



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

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 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 _____

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, 8th Edition (2023)

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 1 LEVEL II LEVEL III REPAIR HISTORIC
 RELOCATED MOVED BUILDING CHANGE OF USE

**APPLICABLE CODES: 2023 FL Building Code, 8th Ed // 2020 National Electrical Code // 2023 FL Mechanical Code
 2023 FL Gas Code // 2023 FL Plumbing Code // 2023 FL Energy Code // 2023 FL Accessibility Code**

APPLICATION CHECKLIST

	Applicant	Staff
	Initials	Initials
Provide the following for <u>ALL</u> construction:		
1. Completed Permit Application	_____	_____
2. Certified copy of recorded Notice of Commencement	_____	_____
Provide the following for <u>NEW, ADDITIONS, SHED AND UTILITY BUILDINGS: (if alterations/repairs, go to next section)</u>		
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:

- 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:

or

CONTRACTOR:

Owner's Signature

Date

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

Notary Public Signature

Angela Holland

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.