



City of Anna Maria

TRADE PERMIT REQUIREMENTS

The following must be included (as applicable to scope of work) at time of application:

1. Building Permit Application
2. Current contractor information (license, liability, worker's compensation)
3. Product approvals
4. Electrical – T-Pole/TUG, Authorization of Permanent Power-Temporary Use
5. Roof – Re-Roofing Inspection Affidavit
6. Gas – Survey, Anti-Flotation Plan, Isometric Piping, Tie Downs (2 copies)
7. Mechanical – AHRI Certificate, Notify of New Duct Work (2 copies)
8. Solar – Sketch of panels on Roof, Isometrics for Electrical, Manufacturing Specs
9. Recorded Notice of Commencement with permit number (if contract cost is over \$2500, or \$15,000 for Mechanical) ***NOC is required before the first inspection.***

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

7th 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, FLORIDA

AUTHORIZATION OF PERMANENT POWER FOR TEMPORARY USE (PPTU)

IT IS UNDERSTOOD THAT THIS TEMPORARY SERVICE APPROVAL BY THE CITY OF ANNA MARIA BUILDING DEPARTMENT IS BEING GRANTED FOR CONSTRUCTION PURPOSE ONLY. THIS APPROVAL IS RELATED TO:

DATE OF ISSUE: _____ BUILDING PERMIT NO.: _____ RE #: _____.

FOR THE PROPERTY OWNER: _____.

AT THE FOLLOWING ADDRESS: _____.

SECURITY MEASURES WILL BE TAKEN TO LIMIT ACCESS TO DISCONNECTS; ENERGIZED PANELS AND SERVICE GEAR TO AUTHORIZED PERSONNEL ONLY.

AN INDIVIDUAL WILL BE ASSIGNED THE RESPONSIBILITY FOR THE SAFETY OF THESE OPERATIONS, THAT INDIVIDUAL WILL HAVE THE SOLE AUTHORITY OVER WHAT IS TO BE ENERGIZED AND WHEN SUCH ENERGIZATION WILL TAKE PLACE.

IT IS UNDERSTOOD THAT THIS APPROVAL IS NOT TO BE CONSIDERED A RELEASE OF THE STRUCTURE FOR USE AND/OR OCCUPANCY. NO SUCH USE AND/OR OCCUPANCY SHALL BE PERMITTED PRIOR TO THE ISSUANCE OF THE C.O.

IT IS UNDERSTOOD THAT THIS APPROVAL IS SUBJECT TO REVOCATION AND THAT THE ELECTRICAL POWER CAN BE DISCONNECTED (AT ANY TIME) BY ORDER OF THE BUILDING DEPARTMENT.

I, _____, BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE OWNER OF THE ABOVE DESCRIBED PROPERTY AND THAT I AGREE WITH AND ACCEPT ALL OF THE AFOREMENTIONED STIPULATIONS.

NAME AND SIGNATURE OF OWNER: _____.

STATE OF FLORIDA
MANATEE COUNTY

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC _____ Seal

I, _____ BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE ELECTRICAL CONTRACTOR FOR THE ABOVE DESCRIBED PERMIT AND THAT THE ELECTRICAL INSTALLATIONS AS NOW EXISTING WILL NOT CREATE A SAFETY HAZARD IF TEMPORARY PERMANENT SERVICE IS CONNECTED, IN ADDITION, I AGREE WITH AND ACCEPT ALL OF THE AFOREMENTIONED STIPULATIONS.

NAME AND SIGNATURE OF ELECTRICAL CONTRACTOR: _____.

STATE OF FLORIDA
MANATEE COUNTY

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC _____ Seal

I, _____ BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE GENERAL/BUILDING CONTRACTOR FOR THE ABOVE DESCRIBED PERMIT AND THAT I AGREE WITH AND ACCEPT ALL OF THE AFOREMENTIONED STIPULATIONS.

NAME AND SIGNATURE OF BUILDING CONTRACTOR: _____.

STATE OF FLORIDA
MANATEE COUNTY

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____, DAY OF _____, 20_____

SIGNATURE OF NOTARY PUBLIC _____ 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
<http://www.cityofannamaria.com>

RE: Permit # _____

Date: _____

Re-Roofing Inspection Affidavit

I, _____, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: _____

On or about _____, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at _____,
(circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this ____ day of _____, 200__

By _____.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____

Type of identification produced. _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.

NOTICE OF COMMENCEMENT

Permit No. _____
Tax Folio No. _____

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 property): _____
a) Street (job) Address: _____
- 2. General description of improvement(s): _____
- 3. Owner or Lessee information (Lessee as owner only if contracted for improvements)
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than owner): _____
- 4. Contractor Information
 - a. Name and address: _____
 - b. Phone number: _____ Fax No. (Opt.) _____
- 5. Surety Information
 - a. Name and address: _____
 - b. Amount of bond \$ _____
 - c. Phone number: _____ Fax No. (Opt.) _____
- 6. Lender
 - a. Name and address: _____
 - b. Phone number: _____
- 7. Persons within the State of Florida designated by Owner upon who 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, 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: _____

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 Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Signatory's Title/Officer: _____

State of Florida
County of Manatee

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or has produced _____, Expiration Date: _____

(Driver's License #)
and who did/did not take an oath.

Signature of Notary
Public - State of Florida

Print, Type, or Stamp
Commissioned Name of Notary Public