



ONLINE PERMIT APPLICATION

DESCRIPTION OF WORK: Interior build out a nails salon

PERMIT TYPE: COMM BLDG MASTER PERMIT NUMBER: JOB VALUE: \$46,000.00

PROJECT SUBTYPE: REPAIR/RENOVATION NEW / ADDITION SQFT: 1416

PROJECT NAME: Queen Card Nails & Salon

LOCATION: 1749 E SILVER SPRINGS BLVD UNIT: STORIES: 1

PARCEL ID: 28335-013-00 SUBDIVISION: BLOCK: LOT:

Property Owner: <u>QUEEN CARD NAILS & SALON</u>	Phone:
Address: <u>MIAMI FL 33147-5827</u>	E-Mail:
Contractor Name: <u>LEADERS CONSTRUCTION INC</u>	Phone: <u>4078088849</u>
Address: <u>6846 Butterfly Dr</u> <u>Harmony</u> <u>FL</u> <u>34773</u>	E-Mail: <u>ken.iconstruction@yahoo.com</u>
Aritect / Engineer:	Phone:
Contact Name:	E-Mail:

SUB-TRADES involved with this project : HVAC ELEC PLUMB GAS

WILL YOU BE SUBMITTING FOR PLAN REVIEW VIA E-PLANS:	<u>YES - I WILL SUBMIT MY PLANS VIA E-PLANS</u>
Contact Person During Plan Review: <u>Clara Leung</u>	
E-mail: <u>Clara@leadersconstruction.org</u>	PHONE: <u>407-861-7799</u>
ADDITIONAL CONTACT FOR E-PLAN NOTICES:	
Name: <u>Ken Du</u>	E-mail: <u>ken@leadersconstruction.org</u> PHONE: <u>407-967-7657</u>

EXISTING/PREVIOUS USE: Hair Salon PROPOSED USE: Nails Salon

DESCRIPTION OF IMPROVEMENT: ALTERATION / REPAIR

BUILDING CLASSIFICATION: STORES / MERCANTILE EXISTING BUILDING: LEVEL II

FLOOD ZONE: <u>NO</u>		
Min. Finish Floor Elevation :	FEMA Base Elevation:	Substantial Improvement:

PERMIT APPLICATION CHECKLIST:

- Certified Copy of Notice of Commencement
- Flood Elevation Certificate
- Product Approval Specification Sheet
- HVAC Duct Layout and Manual J&D Forms
- Completed Driveway Connection Application
- Energy Calculations
- Owner/Builder Form

- Survey
- Plot Plan
- Truss Plans and Layout
- Construction Plans
- 911 Address Application
- Water Meter Size: 3/4"
- HVAC SEER Rating: 11kw

NOTICE:

Application is hereby made to obtain a permit to do the work and installations indicated. I certify that no work 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, SIGNS, IRRIGATION WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT:

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

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 AT THE MARION COUNTY CLERK OF COURTS AND A CERTIFIED COPY FILED AT THE BUILDING DEPARTMENT, BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

LEADERS CONSTRUCTION INC

Applicant's Digital Signature:

03/27/2024

Application Date:

ECON:240316072031103

System Timestamp:

The City of Ocala Building Division is not liable in any civil action for any inaccurate information submitted by an owner or contractor using the authority's electronic confirmation system for permits that are submitted and approved per Florida Statutes Chapter 713, OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all information contained in this building permit application is true and correct.

