

NON-RESIDENTIAL PERMIT CHECKLIST

INCLUDES MIXED-USE BUILDINGS

ALL ITEMS MUST BE SUBMITTED.

Project: _____ Date: _____

Project Name: _____

Directions: Place a check mark by all items that are included in the package and an N/A by those items not needed due to the project scope. See attached required details section for clarification

- ___ Licensed Contractor/Owner Affidavit Verification
- ___ Notice of Commencement
- ___ Subcontractor Verification Forms
- ___ Agent authorization form (unless permit is being picked up by license holder)
- ___ Fee Paid West Manatee Fire and Rescue (new work)
- ___ Fee Paid Manatee County Education (new work)
- ___ Fee Paid Manatee County Sewer & Water (new work)
- ___ Waste Management Registration - written proof (new work)

1. Completed Application including applications for right-of-way work such as for driveway aprons and docks, fill, etc., this checklist and a completed commercial code analysis (attached as page 4);
2. Required storm water permits;
3. DEP Beaches and Coastal Systems permit;
4. Proof of Ownership;
5. Five copies of a boundary survey showing existing improvements and Flood zone topological lines shown and additional site elevations noted;
6. Five paper copies of Civil drawings and site plan showing proposed improvements, neighboring uses and distances to neighboring structures shown.
7. Five (5) copies of the Site Plan showing all proposed structures, accessible route, handicap parking spaces and level landings at exits. (see required details section for clarification);
8. Five (5) copies of Construction Drawings;
9. 2 (2) copies of FBC or Miami-Dade Product Approval Forms for construction materials or a filled out Florida Product Approval listing sheet;
10. A per plans pre-construction elevation certificate;
11. For additions and remodels/alterations of per FIRM (12-31-1974) structures a 50% substantial improvement form is required to be submitted;
12. A FEMA V- Zone certificate or Coastal A-zone certification form sealed by a structural engineer must be submitted for additions/new or replacement structures and/or lower enclosures.

REQUIRED INFORMATION ON CONSTRUCTION DRAWINGS

1. **COVER SHEET WITH INDEX and BUILDING CODE ANALYSIS**
2. **COMPLETE LIFE SAFETY PLANS** including sprinkler head locations, alarm system equipment locations and an egress plan.
3. **FOUNDATION/STRUCTURAL PLAN**
Soil report, Piling type, grade beam and tie-beam schedules and details, slab thickness, steel reinforcement, vapor barrier, termite treatment and finish floor elevations. Wind design analysis, structural calculations and FBC chapter 16 design parameters.
4. **COMPLETE FLOOR PLAN OF BUILDING OR SUITE**
Label all rooms with intended use (office, warehouse, etc.)
Room sizes, door sizes, fixture layout (seating, display racks, shelving, etc.)
Show Exit and emergency lighting. All fire partitions, smoke barriers, smoke partitions and fire walls. If Commercial; accessibility plan, route, details of amenities and if Multifamily Fair Housing Act percentages and locations of units with details.
5. **ELEVATIONS (if applicable)**
Denote all finishes. Denote roofing type; Denote lowest adjacent grade from the survey.
6. **ELECTRICAL**
Supply a floor plan for each floor showing layout of all switches, outlets, light fixtures, and emergency lighting. Service diagram, panels schedule, load calculations, wire sizes and fixture schedule. Fire alarm and low voltage systems are to be on separate sheets.
7. **PLUMBING**
Floor plan showing layout of all plumbing fixtures, including mounting locations
Plumbing isometric with sizes and piping type for DWV and Potable systems
Provide minimum plumbing fixture calculations per Florida Building Code 2004 (Plumbing)
8. **FUEL GAS PLAN**
Including type of gas, list of appliances, BTU's delivery pressures and schematic
9. **MECHANICAL**
Floor plan showing equipment location, duct runs, duct sizes, diffuser sizes, location of fire dampers (if required), energy calculations, balance schedule and hood design (if applicable) Load calculations and Energy Calculations (required for new construction, additions, and change of use) Statement of design criteria (all trades)

10. DETAILS

Typical wall sections, framing details, ceiling details, ceiling heights, approved listing of all fire partitions and penetrations of these partitions, H/C accessibility (clear floor spaces, fixture mounting heights and locations) Stairs, ramps, handrails, guardrails;

11. ADDITIONAL ENGINEERING

At the time the trusses are reviewed by the primary designer provide a Signed / Sealed review letter for trusses and other engineered components (requiring shop drawings. Additionally provide a Florida Product Approval Checklist per Rule 9b-72 Product Approval in addition to the required NOA from Miami-Dade for roof systems windows, doors cladding and other manufactured tested structural components;

12. ADDITIONAL INFORMATION

Denote construction type and occupancy classification (include previous occupancy classification) Denote occupancy classification of adjacent units (if any) show compliance with table 500 and 600 for allowable area and height, and fire resistance of structural elements statement of design criteria with Chapter 16 FBC wind load requirements Window and Door schedule, wind design analysis and demarcation of openings Lintel schedule including lintel manufacture load tables (if applicable) Connector schedule (truss connectors and all connectors for continuous load path from footer to roof).

To speed processing time for pricing of permits include total square footage under roof, square footage of footprint and roof area in square feet, tonnages of air conditioning units and number of drops and service size for each permit. Also include the total electrical service size in amps, area in square feet of flat work, area in square feet of pavement and sidewalks, also include site improvements such as irrigations systems.

COMMERCIAL BUILDING CODE ANALYSIS

Project Name: _____
Project Address: _____
Zoning: _____ Required Setbacks to Property Lines: (F) _____ (R) _____ (LS) _____ (RS) _____
Classification of Building by Occupancy: _____
Classification of Building by Construction Type: _____
Sprinklered: Yes _____ No _____ Threshold Building: Yes _____ No: _____ Flood Zone _____ BFE _____

Building Height & Area / Area Modification (Table 503)

Allowable Building Height/Number of Stories: _____ Actual Building Height/Number of Stories: _____
Maximum Allowable Floor Area: _____ S.F. Actual Floor Area per Floor: _____ S.F.
Floor Area Entire Building: _____ S.F. Modified Area, if used: _____ S.F.
General or Occupancy Area Modification, Calculations used: _____

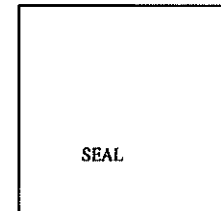
Fire Resistance Rating of Building Components and Percentage of Openings (Tables 600 and 601)

Horizontal Separation from Property Lines and/or Buildings: (F) _____ (R) _____ (LS) _____ (RS) _____ Feet
Exterior Bearing Wall Rating Requirements: _____ Hr. Exterior Non-Bearing Wall Rating Requirements: _____ Hr.
Interior Bearing Wall Rating Requirements: _____ Hr. Interior Non-Bearing Wall Rating Requirements: _____ Hr.
Floor Construction (including supporting beams and joists) _____ Hr. Roof Construction (including supporting beams and joists) _____ Hr.
Exit Access Enclosures/Corridors: _____ Hr. Exit Enclosures/Stairs: _____ Hr.
Percentage of Allowable Openings (F) _____ (R) _____ (LS) _____ (RS) _____ %

Design Loads and Stresses

Roof: Live Load: _____ Dead Load: _____ Roof Slope: _____
Floor Live Load: _____ Corridors Live Load: _____ Balcony and Deck Live Load: _____
Wind Load: Velocity: _____ MPH Wind Pressure: _____ PSF Wind Exposure Category: _____
Importance Factor: _____ Enclosure Classification (*open, enclosed, partially enclosed*) _____
Internal Pressure Coefficient: _____ Components & Cladding, Design Wind Pressure _____ PSF
Soil Bearing Capacity: _____ PSF Note: Soils Analyses is required.

Architect/Engineer: _____ License Number _____
(Signature)



National Flood Insurance Program

FLOODPROOFING CERTIFICATE

FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME

STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. Number) OR PO. ROUTE AND BOX NUMBER

OTHER DESCRIPTION (Lot and Block Numbers, etc.)

CITY

STATE

ZIP CODE

FOR INSURANCE COMPANY USE

POLICY NUMBER

COMPANY NAIC NUMBER

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (In AO Zones, Use Depth)
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SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

Floodproofing Design Elevation Information:

Building is floodproofed to an elevation of feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is feet.

(NOTE: For insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By Registered Professional Engineer or Architect)

Non-Residential Floodproofed Construction Certification:

I certify that, based upon development and/or review of structural design, specifications, and plans for construction, the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

I certify that the information on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME

LICENSE NUMBER (or Affix Seal)

TITLE

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

**FLOOD INSURANCE
FLOODPROOFING CERTIFICATE
FEMA FORM 81-65**

GENERAL—This information is provided pursuant to Public Law 96-511 (the Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY—Public Law 96-511, amended; 44 U.S.C. 3507; and 5 CFR 1320

PAPERWORK BURDEN DISCLOSURE NOTICE—Public reporting burden for this data collection is estimated to average 3.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0008).

NOTE: Do not send your completed form to this address.

DATE STAMP



**CITY OF ANNA MARIA
PLANNING AND DEVELOPMENT
DEPARTMENT
PERMIT APPLICATION**

PERMIT # STAMP

FILL OUT COMPLETELY

Note: ALL OWNER BUILDERS MUST APPLY IN PERSON (F.S.489.103(7))

* Required field – must be completed

*Street Address of Proposed Construction: _____

*Owner's Name: _____ Phone #: _____

*Owner's Address: _____ City: _____ ST: _____ Zip: _____

*Property Tax ID#: _____

*Lot # _____ Block # _____ Subdivision: _____

*Type of Work: Residential _____ Commercial _____ Addition _____ Remodel _____ Repair _____

*Description of Work _____

*Total Project Contract Cost: \$ _____ A copy of the Contract is required

** If \$2,500 or more file a "Notice of Commencement" **

*Architect/Engineer Name: _____ License # _____ Phone: _____

*Contractors/Applicant Name: _____ License # _____

*Company Name: _____ Phone: _____

*Applicant's Signature: _____

*Contractor E-Mail address: _____

*Agents Name: _____ Letter on file? Y_N_ Phone: _____

Notifications

10005 Gulf Drive, P.O. Box 779,
Anna Maria, Florida 34216-0779
Phone (941) 708-6130 ext 25 Fax (941) 708-6136
<http://www.cityofannamaria.com>

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 or 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 Contractors 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 D.E.P.

Warning to owner:

Failure to record a notice of commencement may result in your paying twice for improvements to your property; if you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your notice of commencement. If the cost of work exceeds \$2500.00, or, in the case of replacement mechanical work the cost of work exceeds \$7500.00 signatures must be notarized and a notice of commencement is required; such notice must be recorded by the County Clerk's office, filed with the city of Anna Maria Planning and Development Department and posted on the work site.

Applicants sworn statement:

Application is hereby made to obtain a permit to do the work and installations as indicated. I hereby certify that no work or installation 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 have read and examined this application and know that same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any local, state or federal laws regulating construction or the performance of construction. It shall also be affirmed that the owner has been advised of the applicability of the construction lien law (FSS 713).

Office use only

Flood Zone: _____ BFE for Zone: _____ NGVD/NAVD Firm Map Panel# _____ Map Date _____

PERMIT APPROVED BY _____ **DATE** _____

PERMIT FEE: _____

This Instrument Prepared By:
Name: _____
Address: _____
Permit No.: _____

Tax Folio 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
Officer/Director/Partner/Manager



CITY OF ANNA MARIA

SURETY BOND REQUIREMENT

As of March 17th 2014, a security bond in the minimum amount of \$25,000 will be required on permits for all new structures and other work where City property as set forth in COAM Code Section 50-1 may suffer damage. For work other than new structures the bond will be required on a site specific case by case basis as decided by the Director of public works for projects that may affect City property. Local Development Permits will not be issued until the Bond is received and accepted by the City. Construction fencing may be required for projects abutting City Drainage features.

The bond form to be supplied to your bonding company is attached.



CITY OF ANNA MARIA
STATE OF FLORIDA
PUBLIC WORKS DEPARTMENT
SURETY BOND

KNOW ALL MEN BY THESE PRESENTS

That _____, as Principal, and _____, a corporation duly authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the City of Anna Maria, a political subdivision of the State of Florida, in the minimum principal sum of Twenty-Five Thousand and no/100 Dollars (\$25,000.00) Said payment hereby jointly and severally binds ourselves, our heirs, executors, administrators, successors and assigns firmly

SIGNED, SEALED AND DATED this the _____ day of _____, _____ year

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden Principal may receive a permit or permits from the City of Anna Maria, Florida, which said permit or permits authorize the above bounden Principal to disturb, excavate, or place any constructions in any public road, right-of-way or easement of the City of Anna Maria in the rendition of services or work as particularly set forth in each permit, and in and by the terms of said permit or permits, the above bounden Principal agrees and is bound to repair, replace, and restore the parts of the public streets and pavement, alleys, sidewalks, or drainage structures including, but not limited to, drainage swales, pipes or outfalls or easements or rights of way thereof or respective fixtures thereon which have been removed or damaged to their respective former status and condition, and is bound to insure prompt payment of any loss, damage, cost and expenses that may be incurred by the City of Anna Maria or any adjoining property owner in connection with such work, including cost of erecting and maintaining of any warning signals, barricades, or other preventative measures to eliminate safety hazards, and maintain traffic flow, by reason of the failure of the applicant to restore or repair any damage to any aforementioned property under the control of the City of Anna Maria, or the failure of the applicant to comply with City of Anna Maria Code Sections 50-1, 50-2, 50-3, and the conditions of the permit.

NOW, THEREFORE, if the above bounden Principal shall keep and perform all of the terms, provisions and conditions of said permit or permits which may be issued, and shall repair, replace and restore the parts of the public streets referred to, and the alleys, sidewalks, or drainage structures including, but not limited to, drainage swales, pipes or outfalls or easements or general rights of way thereof and respective fixtures thereon, to their respective former status and condition, then, in that event, this obligation shall be null and void; otherwise to remain in full force and virtue.

The term of this bond shall be from 12:01 AM _____, _____ to 12:01 AM _____
date year date year
_____. (Two year minimum)
date year

COMPANY (Principal)

By: _____
Title: _____
Address: _____
Telephone: _____

SURETY COMPANY (Surety)

By: _____
Attorney-in-Fact

Countersigned:

By: _____
Resident Agent
State of Florida

Name of Firm: _____

Address: _____





City of Anna Maria

OWNER BUILDER STATEMENT/AFFIDAVIT

Florida Statutes are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

OWNERS MUST PERSONALLY APPEAR AT THE BUILDING DIVISION TO SIGN THIS DOCUMENT

BY SIGNING THIS STATEMENT, I ATTEST THAT: *(Initial to the left of each statement)*

	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
	I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
	I Understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within in 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county ordinance.
	I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

	<p>I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee.</u> I understand that my failure to follow these laws may subject me to serious financial risk.</p>
	<p>I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.</p>
	<p>I am of aware of construction practices and I have access to the Florida Building Code.</p>
	<p>I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.</p>
	<p>I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the address listed below.</p>
	<p>I agree to notify the building department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.</p>
	<p>Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is property licensed and the status of the contractor's workers' compensation coverage.</p>

Property Address: _____

I, _____, do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above..

Signature of Owner-Builder Date

Form of Identification _____
(Must be Photo ID)

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

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. Siding			
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:

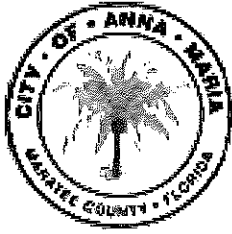
Applicant Signature

Print Name

Date

Contact Name & Phone Number

Permit # (FOR STAFF USE ONLY)



CITY OF ANNA MARIA
BUILDING DEPARTMENT
10005 Gulf Drive, P.O. Box 779,
Anna Maria, Florida 34216

Phone (941) 708-6132

Fax (941) 708-6136

Sub-Contractor Verification Form

Street Address: _____ Date: _____

General Contractor: _____ Phone # _____

ELECTRIC Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

MECHANICAL Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

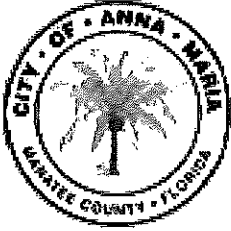
PLUMBING Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

ROOFING Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

GAS Company Name _____
 Mailing Address _____
 Print Contractors Name _____ Phone # _____
 Contractors Signature _____ License # _____
 Check if authorized agent signature

This form must be signed by the license holder or an authorized agent when an original authorized agent signature form is submitted or on file.

BUILDING PERMIT# _____



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

CITY OF ANNA MARIA
BUILDING DEPARTMENT
Telephone (941) 708-6132 / Fax (941) 708-6136

IMPERVIOUS COVERAGE CALCULATION WORKSHEET
For Submittals After January 1, 2016

STREET ADDRESS: _____

Lot Size: _____ ft. x _____ ft. = _____ sq. ft.
(A)

Building Coverage: _____ sq. ft.
(Any area under a roof) (B)

Divide (B) by (A) = _____ %
Building (D)

Impervious surface coverage means the area of a surface that has been compacted or covered with a layer of material so that it is highly resistant to infiltration by water. It includes but is not limited to semi-impervious surfaces such as paver bricks, crushed or compacted clay, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots and other similar structures. (§§ 70-1,102-3, City of Anna Maria Code). ... Swimming pools and hot tubs permitted after January 1, 2016 shall be counted as impervious surface coverage. (§ 114-222 (4), City of Anna Maria Code.) No deduction is given for pavers of any type unless part of an engineered retention system.

Other Impervious Surface Coverage Existing Before = _____ sq. ft.

Proposed = _____ sq. ft.

TOTAL = (C) _____ sq. ft.

Divide (C) by (A) = _____ %
(E)

Add (D) and (E) TOTAL COVERAGE = _____ %

Maximum Total Impervious Surface Coverage: 40 percent

This form is for impervious surface coverage only: Living Area Ratio (LAR) is calculated separately.

RBMcL/May 26, 2016

COASTAL A-ZONE DESIGN CERTIFICATE

Name _____ Policy Number (Insurance Co. Use) _____

Building Address or Other Description _____

Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an as-built Elevation Certificate.]

1. Datum..... NGVD NAVD Other
2. Elevation of the Bottom of Lowest Horizontal Structural Member _____ feet above datum
3. Base Flood Elevation (BFE)..... _____ feet above datum
4. Elevation of Lowest Adjacent Grade _____ feet above datum
5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet above datum
6. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... _____ feet above datum

SECTION III: Design Certification Statement

[NOTE. This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* and local floodplain management regulations; and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida Building Code*. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

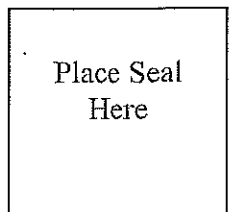
[NOTE. This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code, Building (ASCE 24)* or *Florida Building Code, Residential*, and local technical amendments as applicable, and accepted standards of practice.

SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. *I certify the Coastal-Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).*

Certifier's Name	License Number		
Title	Company Name		
Address	City	State	ZIP
Signature	Date	Telephone	



V- ZONE DESIGN CERTIFICATE

Name _____ Policy Number (Insurance Co. Use) _____

Building Address or Other Description _____

Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix _____ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an as-built Elevation Certificate.]

1. Datum..... NGVD NAVD Other
2. Elevation of the Bottom of Lowest Horizontal Structural Member _____ feet above datum
3. Base Flood Elevation (BFE)..... _____ feet above datum
4. Elevation of Lowest Adjacent Grade _____ feet above datum
5. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet above datum
6. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... _____ feet above datum

SECTION III: V Zone Design Certification Statement

[NOTE. This section must be certified by a Florida licensed engineer or architect.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (with the exception of mat or raft foundations, piling, pile caps, columns, grade beams and bracing) is elevated to or above the BFE in accordance with the requirements of the *Florida Building Code* and local floodplain management regulations; and
- The pile and column foundation and building or structure to be attached thereto is designed in accordance with the *Florida Building Code* to be anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and flood loads acting simultaneously on all building components, and other load requirements of the *Florida Building Code*. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE. This section must also be certified by a Florida licensed engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot. This requirement does not apply to open wood/plastic lattice/slats/louvers or insect screening.]

I certify: (1) that I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with the *Florida Building Code, Building (ASCE 24)* or *Florida Building Code, Residential*, as applicable, and accepted standards of practice.

SECTION V: Certification and Seal

This certification is to be signed and sealed by a Florida licensed professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).

_____	_____	_____	_____
Certifier's Name	License Number		
_____	_____	_____	_____
Title	Company Name		
_____	_____	_____	_____
Address	City	State	ZIP
_____	_____	_____	_____
Signature	Date	Telephone	

