



City of Anna Maria

REQUIRED DOCUMENTATION FOR OBTAINING A BUILDING PERMIT

Trade Permit Checklist

The following items are required for submission of a trade application:

1. Building Permit Application
2. Contractor License
3. Contractor Insurance, Liability and Worker's Compensation
4. Product Approval Specification Sheet
5. Electrical - T-Pole/TUG, Authorization of Permanent Power-Temporary Use
6. Roof - Re-Roofing Inspection Affidavit
7. Gas - Survey, Anti-Flotation Plan, Isometric Piping, Tie Downs
8. Mechanical - AHRI Certificate, Notify of New Duct Work
9. Solar – Sketch of Panels on Roof, Isometrics for Electrical, Manufacturing Specifications
10. Recorded Notice of Commencement with the permit number on it*
*if contract cost is over \$2,500 or \$7,500 for Mechanical

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 SIXTH 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 OR MORE, A RECORDED NOTICE OF COMMENCEMENT IS REQUIRED TO BE SUBMITTED PRIOR TO THE ISSUANCE OF THE PERMIT.

BRIEF DESCRIPTION OF PROPOSED WORK:

JOB SITE

STREET ADDRESS: _____
UNIT# _____
LOT(S) # _____ PARCEL# _____

BUILDING PERMIT APPLICANT

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

PROPERTY OWNER IS APPLICANT

PROPERTY OWNER (required)

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

SIXTH ADDITION 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.

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 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

PRODUCT APPROVAL SPECIFICATION SHEET

Project Number _____ Bldg #/Location _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide information and product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying. Your supplier should have product approval numbers and information. More information about statewide product approval can be obtained at: www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Mullion			
7. Wind Breaker			
8. Dual Action			
9. Other			
C. PANEL WALL			
1. Sliding			
2. Soffit			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayment			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Roof Tile Adhesive			
12. Liquid Applied Roof Sys			
13. Other			
Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)

E. SHUTTERS			
1. Accordion			
2. Storm Panels			
3. Colonial			
4. Roll-up			
5. Equipment			
6. Other			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Material			
7. Insulation Forms			
8. Plastics			
9. Deck-Roof			
10. Wall			
11. Sheds			
12. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturer's installation requirements.
I understand these products may have to be removed if approval cannot be demonstrated during inspection.

The products listed below did not demonstrate product approval at plan review:

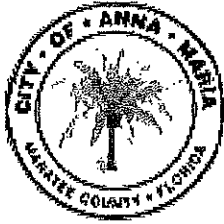
Applicant Signature

Print Name

Date

Contact Name & Phone Number

Permit # (FOR STAFF USE ONLY)



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.

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