



CONSTRUCTION PERMIT APPLICATION

GROWTH MANAGEMENT DEPARTMENT
201 S.E. 3rd Street (Second Floor), Ocala, FL 34471
email permits to building@ocalafl.org or online at
<http://crwtrakit.ocalafl.org/eTRAKiT3/> (registered contractors only)
Phone: (352) 629-8421

At the time of plan submittal, a site plan in compliance with section 107.2.6, of the Florida Building Code will be required. With the submittal of plans, the compliance of natural drainage and finish drainage must be shown.

PERMIT TYPE: BLD (ELEC) (PLMB) (HVAC) (GAS) (SITE) (ALARM) (OTHER-)

RESIDENTIAL OR COMMERCIAL Commercial OCCUPANCY CLASSIFICATION F1 CONST TYPE IIB

SUB TRADES involved with this project (mark all that apply): HVAC ELEC PLM GAS

(Subcontractors are required to obtain their own permit after the master permit has been issued.)

PROJECT NAME: Green Ops Group FL, LLC **PARCEL ID:** 23656-020-01

LOCATION: 1620 SW 17th St **BLDG #** _____ **UNIT #(S)** _____
Street Number Street Name

MASTER PERMIT NUMBER: _____ **Subdivision** _____ **Lot** 4.6 **Block** 1

Property Owner: <u>Green Ops Ocala Land II, LLC</u>	Phone # _____
Owner Email (print clearly): <u>Raymond C. Whitaker, III</u>	Fax # _____
Mailing Address: <u>P.O. Box 340290</u>	
<small>Street Address</small>	<small>City State Zip</small>
Contractor Name: <u>Cullison Wright Construction Corp</u>	Contact Name: <u>Stephanie Slone</u>
Contractor's License #: <u>CGC1535569 - Matthew F Davis</u>	Phone # <u>352-629-9572</u>
Contractor Email (print clearly): <u>sslone@cullisonwright.com</u>	Fax # _____
Mailing Address: <u>112 NE 12th St Ocala FL 34470</u>	
<small>Street Address</small>	<small>City State Zip</small>
Architect / Engineer: <u>David A. Levy & Assoc.</u>	Contact Name: <u>Andrew Raines</u>
A/E Email (print clearly): <u>araines@dalevy.com</u>	Fax # _____

****ELECTRONIC PLAN SUBMISSION REQUIRED – ACCOUNT INFORMATION****

The applicant will have all permissions to access comments, markups and uploading of files into the project, and is responsible for making changes to plans based on review comments.

Applicant's email address will be used as the login ID to access your account in our ePlans system.

Applicant Name: Sara O'Daniel **Phone:** 330.666.6767

Applicant Email Address: sodaniel@dalevy.com

Submittal Notes: Each sheet of the plan set shall be uploaded as a single file. Revised drawing files are required to retain the same file name as when initially submitted. Stamped, approved plans must always be on the job site for inspections.

Applicants may add others to the project in either the Applicant or Public Inquiry groups. CAUTION: Adding others to the applicant group allows the permission to accept and complete tasks.

EXISTING/PREVIOUS USE: _____ **PROPOSED USE:** F1 Factory/Industrial

SCOPE OF WORK:
please see attached scope of work sheet

DESCRIPTION OF IMPROVEMENT

New: Sq Ft _____ Alteration/Repair Pool / Spa Hazardous Materials **TOTAL JOB VALUE \$** 2,000,000
 Addn: Sq Ft _____ Foundation Only Retaining Wall (Must include material and labor; material supplied by owner shall be included)

ALL PERMITTING FEES ARE NON-REFUNDABLE

BUILDING CLASSIFICATION:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Multi-Family ___ units | <input type="checkbox"/> New SFR | <input type="checkbox"/> Stores/Mercantile | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Hotel/Motel ___ units | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Business | <input type="checkbox"/> Cellular Tower | <input type="checkbox"/> Hospital/Institutional Restaurant |
| <input type="checkbox"/> Dormitory ___ units | <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Multi Use | <input type="checkbox"/> Public Bldg/Utility |
| <input type="checkbox"/> Warehouse ___ units | <input type="checkbox"/> Service Stations/Repair | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Office | <input type="checkbox"/> Non-Bldg Structure |
| | <input type="checkbox"/> Church | <input type="checkbox"/> Day Care | | |

TOTAL NUMBER OF STORIES 1

SHELL PERMITS:

- When a Shell ONLY permit is obtained, a Certificate of Completion will be issued in lieu of a Certificate of Occupancy.
- Energy Forms are required per Florida Building Code, Energy Conservation, 6th Edition(2020)

FLOOD ZONE: YES NO

Min. Finish Floor Elevation _____ FEMA Base Elevation _____ Substantial Improvement _____

- All new construction and substantial improvements shall be designed (or modified) and adequately anchored to prevent flotation, collapse, or lateral movement of the structure resulting from hydrodynamic and hydrostatic loads, including the effects of buoyancy. LDR Sec. 90-50(3).
- All new construction of residential structures within these zones shall have their lowest floor elevation one foot above the base floor elev. LDR Sec. 90-52-2a.
- Elevation Certifications 90-34. Sites located with special flood hazard areas by FEMA or the City of Ocala shall underneath LDR Sec. 90-51-4a shall obtain the Elevation of the lowest floor of all new and substantially improved structures (Elevation Certificates). Preliminary elevation certificate required prior to issuance of permit. Interim survey required after slab poured. No further inspections until interim survey is found compliant with preliminary elevation certificate. Final elevation certificate required prior to issuance of C.O.
- A slab survey shall be submitted for review and approval after the slab is poured before additional inspections may be scheduled.

EXISTING BUILDING: LEVEL I LEVEL II LEVEL III REPAIR HISTORIC
 RELOCATED MOVED BUILDING CHANGE OF USE

APPLICABLE CODES: 2020 FL Building Code, 7th Ed // 2017 National Electrical Code // 2020 FL Mechanical Code
 2020 FL Gas Code // 2020 FL Plumbing Code // 2020 FL Energy Code // 2020 FL Accessibility Code

APPLICATION CHECKLIST

	Applicant	Staff
	Initials	Initials
Provide the following for ALL construction:		
1. Completed Permit Application	SO _____	_____ _____
2. Certified copy of recorded Notice of Commencement	_____ _____	_____ _____
Provide the following for NEW, ADDITIONS, SHED AND UTILITY BUILDINGS: (if alterations/repairs, go to next section)		
3. Construction plans	_____ _____	_____ _____
4. Truss Plans and layout	_____ _____	_____ _____
5. Product Approval Specification Sheet (Products that require approval are any components and products comprising a building's exterior such as Panel walls, exterior doors, roofing products, skylights, windows, and shutters.)	_____ _____	_____ _____
6. Survey (required for additions, sheds, pools)	_____ _____	_____ _____
7. Plot plan	_____ _____	_____ _____
8. 911 Address Application	_____ _____	_____ _____
9. Flood Elevation Certificate (if located in a flood zone)	_____ _____	_____ _____
10. Energy Calculations (signed by the preparer and the Owner/Agent)	_____ _____	_____ _____
11. HVAC Duct Layout and Manual J & D Forms	_____ _____	_____ _____
12. Completed Driveway Connection Application	_____ _____	_____ _____
13. Water meter size (proposed or existing) _____	_____ _____	_____ _____

Provide the following for ALTERATIONS/REPAIRS:

- 3. Construction plans
- 4. Energy Calculations (signed by the preparer and the Owner/Agent)
- 5. HVAC Duct Layout and Manual J & D Forms
- 6. Completed Driveway Connection Application
- 7. HVAC SEER Rating _____

so	_____
so	_____
so	_____
n/a	_____
_____	_____

If your job scope involves work in the Right of Way (ROW), you are responsible for obtaining a ROW Utilization Permit from the Transportation Engineering Division. Applications are available on their web page, or you may call 352-351-6733 for more information. A building permit will not be issued without clearance from Transportation Engineering.

NOTICE

Application is hereby made to obtain a permit to do the work and installation as 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 ELECTRIC, 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.

OWNER:
[Signature] 5-7-24
 Owner's Signature Date

or

CONTRACTOR:
[Signature]
 Contractor's Signature Date

NOTARY

STATE: Florida

STATE: Florida

COUNTY: Marion


COUNTY: marion

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 7th day of May, 2024, by Raymond C. Whitaker III

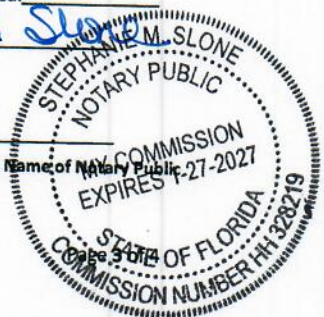
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 19 day of June, 2024, by Matthew F Davis

Who is personally known to me or has produced Identification. Type of ID produced: FL License
[Signature]
 Notary Public signature


Who is personally known to me or has produced Identification. Type of ID produced:
[Signature]
 Notary Public signature

	JEANNINE SEALS Notary Public, State of Florida Commission No. HH 453826 My Comm. Exp. Oct. 12, 2027
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Print/Type/Stamp Commissioned Name of Notary Public



Revised 3/16/2021

	JEANNINE SEALS Notary Public, State of Florida Commission No. HH 453826 My Comm. Exp. Oct. 12, 2027
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Florida Statute 713.135(7), all signatures must be notarized.

GREEN OPS GROUP FL, LLC-1620 SW 17TH ST.-OCALA, FL

SCOPE OF WORK:

- Bldg. 1: interior/exterior demo, build out of interior & exterior re-work, TPO roof over existing metal roof, main electrical power service upgrade, new sprinkler & fire alarm
- Bldg. 2: interior/exterior demo, build out of interior & exterior re-work, TPO roof over existing metal roof, main electrical power service upgrade, new sprinkler & fire alarm
- Site demolition & improvements