



## City of Anna Maria

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### ACCESSORY STRUCTURE PERMIT REQUIREMENTS

The following must be submitted (as applicable to scope of work):

1. Building Permit Application
2. Current contractor information (license, liability, worker's compensation)
3. Subcontractor forms with license and insurance information
4. Staging Plan (if applicable)
5. Product Approvals
6. For POOLS specifically:
  - Residential Pool, Spa & Hot Tub Safety Act
  - Construction Notice to Residents
  - Mailing List for Construction Notice
7. Impervious Coverage Calculation Work sheet
8. Coastal V-Zone Design Certificate (if applicable)
9. Signed, dated and sealed plans
10. Recorded Notice of Commencement (NOC) (if contract cost is over \$2500)  
***NOC recorded with the Manatee County Clerk is required before the first inspection.***
11. Current legal survey of the property (see list below)
  - Dock (Seawall/Pilings/Boatlift) – Copy of survey showing the placement of dock, etc.
  - Driveway/Pavers/Turf – Copy of survey showing the placement of driveway/pavers/turf
  - Fence – Copy of survey highlighting the placement of fence and utilities, a statement regarding easements, and product specs for fence
  - Garage/Shed – Survey showing the placement of garage/shed and engineered drawings
  - Pool/Spa – Copy of survey showing the placement of pool/spa, dewatering plan (dewatering plan needs to have the date of planned dewatering on it (no weekends)), AHRI Certificate for heat pump and Pool Safety Act form (included in this packet)
  - Pool Enclosure – 2 copies of survey showing the placement of enclosure and engineered drawings

City of Anna Maria  
BUILDING DEPARTMENT  
307 Pine Ave  
Anna Maria, FL 34216  
Phone: 941-708-6130 Fax: 941-708-6136



# BUILDING PERMIT APPLICATION

OFFICE USE ONLY  
PERMIT # : \_\_\_\_\_  
Fees Due: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Approved by (plans reviewer): \_\_\_\_\_

**REVIEWED UNDER FLORIDA BUILDING CODE 7th EDITION AND STATE STATUTES**

**APPLICATION MUST BE COMPLETED IN INK OR TYPED. ALL SIGNATURES MUST BE NOTARIZED**

**AMOUNT OF CONTRACT: \$ \_\_\_\_\_** IF CONTRACT/PRICE IS \$2,500 (for Mechanical over \$15,000) OR MORE, A RECORDED NOTICE OF COMMENCEMENT IS REQUIRED TO BE SUBMITTED PRIOR TO THE FIRST INSPECTION.

## JOB SITE

STREET ADDRESS: \_\_\_\_\_  
UNIT# \_\_\_\_\_  
LOT(S) # \_\_\_\_\_ PARCEL# \_\_\_\_\_

## BRIEF DESCRIPTION OF PROPOSED WORK:

## BUILDING PERMIT APPLICANT

FL. LICENSE # \_\_\_\_\_  
APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ EMAIL: \_\_\_\_\_  
STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PROPERTY OWNER (required - must provide phone number and email)

Is property owner applicant? Please circle YES or NO

NAME AS ON PROPERTY RECORD: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY AND USE: \_\_\_\_\_

TOTAL # STORIES FROM GRADE: \_\_\_\_\_

FIRE SPRINKLERED?  YES  NO FLOOD ZONE FOR PROPOSED/EXISTING BLDG. \_\_\_\_\_

<50%:  YES  NO JUST VALUE: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

BUILDING:  CONFORMING  NON-CONFORMING (IF NON-CONFORMING, FEMA IMPROVEMENTS/REPAIR APPLICATION PACKET IS REQUIRED)

**ALTERATIONS**

7<sup>th</sup> Edition FBC- EXISTING BUILDING: ALTERATION LEVEL  I  II  III

KITCHEN  LIVING ROOM  DINING ROOM  # \_\_\_\_\_ BEDROOM(S)  # \_\_\_\_\_ FULL BATH(S)  # \_\_\_\_\_ 1/2 BATH(S)

OTHER/DESCRIPTION: \_\_\_\_\_

**CITY OF ANNA MARIA APPLICATION FOR DEVELOPMENT PERMIT**

By Ordinance the site shall be kept clean and materials will be kept secured from winds. The Contractor is responsible to effect compliant erosion control best management practices including but not limited to Silt Control Fencing. The applicant covenants that any damage to City property that results from the work performed under this permit shall be repaired at the sole cost of the Applicant. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies. If asbestos is present Contractor or Owner Builders shall inform the Department of Environmental Protection at 813.362.7600 and comply with Florida Statute 469.003. For all renovation or demolition work an asbestos affidavit is required to be signed, notarized and submitted to the DEP.

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.

***BOTH SIGNATURES BELOW ARE REQUIRED AND NEED TO BE NOTARIZED***

**Property Owner Affidavit:** I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the City Building Department to sign this application form and submit a completed Owner Affidavit Form. **OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this building application is true and correct.

**Owner Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**NOTARY of the 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) SEAL

**Contractor Affidavit:** I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit.

**Contractor Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**NOTARY of the 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) SEAL



**CITY OF ANNA MARIA  
BUILDING DEPARTMENT**

10005 Gulf Drive, P.O. Box 779,  
Anna Maria, Florida 34216

Phone (941) 708-6132

Fax (941) 708-6136

**Sub-Contractor Verification Form**

**Street Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**General Contractor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**ELECTRIC** Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Print Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractors Signature \_\_\_\_\_ License # \_\_\_\_\_  
 **Check if authorized agent signature**

**MECHANICAL** Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Print Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractors Signature \_\_\_\_\_ License # \_\_\_\_\_  
 **Check if authorized agent signature**

**PLUMBING** Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Print Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractors Signature \_\_\_\_\_ License # \_\_\_\_\_  
 **Check if authorized agent signature**

**ROOFING** Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Print Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractors Signature \_\_\_\_\_ License # \_\_\_\_\_  
 **Check if authorized agent signature**

**GAS** Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Print Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Contractors Signature \_\_\_\_\_ License # \_\_\_\_\_  
 **Check if authorized agent signature**

**This form must be signed by the license holder or an authorized agent when an original authorized agent signature form is submitted or on file.**

**BUILDING PERMIT#** \_\_\_\_\_



**CITY OF ANNA MARIA  
BUILDING DEPARTMENT**  
307 Pine Avenue  
Anna Maria, FL 34216  
Phone: 941-708-6130  
Fax: 941-708-6136

## **Residential Swimming Pool, Spa & Hot Tub Safety Act**

### **Notice of Requirements**

I/We acknowledge that a new swimming pool, spa and/or hot tub will be constructed or installed at the location of \_\_\_\_\_ and hereby affirm that one, or more, of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes and the Florida Building Code (FBC) Current Edition.

**Please initial the method(s) to be used for said pool:**

\_\_\_\_\_ The pool may be completely isolated from access from the home and yard, by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and FBC R450I. 17

\_\_\_\_\_ The pool may be equipped with an approved pool safety cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs)

\_\_\_\_\_ If a screened enclosure, compliant with R4501.1 7, is provided: All doors providing direct access to the pool area shall be equipped with self-closing self-latching devices with release mechanisms, placed no lower than 54" above the threshold and open away from the pool. All doors and windows providing direct access from the home to the pool shall be equipped with exit alarms that are in compliance with FBC R4501.1 7.I. 9

\_\_\_\_\_ If a pool barrier using part of the house is provided: All doors providing direct access to the pool area from the yard shall be equipped with self-closing self-latching devices with release mechanisms, placed no lower than 54" above the threshold and open away from the pool. All doors and windows providing direct access from the home to the pool shall be equipped with exit alarms that are in compliance with FBC R450I. 17.I.9

\_\_\_\_\_ A swimming pool alarm that, when placed in a pool, sounds an alarm upon detection of an accidental or unauthorized entrance into the water. Such pool alarm must meet and be independently certified to ASTM Standard F2208, titled "Standard Safety Specification for Residential Pool Alarms," which includes surface motion, pressure, sonar, laser, and infrared alarms. For purposes of this paragraph, the term "swimming pool alarm" does not include any swimming protection alarm device designed for individual use, such as an alarm attached to a child that sounds when the child exceeds a certain distance or becomes submerged in water.

*Note: One (1) copy of this form must be attached to each set of plans. Copies of specs for method(s) used must be onsite for the inspector.*

**I understand that not having one of the above installed at the time of final inspection will constitute a violation of Chapter 515, Florida Statutes and will be considered as committing a misdemeanor of the second degree, punishable by fines up to**

**\$500.00 and/or up to 60 days in jail as established in Chapter 775, Florida Statutes.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner

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\*Contractor Signature

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Print Name of Contractor

*\*The Signature of the Contractor must be notarized by a State of Florida Notary Public*

**NOTARY** of the 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.

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Signature of Notary Public, State of Florida

Seal:

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## CONSTRUCTION NOTICE TO RESIDENTS

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Dear Homeowner/Resident,

Please be advised that in accordance with City of Anna Maria Ord. # 21-880, you are hereby notified that construction activity will be taking place at the property located at:

DESCRIPTION OF CONSTRUCTION ACTIVITIES:

SCHEDULE: Work is scheduled to begin the week of \_\_\_\_\_.

CONSTRUCTION CONTACT INFORMATION:

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Email: \_\_\_\_\_

CONTRACTOR REPRESENTATIVE CONTACT INFO. FOR QUESTIONS, CONCERNS OR COMMENTS RELATED TO THE CONSTRUCTION ACTIVITIES / JOBSITE:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CITY & COUNTY CONTACT INFORMATION:

City of Anna Maria Building Department (8 am to 4:00 pm): 941-708-6130 Ext. 125 or EXT. 140

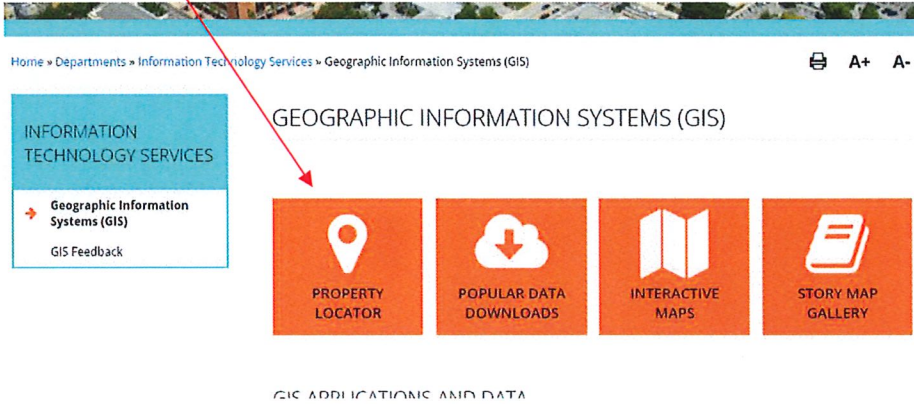
City of Anna Maria Public Works Department (8 am to 4:00 pm): 941-708-6130 Ext. 131 or Ext. 126

Manatee County Sherriff's Non-Emergency #: 941-747-3011

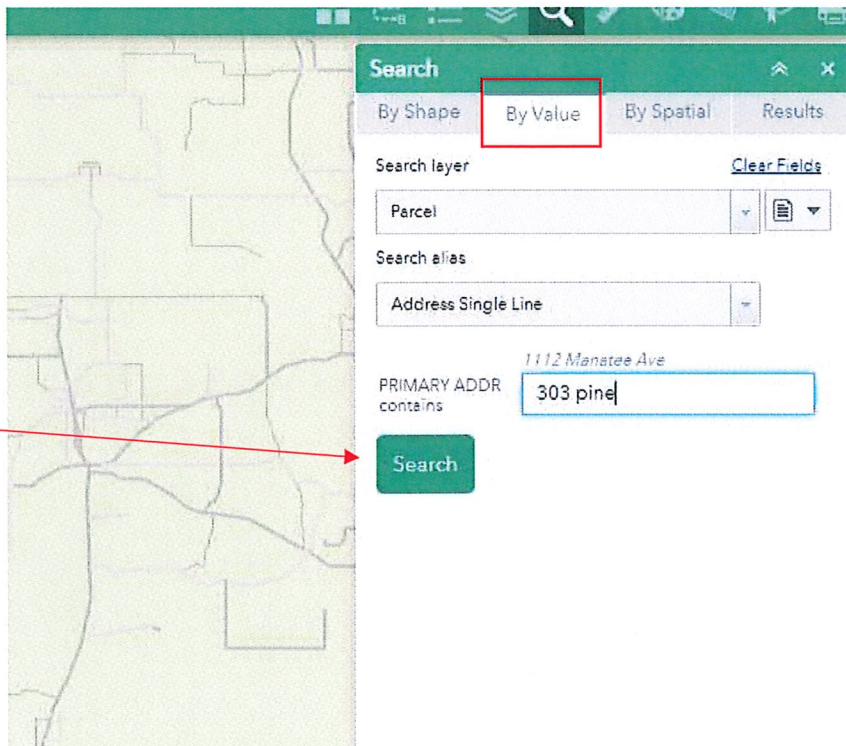
How to Create a Mailing List for Public Notice of New Homes and Pools. The link is:

[https://www.mymanatee.org/departments/information technology services/geographic information systems](https://www.mymanatee.org/departments/information%20technology%20services/geographic%20information%20systems)

Choose property locator

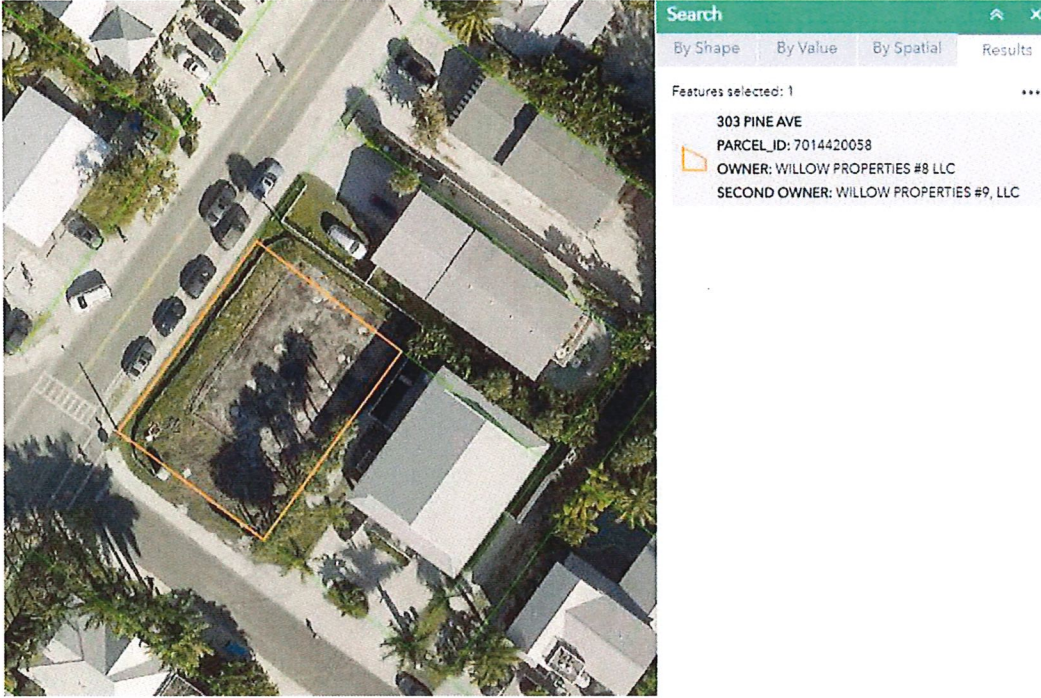


Under "By Value", choose Parcel and then Address Single Line as shown below. Enter your address and click Search.

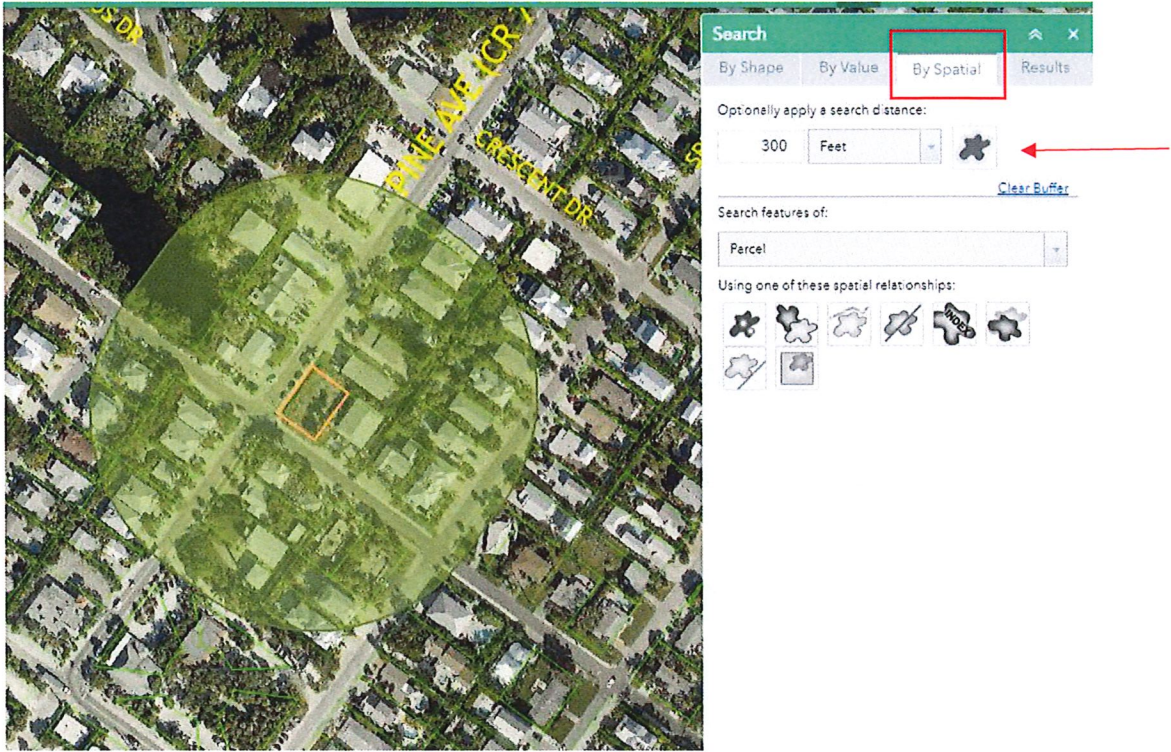




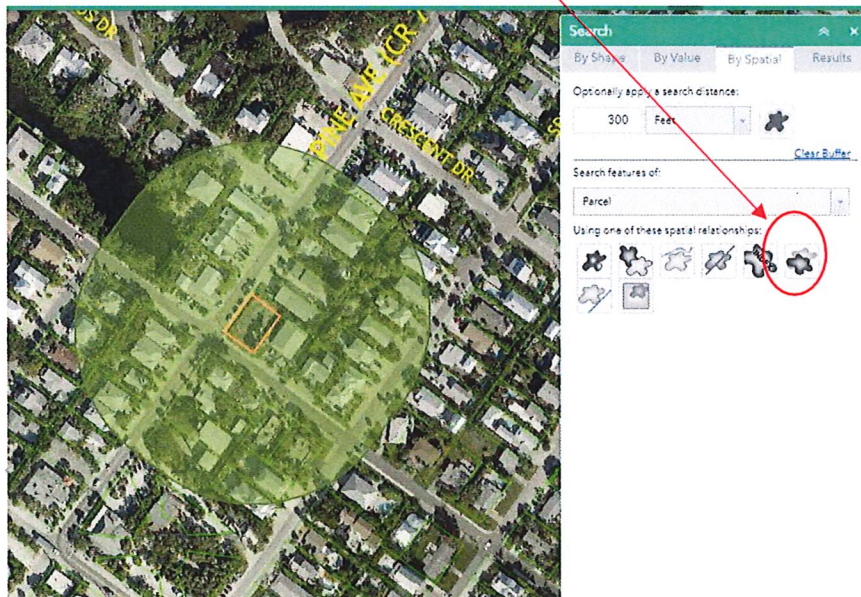
This is how it looks after you hit Search for your address



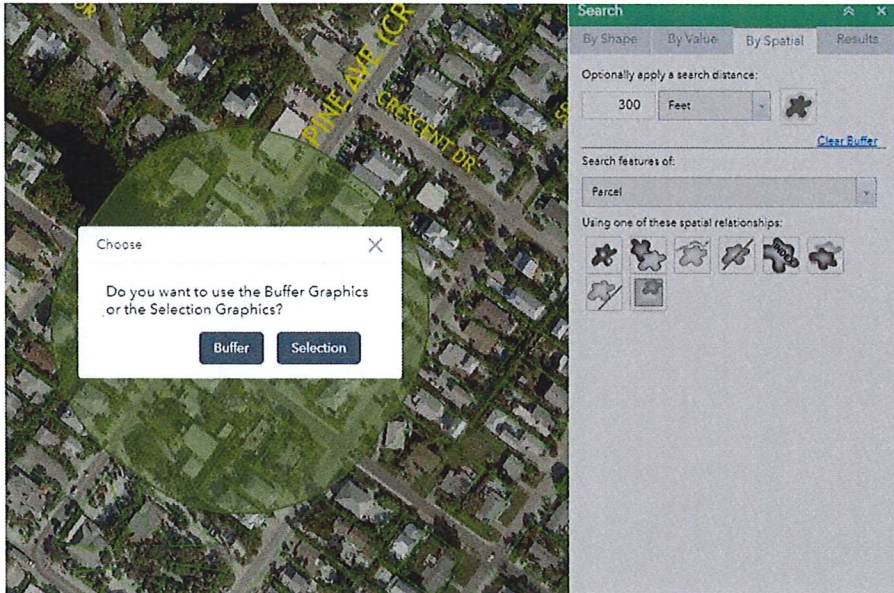
Now go to BY SPATIAL and enter your search criteria (300 feet) and click on the Star directly to the right. Now the area will appear on the map. (scroll down)



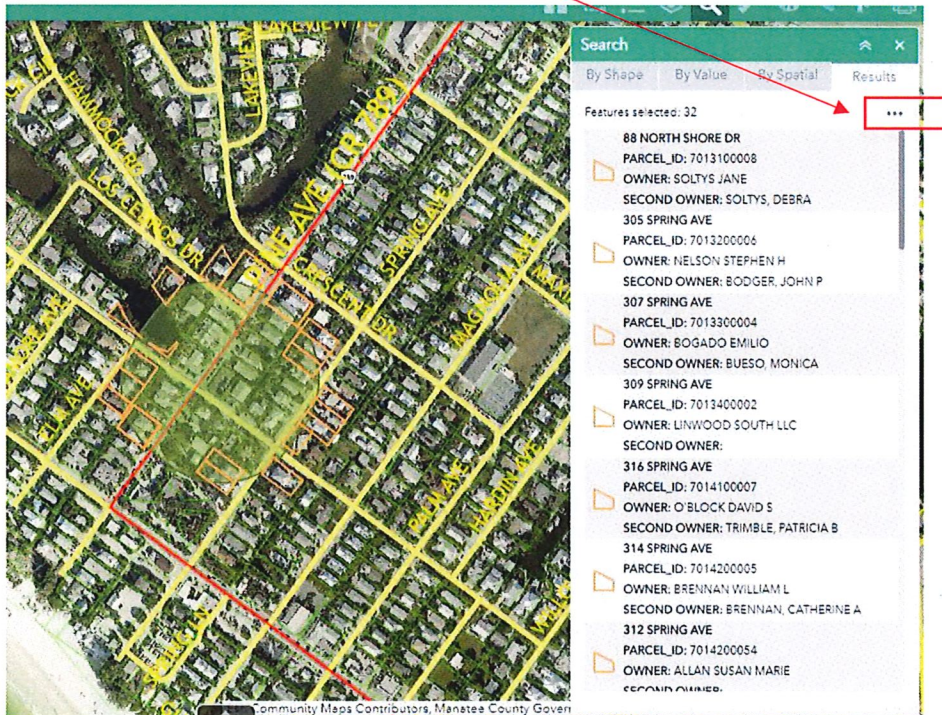
Now click the below which is "overlapped by"



After you hit "overlapped by" you will get the below prompt – choose BUFFER



Once you hit Buffer, the addresses within 300 feet will show up on the right. If you click on the 3 dots above the addresses on the right then you have the option to export the address.





City of Anna Maria Building Department  
307 Pine Ave  
Anna Maria, FL 34216  
941-708-6130

**RESIDENTIAL BUILDING & IMPERVIOUS COVERAGE  
CALCULATION WORKSHEET - Page 1**

**Building coverage** means that area of all structures contained within the perimeter of the exterior walls, whether vertical or canted; and attached or detached structures projected vertically over three feet above the ground. **Applies to the R-1, R-2 and ROR Zoning Classifications.**

**Maximum building coverage for Residential: 40 % (C)**

**Property Address:** \_\_\_\_\_

Lot Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft. **(A)**

Building Coverage:  
(under roof coverage) = \_\_\_\_\_ sq. ft. **(B)**

**Divide (B) by (A) = \_\_\_\_\_% (C)**

**Impervious surface coverage** means a surface that has been compacted or covered with a layer of material so that it is highly resistant to infiltration by water such as patios, sidewalks, decks and driveway/parking areas. It includes but is not limited to semi-impervious surfaces such as paver bricks, crushed and compacted clay and shell, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots and other similar structures.

**Other Impervious Surface Coverage (I)**

Existing (complete Page 2, Impervious Surface Coverage) = \_\_\_\_\_ sq. ft. **(D)**

Proposed (complete Page 2, Impervious Surface Coverage) = \_\_\_\_\_ sq. ft. **(G)**

**TOTAL = \_\_\_\_\_ sq. ft. (H)**

**Divide (H) by (A) = \_\_\_\_\_% (I)**

**ADD (C) AND (I) TOTAL LOT COVERAGE= \_\_\_\_\_ %**

**MAXIMUM TOTAL IMPERVIOUS SURFACE COVERAGE: 40 %.**

**RESIDENTIAL IMPERVIOUS SURFACE COVERAGE CALCULATION WORKSHEET - Page 2**

<b>Area</b>	<b>Existing- no reduction</b>	<b>Proposed- no reduction</b>
Patios	_____sq. ft.	_____sq. ft.
Pool/Hot Tub	_____sq. ft.	_____sq. ft.
Covered decks	_____sq. ft.	_____sq. ft.
Sidewalks	_____sq. ft.	_____sq. ft.
Equipment pads	_____sq. ft.	_____sq. ft.
Driveways	_____sq. ft.	_____sq. ft.
<b>TOTAL (D)</b>	_____sq. ft.	<b>TOTAL (E)</b> _____sq. ft.

Impervious Surface Material reductions for Stormwater infiltration areas. Plans must indicate area for reduction including cross section of infiltration area. See below for reduction percentages

<b>Area</b>	<b>Proposed</b>	<b>Material</b>	<b>Proposed with reduction</b>
Patios	_____sq. ft.	_____	_____sq. ft.
Sidewalks	_____sq. ft.	_____	_____sq. ft.
Equipment pads	_____sq. ft.	_____	_____sq. ft.
Driveways	_____sq. ft.	_____	_____sq. ft.
		<b>TOTAL (F)</b>	_____sq. ft.

**TOTAL (E) + (F) = (G)** \_\_\_\_\_ sq. ft.

No reduction for Asphalt, Concrete, Crushed shell, or soil.

The following materials shall be considered 100% Pervious contingent upon construction of infiltration system subsurface and the submittal of a maintenance contract at the time of issuance of Certificate of Occupancy or Certificate of Completion:

89 Rock/stone, \_\_\_\_\_#57 Stone, \_\_\_Pea gravel,\_\_\_ Permeable paver system.

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# V- ZONE DESIGN CERTIFICATE

Name \_\_\_\_\_ Policy Number (*Insurance Co. Use*) \_\_\_\_\_  
Building Address or Other Description \_\_\_\_\_  
Permit No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. \_\_\_\_\_ Panel No. \_\_\_\_\_ Suffix \_\_\_\_\_ FIRM Date \_\_\_\_\_ FIRM Zone(s) \_\_\_\_\_

## SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an as-built Elevation Certificate.]

1. Datum.....  NGVD  NAVD  Other
2. Elevation of the Bottom of Lowest Horizontal Structural Member ..... \_\_\_\_\_ feet above datum
3. Base Flood Elevation (BFE)..... \_\_\_\_\_ feet above datum
4. Elevation of Lowest Adjacent Grade ..... \_\_\_\_\_ feet above datum
5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... \_\_\_\_\_ feet above datum
6. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... \_\_\_\_\_ feet above datum

## SECTION III: V Zone Design Certification Statement

[NOTE. This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* and local floodplain management regulations; and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida Building Code*. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

## SECTION IV: Breakaway Wall Design Certification Statement

[NOTE. This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code, Building (ASCE 24)* or *Florida Building Code, Residential*, as applicable, and accepted standards of practice.

## SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. *I certify the V Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).*

_____		_____	
Certifier's Name		License Number	
_____		_____	
Title	Company Name		
_____		_____	
Address	City	State	ZIP
_____		_____	
Signature	Date	Telephone	



This Instrument Prepared By:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Tax Folio No: \_\_\_\_\_

Permit No.: \_\_\_\_\_

NOTICE OF COMMENCEMENT

State of \_\_\_\_\_  
County of \_\_\_\_\_

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 (legal description of property **and** street address): \_\_\_\_\_  
\_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner Information:
  - a) Name and complete address: \_\_\_\_\_
  - b) Interest in property: \_\_\_\_\_
  - c) Name and address of Fee Simple Title Holder (if other than owner): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor Information:
  - a) Company name and complete address: \_\_\_\_\_
  - b) Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Surety:
  - a) Name and complete address: \_\_\_\_\_
  - b) Amount of Bond: \$ \_\_\_\_\_
  - c) Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Lender:
  - a) Name and complete address: \_\_\_\_\_
  - b) Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by in Section 713.13(1)(a)7., Florida Statutes:
  - a) Name and complete address: \_\_\_\_\_
  - b) Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
8. In addition to himself, 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 complete address: \_\_\_\_\_
  - b) Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date is 1-year 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

\_\_\_\_\_  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person) as the \_\_\_\_\_ (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  
Print, Type, or Stamp Commissioned Name of Notary  
Public/Commission Number

Personally Known \_\_\_\_\_ or Produced ID \_\_\_\_\_

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 Owner or Owner's Authorized  
Officer/Director/Partner/Manager



# TRANSMITTAL FORM

Building Department City of Anna Maria  
307 Pine Ave  
Anna Maria, FL 34216  
941-708-6130  
941-708-6136 Fax

Date: \_\_\_\_\_ Attn: \_\_\_\_\_

From: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SITE LOCATION/ADDRESS:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**THE FOLLOWING IS SUBMITTED FOR CONSIDERATION:**

- Response to Comments
- Revisions/Re-submittals  
Cost of Revision (if applicable) \_\_\_\_\_
- Other \_\_\_\_\_

**APPLICABLE CODES/TRADES (Check all that apply):**

\_\_ Building/FEMA    \_\_ Electrical    \_\_ HVAC    \_\_ Plumbing  
\_\_ Zoning    \_\_ Gas Venting    \_\_ Gas Piping    \_\_ Fire Marshal

**ITEMS INCLUDED IN THIS TRANSMITTAL:**

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