



**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**

One S. Sewall's Point Road  
Sewall's Point, Florida 34996  
Tel 772-287-2455 Fax 772-220-4765

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE. THE APPLICANT MUST APPEAR IN PERSON TO SIGN THIS DOCUMENT AND THE PERMIT APPLICATION. OWNER/BUILDERS MUST BE PRESENT DURING ALL REQUESTED INSPECTIONS. \_\_\_\_ (INITIAL)**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE \_\_\_\_ (INITIAL)**

**NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT. \_\_\_\_ (INITIAL)**

**ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"**

Owner/Builder Applicant Name: \_\_\_\_\_

Site address of the proposed building work: \_\_\_\_\_

Name of legal title owner of the address above: \_\_\_\_\_

Describe the scope of work for the proposed new construction: \_\_\_\_\_

\_\_\_\_\_

Name of Architect of Record: \_\_\_\_\_ Structural Engineer of Record: \_\_\_\_\_

Who will supervise the trade work to meet the applicable code? \_\_\_\_\_

What provisions have you made for Liability and Property Damage Insurance? \_\_\_\_\_

\_\_\_\_\_

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? \_\_\_\_\_

\_\_\_\_\_

**What previous Owner/Builder improvements have you done in the State of Florida?**

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Scope of Work Done: \_\_\_\_\_ Year: \_\_\_\_\_

What code books do you have available for reference? Building: \_\_\_\_\_

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES \_\_\_\_ NO \_\_\_\_

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, **and you are also liable for anyone injured on the construction site?** \_\_\_\_\_(yes/no)

Have you consulted with your Homeowner's Insurance Agent? \_\_\_\_\_ Lender? \_\_\_\_\_ Attorney? \_\_\_\_\_

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. \_\_\_\_\_ (initials).



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**OWNER/BUILDER DISCLOSURE STATEMENT**

**NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION: PLEASE INITIAL EACH STATEMENT**

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY. \_\_\_\_\_

2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY. \_\_\_\_\_

3 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 PERMITS AND CONTRACTS. \_\_\_\_\_

4. 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 1 YEAR AFTER THE CONSTRUCTION IS COMPLETE, THE LAW WILL PRESUME THAT I BUILT OR SUBSTANTIALLY IMPROVED IT FOR SALE OR LEASE, WHICH VIOLATES THE EXEMPTION. \_\_\_\_\_

5. I UNDERSTAND THAT, AS THE OWNER-BUILDER, I MUST PROVIDE DIRECT, ONSITE SUPERVISION OF THE CONSTRUCTION. \_\_\_\_\_

6. I UNDERSTAND THAT I MAY NOT HIRE AN UNLICENSED 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 OR MUNICIPAL ORDINANCE. \_\_\_\_\_

7. 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. \_\_\_\_\_

8. 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. 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. I UNDERSTAND THAT MY FAILURE TO FOLLOW THESE LAWS MAY SUBJECT ME TO SERIOUS FINANCIAL RISK. \_\_\_\_\_

9. 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. \_\_\_\_\_



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10. 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 (TELEPHONE NUMBER) OR (INTERNET WEBSITE ADDRESS) FOR MORE INFORMATION ABOUT LICENSED CONTRACTORS. \_\_\_\_\_

11. 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 FOLLOWING ADDRESS: \_\_\_\_\_.

12. I AGREE TO NOTIFY THE TOWN OF SEWALL'S POINT IMMEDIATELY OF ANY ADDITIONS, DELETIONS, OR CHANGES TO ANY OF THE INFORMATION THAT I HAVE PROVIDED ON THIS DISCLOSURE. \_\_\_\_\_

13. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT. \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT. \_\_\_\_\_

I WILL BE PERFORMING THE WORK COVERED BY THIS PERMIT MYSELF \_\_\_\_\_

**OWNER/BUILDERS WHO WILL NOT BE PERFORMING THE WORK THEMSELVES MUST PROVIDE A SUBCONTRACTORS LIST (ON THE TOWN FORM), OR EVIDENCE (W4, LIABILITY, AND WORKERS COMP. INSURANCE) OF ANY EMPLOYEE WHO WILL BE PREFORMING THE WORK COVERED BY THIS PERMIT \_\_\_\_\_**

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

PROPERTY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF OWNER/BUILDER \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

BY \_\_\_\_\_

PERSONALLY KNOWN \_\_\_\_\_

OR PRODUCED ID \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

\_\_\_\_\_

NOTARY SIGNATURE