TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

LAND CLEARING AND FILL CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

Application shall be made with the department and paying a $500.00 Land Clearing application fee. The application shall be field verified by the building official or his designee. The applicant shall submit the following to the department:

_____ **1 Copy** Completed permit application

_____ **1 Copy** site plan or survey indicating the following:

- Location of tree(s) to be removed or relocated
- Area to be filled, including total cubic yards of fill, the height, width and slope of filled areas.
- The tree species, diameter, and approximate height.
- The tree(s) shall be marked at the site by tagging the tree(s) with bright colored marking tape.

If land clearing for construction is intended, an erosion control plan, showing topography of the site where trees are located and effect removal of the trees will have on:

- erosion
- soils
- moisture retention
- increase or decreased flow or diversion in the flow of surface waters
- impact on overall surface water management.

Sites that disturb more than one acre of soil are required to apply for a storm water pollution prevention plan (NPDES) permit through the Environmental Protection Agency. NPDES applications are available at Town Hall.

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/LESSEE NAME: _____ Phone(Day) _____ Fax _____

Job Site Address:_____ City:_____ State: _____ Zip:_____

Legal Description: _____ Parcel Control Number:_____

Fee Simple Holder Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Telephone:_____

* SCOPE OF WORK (BE SPECIFIC):

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO_____
Has a Zoning Variance ever been granted on this property?
Yes_____ Year_____ No_____
(Must include copy of all variance approvals with application)

COST AND VALUES: **(Required on ALL permit applications)**

Estimated Value of Improvements: $_____
(Notice of Commencement required when over $2500 prior to first inspection, $7500 on HVAC Change out)

** Is subject property located in flood hazard area? VE8__VE7__AE8__AE7__AE6__ X__ X500__

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: $_____
(Fair Market Value of the primary structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: _____Phone:_____ Fax: _____

Qualifiers name:_____ Street: _____City:_____ State: _____Zip: _____

State License Number: _____ **OR:** Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL:_____ Fla. License#_____

Street: _____City:_____State:_____Zip:_____ Phone Number:_____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof_____ Elevated Deck: _____ Enclosed area below BFE*:_____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2014 National Electrical Code: 2011, Florida Energy Code: 2014, Florida Accessibility Code: 2014, Florida Fire Prevention Code: 2014

WARNINGS TO OWNERS AND CONTRACTORS:

1. **YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.**
2. **IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.**
3. **BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.**
4. **THIS PERMIT WILL BECOME *NULL AND VOID* IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2014 SECT. 105.4.1, 105.4.1.1 - .5.**

*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS******

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X_____
State of Florida, County of:_____
On This the _____day of _____,20___
by _____who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X_____
State of Florida, County of:_____
On This the _____day of _____,20___
by _____who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) – PICK UP YOUR PERMIT PROMPTLY!

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS $2,500.00 ($7,500 Mechanical)

PERMIT #:_____**TAX FOLIO #:** _____

STATE OF FLORIDA COUNTY OF **MARTIN**

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT 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.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):

_____

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME:_____

ADDRESS: _____

PHONE NUMBER:_____FAX NUMBER: _____

INTEREST IN PROPERTY**:** _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

_____

CONTRACTOR: _____

ADDRESS: _____

PHONE NUMBER:_____FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)_____

ADDRESS: _____

PHONE NUMBER:_____FAX NUMBER: ____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____

_____ ADDRESS: _____

_____ PHONE NUMBER:

_____FAX NUMBER: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b) , FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE NUMBER:_____FAX NUMBER: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES_____OF_____TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:

PHONE NUMBER:_____FAX NUMBER:_____**EXPIRATION DATE OF NOTICE OF COMMENCEMENT**: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (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 I, 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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

_____

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE_____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS_____DAY OF_____, 20____

BY:_____AS_____FOR_____

NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN_____OR PRODUCED IDENTIFICATION_____TYPE OF IDENTIFICATION PRODUCED_____

_____

NOTARY SIGNATURE/ SEAL