



CONSTRUCTION PERMIT APPLICATION

GROWTH MANAGEMENT DEPARTMENT
201 S.E. 3rd Street (Second Floor), Ocala, FL 34471
email permits to building@ocalafl.gov 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 _____ OCCUPANCY CLASSIFICATION _____ CONST TYPE _____

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: _____ **PARCEL ID:** _____

LOCATION: _____ **BLDG #** _____ **UNIT #(S)** _____
Street Number Street Name

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

Property Owner: _____	Phone # _____
Owner Email (print clearly): _____	Fax # _____
Mailing Address: _____	
<i>Street Address</i>	<i>City State Zip</i>
Contractor Name: _____	Contact Name: _____
Contractor's License #: _____	Phone # _____
Contractor Email (print clearly): _____	Fax # _____
Mailing Address: _____	
<i>Street Address</i>	<i>City State Zip</i>
Architect / Engineer: _____	Contact Name: _____
A/E Email (print clearly): _____	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: _____ **Phone:** _____

Applicant Email Address: _____

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:** _____

SCOPE OF WORK:

DESCRIPTION OF IMPROVEMENT

New: Sq Ft _____ Alteration/Repair Pool / Spa Hazardous Materials **TOTAL JOB VALUE \$** _____

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

Provide the following for ALTERATIONS/REPAIRS:

- Construction plans _____
- Energy Calculations (signed by the preparer and the Owner/Agent) _____
- HVAC Duct Layout and Manual J & D Forms _____
- Completed Driveway Connection Application _____
- HVAC SEER2 Rating _____

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: _____
Owner's Signature Date

or

CONTRACTOR: _____
Contractor's Signature Date

NOTARY

STATE: _____

STATE: Florida

COUNTY: _____

COUNTY: Pasco

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 9th day of August, 2024, by Robert Blankenship


Who is personally known to me or has produced Identification. Type of ID produced: _____

Who is personally known to me or has produced Identification. Type of ID produced: _____

Notary Public signature

Angela Holland
Notary Public Signature

Print/Type/Stamp Commissioned Name of Notary Public

 Print/Type/Stamp Commissioned Name of Notary Public

Pursuant to Florida Statute 713.135(7), all signatures must be notarized.