well, Drain Field & **All** Trees on the Property with Diameters & **X**'s On Trees Removed.
9. ___ Water Availability Letter From North Port Utilities ***(Phone # 426-9500)***
10. ___ Utility Payment Verification ***(If Applicable)***
11. ___ Approved Septic Permit From Health Dept ***(If Applicable)***
12. ___ Notice Of Commencement ***(Recorded In So. County Office, Venice)*** **must have legal description**
13. ___ Right-Of-Way Use Permit W/ Attached Site Plan
14. ___ Culvert Permit
15. ___ Best Management Practice Compliance Form **W/3 Copies** Of Site Plans Showing Silt Fence & Drainage
16. ___ 4 Copies Of Color Coded Landscape Plan
17. ___ Boundary Survey With Raised And Signed Seal
18. ___ 3 ***'2010'*** Energy Code Calculation Forms And Manual J Calculation Forms - **must have legal description**
19. ___ 3 Sets Of Truss Layouts from manufacturer, Must Be Initialed By Engineer of house
20. ___ 3 **'2010'** Data Summary Sheets, 1 Original - Signed/Sealed And 2 Copies w/Parcel ID
21. ___ 3 Sets Of Plans—Signed And Sealed
22. ___ Design Pressure for soffits shown on plans or if not, show worst case and designate the area on plans, including product approvals or NOA's
23. ___ Signed copy of "Things you should consider before building a home

*****Impact Fees Must Be Paid Prior To The Issuance Of A Certificate of Occupancy*****

Optional As Needed

___ Natural or Propane Gas Installation ___ Irrigation System Installation ___ Security System Installation

SUBMITTED APPLICATIONS ARE STAMPED IN AND HELD FOR SIX (6) MONTHS.
IF THEY ARE NOT PICKED UP WITHIN SIX (6) MONTHS OF THE STAMPED IN DATE, THE APPLICATION WILL BE CONSIDERED VOID AND THE PAPERWORK DESTROYED!

You Will Pay Any Re-Inspection Fees Just Before Your Certificate Of Occupancy (Co) Is Issued. Call For The Amount At The End of Construction, After All Inspections Have Been Approved. At That Time We Also Need The Completed Signed Termite Certificate (Must Be On North Port Form Only) And 1 Copy Of The Subcontractor Verification Form Showing Who Performed All Work Along With the Signed Contractor Affidavit.

CITY OF NORTH PORT

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Permit No.

Phone (941) 429-7044 Fax (941) 429-7180 Email bldginfo@cityofnorthport.com Inspections (855) 941-4636

APPLICATION FOR A CONSTRUCTION PERMIT

RESIDENTIAL ☐ COMMERCIAL ☐ MISCELLANEOUS ☐

(PLEASE PRINT CLEARLY)

Property Owner / Name _____

Property Owner / Address _____

City _____ State _____ Zip _____

Contractor's Company Name _____

Contractor's Phone No. _____ License No. _____

Architect _____ Architect's Reg. No. _____

Engineer _____ Engineer's Reg. No. _____

Lot _____ Block _____ Addition _____

Parcel I. D. No. _____

Job Site Address _____

Local Contact _____ Phone No. _____

Email _____ Fax No. _____

Sq. Ft. of Lot _____ Sq. Ft. of Total Under Roof Area _____

Contract Price _____ Bldg. Dept. Computed Contract Price

Office Use Only

Central Water ☐ Well ☐

Central Sewer ☐ Septic ☐

Work Description _____

Application is hereby made to obtain a permit to do the work and installation 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 regulating construction in this jurisdiction. I understand that a separate permit may be required for Electrical, Plumbing, Mechanical, and Gas work, etc.

Sub-Contractor Information

ELECTRICAL / FIRE ALARM		State License	
Phone		City License	
PLUMBING / SPRINKLER		State License	
Phone		City License	
MECHANICAL / GAS		State License	
Phone		City License	
ROOFING / OTHER		State License	
Phone		City License	

Required Fees

Departments	Fees	
Admin / Plan Review Fee		
Convenience Fee	5	00
DPBR Fees		
2 % Education Surcharge		
Building Permit		
Zoning		
Public Works		
Fire		
Engineering		
Totals		

Required Approvals

Department	Initials	Date
Permit Clerk		
Building		
Zoning		
Public Works		
Engineering		
Fire		
Utilities		
Planning		

The Permit when issued will expire **180** days from the DATE issued if **INSPECTIONS** have not commenced or 180 days from the last **APPROVED INSPECTION**. FBC 105.3.2 / 105.4.1

Application Approved By: _____

"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."

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

Signature _____
OWNER

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

_____

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

_____

Notary
(Seal)

Signature _____
CONTRACTOR or AGENT

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

_____

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

_____

Notary
(Seal)

City of North Port

Neighborhood Development Services
4970 City Hall Boulevard
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Phone (941) 429-7044 **Email: bldginfo@cityofnorthport.com** **Inspections (855) 941-4636**
Fax (941) 429-7031

Application for a Right of Way Use Permit

PERMISSION IS HEREBY GRANTED TO _____
(Applicant's Name)

_____ _____
(Address) (Phone No.)

_____ Residential Construction _____ Erect Pole Line _____ Land Clearing

_____ Excavate in Parkway or Sidewalk _____ Excavate in Pavement _____ Jack & Bore

OTHER _____

IN THE FOLLOWING LOCATION(S): _____
(Street Address)

PID No. _____ Lot _____ Block _____ Addition _____

Subject to the General provisions on the back hereof, which have been carefully read and are understood and are an integral part of this Permit and the following Special Provisions.

_____ _____

_____ _____

The Applicant shall file with the City of North Port, Florida, a Corporate Bond and it is agreed between said Applicant and said City that said bond may be used by said City in the repairing any damage done, correcting any violations of Ordinances by the Applicant and/or cleaning up the premises and restoring the grounds occupied or used by the Applicant to their condition prior to the issuance hereof, and said City may alter temporary structures or remove materials stored by the Applicant pursuant hereto and use said bond for the expense thereof, or for any other purpose connected herewith, either before or after the completion of the work for which the Permit was granted.
Keep a copy of this Permit on the Job at all times.
Return a copy of this Permit to the Public Works Department immediately upon completion of work for which this Permit was issued. I HEREBY AGREE to all of the terms under which the Permit was issued. This Permit applies to Right of Way Use ONLY. Obtain all other applicable Federal, State, and Local Permits.

_____ _____
Applicant Date

CITY OF NORTH PORT, FLORIDA

_____ _____
Director, Public Works or Authorized Agent Date

START DATE _____ COMPLETION DATE _____

FOR OFFICE USE ONLY

First Inspection Date/Comments _____

Final Inspection Date Results/Comments _____

GENERAL PROVISIONS

This Permit issued to the General Provisions of the standard Specifications of the City of North Port, Florida which require the Applicant to:

a. Notify the Public Works Department twenty-four (24) hours prior to commencement.

b. No streets may be blocked without prior permission of the Public Works department.

c. Applicant must notify Police, Fire, Ambulance and School Busses prior to closing any streets.

d. Assure all necessary pavement repair and restoration of area when work is completed in accordance with City Standards.

e. Assure that the fire hydrants be left accessible at all times.

f. Assure that all work, equipment and materials are properly barricaded, lighted and secured and that a watchman be employed where necessary for that purpose.

g. Assure that gutters and/or drainage system is kept open for the flow of water.

h. Assure that the provision be made for the continuous operation of all pipes, ducts and other lines encountered.

i. Assure that both public and private property of whatever nature occupied or affected hereunder be maintained and preserved from injury during the operations.

j. Assure that all necessary provisions are made for the accommodation and convenience of traffic.

k. Assure that all work conducted in such matter as to interfere as little as possible with the public convenience and safety.

l. Agree that all suits, actions or claims of whatever nature which may arise, occasioned either directly or indirectly by the work permitted or the special privileges granted hereunder, shall be assumed by the Applicant and that the City Commission, and all its officers, agents and employees, shall be indemnified and saved harmless there from, and that Certificates of Liability insurance be submitted by the Applicant.

m. Assure that all lines and grades furnished for poles, ducts, pipes, sidewalks, buildings and other structures and their appurtenances are such as in the opinion of the City will be reasonably permanent; but are subject to revision wherever required by changing conditions, and the right is reserved to require the owner or owners of such property to make, at their own expense, such changes, alterations or replacements as may from time to time be necessary in order to adapt them to the changed conditions.

n. The City reserves the right to revoke the Right of Way Permit without other formality than that of notifying the Applicant of this effect should there be a violation to the foregoing General Provisions and to invoke the provisions of the Corporate Bond to restore the area to its original condition where deemed necessary.

City of North Port
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4970 City Hall Blvd.
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Permit No.

Phone (941) 429-7055 Fax (941) 429-7031 Email: bldginfo@cityofnorthport.com Inspections (855) 941-4636

APPLICATION FOR A LAND CLEARING PERMIT

Residential _____ Commercial _____ Date _____

Parcel ID _____ Lot _____ Block _____ Addition _____

Street Name _____

Property Owner	Contractor
Address	Address
Phone	Phone
Email	License No.
	Email

Reason for Removal

___ to facilitate construction ___ unhealthy tree on vacant lot ___ to remove spoil pile ___ underbrush only

Other (specify) _____

Heritage Tree Information DBH is measured at 54 inches above Ground

Diameter at DBH _____ X $ _____ = $ _____

Is the Silt Screen in place across the swale ? (yes / no) If no, provide date the silt screen will be in place _____

Number & Types of Trees to be Saved _____

Number & Types of Trees to be Removed _____

1. Indicate the exact location and diameter at DBH of each tree to be saved or removed on each site plan.
2. Four color coded copies of the site plan are required with each Land Clearing Application.
3. A Road Right of Way (ROW Use) Application must be attached to the Land Clearing Application.
4. Silt Screen area must be highlighted on all 4 site plans.

I assume Legal responsibility for any and all violations on this property pertaining to the City of North Port Tree Protection Regulations, Ordinance No. 02-16, for the duration of the permit or until the permit is closed.

_____ _____
Print Name of Owner or Authorized Agent submitting this Application Signature

Phone No. _____ Date _____

Office Use Only

____ APPROVED This Application is approved in accordance with Chapter 45 of the City's Unified Land Development Code Ordinance No. 02-16

____ Adjacent Lots _____

CONDITIONS

____ The Land Clearing Permit shall be posted on the property from the time clearing begins until 15 days after completion.
____ The Right-of-Way Use Permit must be posted during the same period of time.
____ Best Management Practices shall be used to prevent the erosion of unstable soil with methods such as silt screens or hay bales
____ All Land Clearing activities must be completed within one (1) year of the issuance of the Land Clearing Permit.

____ DENIED

_____ _____
Authorized Signature Date

NOTE: 2 Copies are Required at Submittal

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RESIDENTIAL DATA SUMMARY WORKSHEET

This form shall be completed and submitted with Application Documents

Owners Name _____ P.I.D. _____

Project Address _____

Design Professional _____ Phone _____ Fax _____

Contractor _____ Phone _____ Fax _____

Applicable Codes

Building Code	Florida Building Code	2014 Residential Volume
Mechanical Code	Florida Building Code	2014 Residential Volume
Plumbing Code	Florida Building Code	2014 Residential Volume
Electrical Code	NFPA 70 / NEC 2008	
Accessibility Code	Florida Building Code	FACBC 2014
Energy Code	Florida Building Code	Residential Energy Efficiency 2014

Manufacturer / FL Product Approval / NOA #

Doors / SGD _____
Windows _____
Overhead Doors _____
Mitered Glass _____
Shutters _____
Roof Coverings _____
Soffit _____
Sentricon Bait _____

Method of Design per R301 / Residential Volume

_____ AF&PA (WFCM) _____ ASCE 7 - 10 _____ AISI (COFS/PM) _____ ICC 600

_____ MAF Guide Other _____

_____ FBC 2014 / Residential Volume

Construction Type IV V (circle one) Other _____

Design Wind Speed _____ m.p.h. R301.2 (4)

Importance Factor _____

Wind Debris Area Yes No Exposure B or C (circle one)

Structural Forces Section R301.4 / R301.5 / R301.6

Floor Design Live Load _____ p.s.f
Dead Load _____ p.s.f

Roof Design Live Load _____ p.s.f
Dead Load _____ p.s.f

WINDOW & DOOR WIND PRESSURE DESIGN LOADING

Mean Roof Height _____ feet
Windows _____ psf
Doors _____ psf
Garage Doors _____ psf

Please Show Design Pressure for Worst Case ONLY

Components and Cladding Design Pressures:

Z1 _____ p.s.f. Z3 _____ p.s.f. Z5 _____ p.s.f.

Z2 _____ p.s.f. Z4 _____ p.s.f. a= edge distance _____

Misc. Notes

_____

Area Tabulation

Living		sf / Conditioned Space
Garage		sf
Lanai		sf
Entry		sf
Storage		sf
Other		sf
		Total square footage

I certify to the best of my knowledge and belief, these plans and specifications have been designed to comply with the structural portion of the Building Code for wind and gravity loads as amended and enforced by the permitting jurisdiction.

Signature _____ **Date** _____
Architect / Engineer

Seal

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Authorized Agent Form

Date: _____

Today's authorization will replace any previous authorization forms that we may have on file, unless you check the box below. This list should be updated annually when you renew your license with North Port.

☐ **Add to Current List**

I authorize the following employees to act on my behalf in the City of North Port. They may perform the following actions in my place.

_____ Sign permit applications
_____ Pick up completed permits
_____ Pick up Certificates of Occupancy (CO's)
_____ Make revisions on the plans and initial them

_____
Please Print Agent Name Signature

_____
Please Print Agent Name Signature

_____
Please Print Agent Name Signature

_____
Please Print Agent Name Signature

I understand that I am fully responsible and legally bound for all acts performed under my license name and number including those of my agents.

_____
Please Print License Holder Company Name

_____
Signature of License Holder

State of Florida, County of Sarasota

The foregoing instrument was acknowledged before me by _____ who is personally known to me or who has produced _____ as identification. Witness my hand and official seal this _____ day of _____, 20_____.

_____
Notary Seal

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OWNER BUILDER STATEMENT/AFFIDAVIT

Florida Statutes are quoted here or in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

OWNERS MUST PERSONALLY APPEAR AT THE BUILDING DEPARTMENT TO SIGN THIS DOCUMENT

BY SIGNING THIS STATEMENT, I ATTEST THAT: ***(Initial to the left of each statement)***

____	I understand that state law requires construction to be done by a licensed contractor, I 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.
____	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.
____	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 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 all permits and contract.
____	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 construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
____	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
____	I understand that I may not hire an unlicensed individual 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 a licenses required by law and by city ordinance.
____	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 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 these 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.
____	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 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.

____	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.
____	I am aware of construction practices and I have access to the Florida Building Code.
____	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 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.
____	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 address listed below.
____	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 or in the permit application package.
____	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, the Department of Business and Professional Regulation and the Building Department may be unable to assist you with any financial loss that you sustain as the 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 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.

Property Address: _____ _____ _____

I, _____ _____, do herby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

_____ _____ _____

Signature of Owner-Builder Date

Form of Identification: _____ _____

(Must be Photo I.D.)

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a $1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

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Contractor Affidavit Form

I understand that it is my responsibility, as the Licensed Contractor for construction in the City of North Port, to hire only licensed and insured sub-contractors.

The attached sub-contractor verification form includes the names of sub-contractors who have worked on this property and permit. They are insured and licensed with the City of North Port.

Property Address _____ Permit # _____

Licensed Contractor's Company Name _____

_____ _____
Licensed Contractor's Signature PRINTED NAME

State of Florida,
County of Sarasota

The foregoing instrument was acknowledged before me by _____ who

is personally known to me or who has produced _____ as identification.

Witness my hand and official seal this _____ day of _____20_____.

_____
Notary Seal

Building Division
4970 City Hall Blvd, North Port, FL 34286
Phone: (941) 429-7044

SUB-CONTRACTOR CONFIRMATION

SUB-CONTRACTOR CONFIRMS THAT HE/SHE IS RESPONSIBLE FOR THE WORK ON THIS SPECIFIC PROJECT, AND ALLOWS THE GENERAL CONTRACTOR TO OBTAIN A BUILDING PERMIT FROM THE CITY.

Gen. Contractor: _____ **Permit Application #:** _____

Owner / Project Name: _____

Job Address: _____

Circle only one: Electrical Mechanical Plumbing Roofing Fire Sprinkler

Fire Alarm Low Voltage Fire Suppression Fire Underground

The qualifier of each major sub-trade (electric, plumbing, mechanical, roofing, low voltage, and fire) performing work under a general contractor must complete this form and submit it to the General Contractor prior to issuance of permits. No white out, crossed out changes or photo copies will be accepted. ***ORIGANAL FORMS ONLY***.

Sub-Contractor: _____

Address: _____

License #: _____ **Phone #:** _____

Qualifiers Affidavit
KNOW ALL MEN that I _____ qualifier of

_____ do hereby certify that my company is responsible for

the work as stated above.

_____
Signature of Qualifier

State of Florida, County of_____

Sworn to and subscribed before me this _____ day of _____, 20_____

By_____, who is personally known to me or has

Produced_____ as identification.

_____ (SEAL)
Signature, Notary Public - State of Florida

_____
Printed, Typed, or Stamped Name of Notary

CITY OF NORTH PORT

AFFIDAVIT OF BEST MANAGEMENT PRACTICE (BMP) COMPLIANCE

Office Use Only PERMIT #

DATE: _____

Contractor/Owner Name:	Type of Work to be Completed:

Project Address: _____
Lot: _____ **Block:** _____ **Addition:** _____

BMP ATTACHED _____

BMP Approval	Initial	Date

Internal Use Only

I _____ CERTIFY THAT I AM THE CONTRACTOR/OWER (CIRCLE & INITIAL ONE) OF THE PROJECT DESCRIBED IN THE ABOVE NOTED INFORMATION AND THAT THE PROJECT SHALL ADHERE TO FURTHER STATE THE ATTACHED BMP (T0 BE SUPPLED BY CONTRACTOR/OWNER & APPROVED BY THE CITY) SHALL BE SET-UP AND MAINTAINED DURING THE CONSTRUCTION PHASE OF THE PROJECT THROUGH THE FINAL INSPECTION PROCESS. FURTHERMORE, I AGREE TO ALL SUBJECT FINES AND INSPECTION FEES THAT MAY BE LEVIED AGAINAT THE PROPERTY WHEN THE BMP IS NOT ENFORED. FAILURE TO COMPLY WITH THIS STATEMENT MAY RESULT IN A HOLD ON THE PROPERTY AND NO NEW INSPECTIONS WILL BE CONDUCTED UNTIL REMEDIED OR REPAIRED. THE CITY WILL RESERVE THE RIGHT TO ISSUANCE OF A CITITATION BY CITYS ENFOREMENT DIVISION.

_____ _____ _____
Contractor Signature Print Name Date

Sworn and subscribed before me this _____ Day of _____20_____

Seal

Notary Name: _____
Notary Public, State of Florida

Personally known _____ or ID Type _____

DEPARTMENT OF ENGINEERING APPROVAL TO PROCEED:

_____ _____
City Engineer Signature/or Authorized Agent Date Approved

Comments:

INSPECTION INFORMATION

Inspection Date/Time	Inspector ID	Date Inspected	Passed/Failed

NOTICE OF COMMENCEMENT

Permit No. _____

Parcel ID: _____ Tax Folio No. _____

State of Florida
County of Sarasota

The undersigned hereby gives notice that improvement 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: (legal description of the property and street address if available)

_____

2. General Description of Improvement: _____

3. Owner Information
   a. Name and Address: _____
   b. Interest in Property: _____
   c. Name and Address of Fee Simple Titleholder (if other than owner) _____

4. Contractor
   a. Name and Address: _____
   b. Phone Number: _____

5. Surety
   a. Name and Address: _____
   b. Amount of Bond $_____ .
   c. Phone Number: _____

6. Lender
   a. Name and Address: _____
   b. Phone Number: _____

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 Number: _____

8. In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:
   a. Name and Address: _____
   b. Phone Number: _____

9. Expiration date of Notice of Commencement (the expiration date is **1YEAR** 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 1, 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.

_____ _____

Signature of Owner or (Owner's Authorized Officer/ Director/Partner/Manager) Printed Name

Signatory's Title/Office_____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ 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).

_____

Signature of Notary Public, State of Florida

Commission Expires:

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

_____

Signature of Natural Person Signing Above

Notice of Commencement
Instructions

1. Complete the NOC form, sign and have notarized. (NOC's are not required for contracts less than $2,500.00).

2. NOC's are required for A/C Replacements on contracts $7,500 and above.

3. Record original document either at the Clerk of Circuit Court Office, 2000 Main Street, Sarasota or 4000 S. Tamiami Trail, Venice

4. Submit a copy of the recorded NOC to the North Port Building Department with your Application Documents.

5. THE SEALED ORIGINAL NOC MUST BE POSTED AT THE JOB SITE PRIOR TO THE FIRST INSPECTION.

Things you should consider before building a home

This informational packet is provided to you by Construction Industry Professionals representing the following fields: Real Estate Law, Title Company, Real Estate Sales, Banking, Mortgage Company, Building Contractors, and Building Department. The items contained herein are not mandatory; however the objective is to assist you with options available to you to aide in an informed decision in contracting the construction of your new home.

When selecting a contractor:

- When talking to a potential contractor, request the names of owners from the last two or three homes that the contractor completed or a client whose project is currently under construction if available.

- Check with the North Port Building Department, Florida Department of Business and Professional Regulation, North Port Area Chamber of Commerce and the Better Business Bureau for any complaints against a potential contractor.

When signing your contract:

- Read your contract. Consider having an attorney examine your contract before signing.

- If for mortgage purposes you need to sign over your title to your land; do not sign over your title to a contractor unless you have ensured the financial stability of your contractor. Ask if both your name and the contractor's name can be listed on the title. Understand that if you sign your title over, you have lost ownership rights. If your contractor defaults, continuation of the project may require YOU hold interest or right to the title to the property.

Once the job has started:

- Examine your Notice of Commencement carefully. If a contractor lists his own name as the property owner, you will not receive Notice to Owner Certificate, and you may have liens that you don't know about.

- Check with your lender periodically throughout your project to insure that payments issued are equal to work performed.

- Monitor all Notice to Owner Certificates. Just because a contractor has signed a release of lien, doesn't mean that the subcontractor has been paid for doing work on your home.

- Photograph the project each time partial payment is requested. Document the installation of any equipment or appliances and record the serial numbers.

- Check with the North Port Building Department on the process to access permit and inspection information.

Things you should consider before building a home (cont.)

- Insure the premises during construction and receive a copy of the Certificate of Insurance.

- Note that if you hold title to your property and your builder defaults, you can be held liable for the condition of the property.

Once your home is completed:

- Ensure your lender has received a copy of the Certificate of Occupancy and request a copy at the closing on your home. You also can confirm that your Certificate of Occupancy has been issued by contacting the North Port Building Department.

- Ensure there are no liens against your home before closing by checking the Sarasota County Clerk of Court's Web site and communicating with your title company.

Contact Information:

City of North Port
Building Department
www.cityofnorthport.com
4970 City Hall Boulevard
North Port, FL 34286
Office: (941) 429-7044

Florida Department of Business and Professional Regulation
http://www.myflorida.com/dbpr
1940 North Monroe Street
Tallahassee, FL 32399
Office: (850) 487-1395

Sarasota County Clerk of the Court
www.sarasotaclerk.com
2000 Main Street
Sarasota, FL 34237
Office: (941) 861-7400

Sarasota County Property Appraiser
www.sarasotaproperty.net
2001 Adams Lane
Sarasota, FL 34237
Office: (941) 861-8200

Better Business Bureau
http://westflorida.bbb.org
2655 McCormick Drive
Clearwater, FL 33759
Office: (727) 535-5522 (24 Hours)
Toll Free: 1-800-525-1447

North Port Area Chamber of Commerce
www.northportareachamber.com
15141 Tamiami Trail
North Port, FL 34287
Office: (941) 423-5040

Additional websites for information:

National Association of Home Builders (NAHB), www.nahb.org

Federal trade Commission, www.ftc.gov

Things you should consider before building a home (cont.)

This will be included in the permit package for your new home. Please sign and notarize the following:

I have read and understand the above information.

Signature_____
Owner

State of Florida, County of Sarasota, The foregoing instrument was acknowledged before me by_____, who is personally known to me____, or has produced_____as identification. Witness my hand and official seal this_____Day of_____, 20____

_____
Notary Seal

Signature_____
Contractor

State of Florida, County of Sarasota, The foregoing instrument was acknowledged before me by_____, who is personally known to me____, or has produced_____as identification. Witness my hand and official seal this_____Day of_____, 20____

_____
Notary Seal