

**The City of St. Augustine Beach
REQUIREMENTS FOR SINGLE FAMILY BUILDING PERMIT
CHECKLIST**

NAME: _____ CONTRACTOR: _____

1. BUILDING PERMIT APPLICATION: Complete, sign, and list ALL Contractors. All Contractors shall be licensed by the St. Augustine Beach Building Department.
2. OWNER/BUILDER FORM or PERMISSSTION LETTER TO ACT AS AGENT. **(Notarized)**
3. WIND INFORMATION PER CHAPTER 16, 1607.1.7 FLORIDA BUILDING CODE
4. COPY OF WARRANTY DEED
5. NOTICE OF COMMENCEMENT **(Notarized and Recorded)**
6. COASTAL CONSTRUCTION FORM: **Signed and Sealed**
7. SIGNED ENERGY SHEET
8. PROOF OF WATER & SEWER CONNECTION: **Need paid receipt and set of signed plans from St. Johns County Utilities (Single family, water only, plans not required)**
9. SIGNED AND SEALED SURVEY OF LOT OR PARCEL
10. SITE PLAN: Indicate structures, dimensions and square footages with setbacks and encroachments. **All trees larger than six (6) inches in diameter shall be shown.**
11. ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PERMIT IF REQUIRED
12. THREE (3) SETS OF SIGNED, SEALED PLANS, AND IF POSSIBLE THE PLANS ON A CD IN TIF FORMAT.
13. TWO (2) SETS OF SIGNED, SEALED TRUSS ENGINEERING FOR 130MPH WIND SPEED
14. VERIFICATION OF WINDER AND DOOR COASTAL CONSTRUCTION CERTIFICATION FORM FROM MANUFACTURER. **(Required to meet 130mph wind speed)**
15. TYPE OF SHETTERS USED FOR WINDOW PROTECTION
16. FLOOD ELEVATION CERTIFICATE, FORM 81-31, FOR AE FLOOD ZONES. **NOTE-No construction prior to receipt of surveys and flood elevation certificate filed with the Building Department. Surveys are required to show setbacks and finished floor elevation. Finish floor shall be a minimum of one (1) foot above adjacent street or road.**
17. FLOOD ELEVATION CERTIFICATE, FORM 81-31. **Due after slab and before framing showing ten (10) foot elevation and one (1) foot minimum above street or road.**

NOTE: IMPACT FEES ARE DUE AND TO BE PAID PRIOR TO EARLY POWER INSPECTIONS. NO POWER RELEASE WITHOUT FEES PAID. (Impact Fees form shall be signed before getting permit.)

NO PERMIT WILL BE ISSUED UNTIL THE ABOVE REQUIREMENTS ARE COMPLETED.

**The City of St. Augustine Beach
Building Permit for
Single Family Residence**

Owner's Name: _____

Owner's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name: (if other than owner) _____

Fee Simple Titleholder's Address: (if other than owner) _____

City: _____ State: _____ Zip: _____

Contractor's Name: _____

Contractor's Address: _____

City: _____ State: _____ Zip: _____

Contractor's State Certification # _____ Phone: _____

Business Tax Receipt # _____

Job Name: _____

Job Address: _____

City: _____ State: _____ Zip: _____

Bonding Company: _____

Bonding Company Address: _____

City: _____ State: _____ Zip: _____

Architect/Engineer's Name: _____

Architect/Engineer's Address: _____

City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ State: _____ Zip: _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I 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 understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC.

Any deviations or alterations from plans and specifications must be reported and permission must be obtained in writing.

For homes being constructed in Flood Zone AE, A FLOOD ELEVATION CERTIFICATE must be supplied when the lowest floor elevation is established, as per Flood plains Sec. 5.03.00, St. Augustine Beach Land Development Regulations. No inspection will be done until this certificate is presented to the St. Augustine Beach Building Department.

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this city and/or county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

OWNER'S AFFIDAVIT: I certify that all 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY PRIOR TO RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature: _____
Owner or Agent (Including Contractor)

Signature: _____
Contractor

Sworn to and subscribed before me by

Sworn to and subscribed before me by

who is personally known to me or produced

who is personally known to me or produced

_____ as identification, this

_____ as identification, this

_____ day of _____, 20____

_____ day of _____, 20____

Notary's Signature: _____

Notary's Signature: _____

Printed Name: _____

Printed Name: _____

Commission No./Expires: _____

Commission No./Expires: _____

SEAL:

SEAL:

CERTIFICATION OF COMPETENCY HOLDER

Contractor's State Certification or Registration No.: _____

Contractor's Certificate of Competency No.: _____

APPLICATION APPROVED BY: _____ Permit Officer

SPECIFICATIONS

Pin # _____

Dimensions: _____

Total Lot Area: _____

Lot Coverage: (Divide total Structure Area Coverage by Lot Area. Maximum .35 for Residential) _____

Lot Depth: (Min. 100 ft. if platted after adoption of Code, 93 ft. if platted prior to adoption of Code) _____

Total Paved Area Footage: (Max impervious surface ratio .40 for Low Density, .50 for Medium .70 for High) _____

Setbacks: Front (Minimum 35 ft. for High Density, 25 ft. for Medium & Low Density) _____

Rear: (Minimum 25 ft. for Low, Medium and High Density) _____

Right Side: (Minimum 15 ft. for High Density, 10 ft. for Medium & Low Density) _____

Left Side: (Minimum 15 ft. for High Density, 10 ft. for Medium & Low Density) _____

Street Setbacks for Lot on Corner (15 ft. for Low, Medium, & High Density) _____

of Access Points to Road (Maximum on one for every 50 ft. street frontage) _____

Total Floor area excluding porches, attached garages, carports and breezeways (Low Density: Minimum 1400 sq. ft. if platted after adoption of Code, 1000 sq. ft. if platted prior; minimum for two-story, 1000 sq. ft. Medium Density: 800 sq. ft. minimum for one story and for first floor of two-story) _____

If two-story, give floor area of first floor (Minimum 1000 sq. ft.) _____

Building Height (Maximum 35 ft.) _____

Accessory Structures (Check if in plans): Pool _____ Fence _____ Wall _____ Building _____

Accessory Building(s) Height (Maximum 12 ft.) _____

Fence or Wall Height (Maximum 8 ft.) _____

Distance between closest point of pool to house _____

Distances to Lot Boundaries (Must conform to Setbacks) _____

Distance to Principle Structure (Minimum 10 ft.) _____

Is the Lot within the Coastal Construction Line? Yes _____ No _____

First Floor elevation above sea level (Minimum 10 ft.) Yes ___ No ___ Garage (Minimum 9ft.) Yes ___ No ___

Construction Type: Frame: _____ Block: _____

Type of Roof: _____

Type of Fireplace: Gas: _____ Wood: _____

Date NOC Filed _____

**City of St. Augustine Beach
Building Department**

SUB-CONTRACTORS LIST

List name and license number of sub-contractors who will be doing the applicable work. Any changes in this list must be made in writing and approved by the Building Department.

ORDINANCE 97-24 OF THE CITY OF ST. AUGUSTINE BEACH STATES THAT "THE PENALTY FOR PERFORMING WORK WITHOUT A CURRENT CERTIFICATE WILL BE \$100.00".

TYPE OF WORK	SUBCONTRACTOR NAME	LICENSE #
CONCRETE	_____	_____
MASONRY	_____	_____
FRAMING	_____	_____
INSULATION	_____	_____
DRYWALL	_____	_____
FINISH/TRIM	_____	_____
ROOFING	_____	_____
PAINTING	_____	_____
TILE	_____	_____
CABINETS/TOPS	_____	_____
FLOOR COVERING	_____	_____
POOL	_____	_____

I certify that the above people will be doing the work as specified at _____
St. Augustine Beach and that all the above information is true, to the best of my knowledge. I understand that I am responsible for employees or persons, other than licensed contractors, while they are on the jobsite.

General Contractor/Owner Builder

License #

Date

OWNER PERMISSION

DATE: _____

TO: Building Official
City of St. Augustine Beach
Building Department

FROM: _____
Owner

_____ Phone #

_____ Address

_____ City, State & Zip

This is to advise you that I hereby give permission to:

_____ Name

_____ Phone #

_____ Address

_____ City, State & Zip

who is my agent/contractor, to perform the following on my behalf:

_____ Signature

STATE OF FLORIDA
COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20_____, by
_____, who is personal known to me or has/have produced
_____ as identification.

_____ Notary

_____ Commission

NOTICE: A recorded Notice of Commencement must also accompany this application.

**CITY OF ST. AUGUSTINE BEACH
COASTAL CONSTRUCTION FORM**

FOR ALL MAJOR STRUCTURES LOCATED WITH THE CITY LIMITS

Please check the appropriate sections:

- WE CLAIM THE STRUCTURE TO BE EXEMPT AS FOLLOWS:
- Pier, dock etc.
 - Water treatment plant – With all required facilities/flood protected
 - Sewage treatment plant – With all required facilities/flood protected
 - Other (specify) _____

I also certify that no structure listed above may be remodeled or converted to a non-exempt use without being upgraded to fully comply with the applicable ordinance

Signature

Date

CERTIFICATION

This certifies that the plans and specifications submitted and sealed by the undersigned, meet all criteria set forth by the City of St. Augustine Beach Coastal Construction Code.

- Structure including foundation, frame, roof decking, exterior walls and floors have been designed in accordance with the provisions of the Florida Building Code, using a minimum wind velocity of 130 MPH.
- Windows, doors and other exterior devices comply with the 130 MPH wind load.
- Structure is capable of withstanding wave forces resulting from a wave crest height of feet above MSL including uplift forces.
- Foundation design has been completed with floor elevation above the specified wave elevation, and to resist wave, hydrostatic and wind loads acting simultaneously with dead loads.
- Erosion computation for the foundation design has taken into account, the projected 30 year erosion losses and all vertical and lateral erosion including scour caused by structural components.
- No excavation of dunes is included in this project.
- Dune excavation permit from DEP is attached.

Certified this _____ day of _____, 20_____.

SEAL

Signature, Florida Architect/Engineer

Florida License Number

**REQUIRED CONTENTS OF A SURVEY
AND
OMMISSIONS TO LOOK FOR WHEN DEVELOPER SUBMITS**

THIS IS NOT A SURVEY!!

1. NO NAME AND SIGNATURE
2. NO SEAL
3. NO DATE OF SURVEY
4. TYPE OF SURVEY IS NOT STATED (BOUNDARY)
5. NO IMPROVEMENTS SHOWN (RDWY, P&D)
6. DIMENTIONS & TIES TO PROPERTY LINES (PROPOSED & EXISTING STRUCTURES)
7. ELEVATION DATUM (N.G.V.D)
8. COASTAL CONTROL LINE (IF APPLICABLE)
9. ALL WETLANDS (INCLUDING ISOLATED DETERMINATIONS)

IMPORTANT NOTICE

PLEASE MAKE ARRANGEMENTS TO HAVE THE POWER COMPANY PLACE THE CONNECTION FOR THE TEMPORARY POWER POLE, WHICH WILL EVENTUALLY BECOME THE PERMANT POWER CONNECTION, AT THE LOT LINE. TEMPORARY POLES PLACED ACROSS THE STREET OR DOWN THE STREET WILL NOT BE ALLOWED DUE TO THE FACT THAT THEY SUBJECT TO DAMAGE (CURRENT AOPTED ELECTRIC CODE) AND CAUSE AN INCONVENIENCE TO ADJOINING PROPERTY OWNERS. ALSO, LONG RUNS CAUSE A REDUCTION IN POWER AS WELL AS TRIPPING THE GFI; AS A RESULT, THE GFI IS THEN NOT USED.

DRAINAGE & GRADING PLAN
FROM THE DESK OF GARY LARSON

PRIOR TO THE ISSUANCE OF A CLEARING/BUILDING PERMIT, A SITE PLAN MUST BE SUBMITTED WHICH WILL PLACE ALL IMPROVEMENTS INCLUDING THE SEPTIC SYSTEM ON THE PROPERTY; FLOW ARROWS ACCURATELY DEPICTING THE DIRECTION OF POSSIBLE RUNOFF TOWARD THE REQUIRED SWALE AT THE RIGHT OF WAY IN OLDER SUBDIVISIONS OR TO THE AREAS DESIGNATED ON THE WATER MANAGEMENT PLAN IN MORE RECENTLY PLATTED SUBDIVISIONS AND COMMERCIAL PARCELS. ENVIRONMENTAL SHEETING IS TO BE PLACED AT THE REAR AND SIDE LOT LINES AT CLEARING AND MAINTAINED UNTIL FINAL GRADING.

NO INSPECTION WILL BE APPROVED UNTIL THE SITE IS PROPERLY ROUGH GRADED AND THE ADJOINING PROPERTIES ARE PROTECTED.

NO PLANS WILL BE ACCEPTED WITHOUT DRAINING PLAN. TREES MUST REMAIN OUTSIDE FOOTPRINT 2" AND UP TO 8" PROTECTED USE ITEM WALL & NOT FILL LOT TO KEEP TREES!!

GARY LARSON, BUILDING OFFICIAL
DIRECTOR OF BUILDING & ZONING DEPARTMENT

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below, if they will be utilized on the construction project for which you are applying for building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Information regarding State Product Approval may be obtained at www.floridabuilding.org.

Category/Sub-Category	Manufacturer	Product Desc.	Limitation of use	FL# or SJCR#
1. EXTERIOR DOOR ASSEMBLIES				
A. ROLL-UP				
B. SECTIONAL				
C. SLIDING				
D. SWINGING				
E. AUTOMATIC				
2. WINDOWS				
A. AWNING				
B. CASEMENT				
C. DUAL ACTION				
D. DOUBLE HUNG				
E. SINGLE HUNG				
F. FIXED				
G. HORIZONTAL SLIDER				
H. PROJECTED				
I. PASS THROUGH				
J. MULLIONS				
K. WIND BREAKER				

Category/Sub-Category	Manufacturer	Product Desc.	Limitation of use	FL# or SJCR#
3. PANEL WALLS				
A. SIDING				
B. SOFFITS				
C. EIFS (EXTERIOR INSULATION FINISH SYSTEMS)				
D. STORE FRONTS				
E. CURTAIN WALLS				
F. WALL LOUVER				
G. GLASS BLOCK				
4. ROOFING PRODUCTS				
A. BUILT UP ROOFING				
B. MODIFIED BITUMEN ROOF SYSTEM				
C. SINGLE PLY ROOF SYSTEMS				
D. SPRAY APPLIED POLYURETHANE ROOF SYSTEM				
E. ROOFING FASTENERS				
F. ROOFING INSULATION				
G. ASPHALT SHINGLES				
H. WOOD SHINGLES AND SHAKES				
I. ROOFING SLATE				
J. ROOF TILE ADHESIVES				
K. CEMENTS-ADHESIVES-COATINGS L. LIQUID APPLIED ROOF SYSTEMS				

CATEGORY/SUB-CATEGORY	MANUFACTURER	PRODUCT DESC	LIMITATION OF USE	FL# OR SJCR#
M. UNDERLAYMENTS				
N. NON-STRUCTURAL METAL ROOFING				
O. ROOFING TILES				
P. WATER PROOFING				
5. SHUTTERS				
A. ACCORDIAN				
B. BAHAMA				
C. STORM PANELS				
D. COLONIAL				
E. ROLL-UP				
F. EQUIPMENTS				
6. SKYLIGHTS				
A. SKYLIGHT				
7. STRUCTURAL COMPONENTS				
A. TRUSS PLATES				
B. WOOD CONNECTORS				
C. ANCHORS				
D. EXTERIOR COOLERS-FREEZERS				
E. INSULATION FORM SYSTEMS				
F. ENGINEERED LUMBER				
G. WALL COMPONENTS				

CATEGORY/SUB-CATEGORY	MANUFACTURER	PRODUCT DESC.	LIMITATION OF USE	FL# OR SJCR#
H. DECK-ROOF				
8. NEW & INNOVATIVE BUILDING ENVELOPE PRODUCTS				
1.				
2.				

The products listed below did not demonstrate product approval at plan review. 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 approved, 3) the performance characteristics which the product was tested and certified to comply with, 4) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspections.

CONTRACTOR/AGENT/APPLICANT SIGNATURE

DATE

CITY OF ST. AUGUSTINE BEACH



ATTENTION:

DUE TO NUMEROUS COMPLAINTS ABOUT LACK OF KNOWLEDGE OF THE INSTALLATION OF STORM SHUTTERS:

BUILDING CONTRACTORS ARE NOW REQUIRED TO INSTRUCT HOMEOWNERS ON INSTALLING SHUTTERS ON (ALL) DOOR AND WINDOW OPENINGS.

BOTH CONTRACTOR AND HOMEOWNER SHALL SIGN AND RETURN THIS FORM TO THE BUILDING DEPARTMENT VERIFYING ALL COMPONENTS AND HARDWARE HAVE BEEN SUPPLIED AND TESTED ACCEPTABLY PRIOR TO FINAL INSPECTIONS

PERMIT # _____

ADDRESS _____

OWNER _____

CONTRACTOR _____

DATE ___/___/___

EROSION AND SEDIMENT CONTROL PRE-CONSTRUCTION NOTICE

City of St. Augustine Beach, Florida
Building & Zoning Department
2200 A1A South, St. Augustine Beach, FL 32080
Phone: 904-471-8758 Fax: 904-471-4470

THIS NOTICE IS TO FAMILIARIZE THE PERMITTEE WITH GENERAL
STORMWATER/EROSION AND SEDIMENT CONTROL REQUIREMENTS

THIS IS NOT A COMPLETE LIST OF PERMIT CONDITIONS AND PLAN REQUIREMENTS. PLEASE REVIEW YOUR PLANS AND PERMIT THOROUGHLY AND CONTACT THIS DEPARTMENT WITH ANY QUESTIONS PRIOR TO CLEARING, CONSTRUCTION OR ANY LAND DISTURBING ACTIVITIES.

1. An approved **Permit** and **Notice of Commencement** must be obtained and clearly **posted on the site** prior to commencing work.
2. On-site pre-construction meetings and regular inspections are recommended and may be required to determine appropriate control measures for the development site. **Call 471-8758 at least 48 hours in advance to schedule a meeting with an inspector.**
3. **All disturbed soils, sediments, pollutants, debris and materials must be retained on site.**
4. Erosion and Sediment Control best management practices appropriate for the site shall be **installed and maintained in good and effective condition** throughout the duration of the construction project to reduce pollutants in any stormwater runoff from entering into the City's Municipal Separate Storm Sewer System (MS4).
5. **Keep streets clean.** Off-site vehicle tracking of sediments and generation of dust shall be avoided and/or minimized. **Do Not** wash or allow sediments, chemicals, paints, trash, debris, concrete or other potential pollutants to enter into the storm drains.
6. The **permittee** is responsible for ensuring that all waste such as discarded building materials, concrete truck washout, chemicals, litter and sanitary waste are properly controlled and stored on site and legally removed.
7. The **permittee** is responsible for ensuring that all waste such as discarded building materials, concrete truck washout, chemicals, litter and sanitary waste are properly controlled and stored on site and legally removed.
8. The **permittee** is responsible for ensuring that all surface water resources located near the site are protected from non-stormwater "illicit" discharges

Please read and sign the attached site operators' certification statement

This Instrument Prepared By:

Name: _____

Address: _____

Permit No. _____

NOTICE OF COMMENCEMENT

State of _____

County of _____

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713 Florida Statutes, the information is provided in this Notice of Commencement.

ALL INFORMATION MUST BE TYPED/PRINTED LEGIBLY TO COMPLY WITH RECORDING REQUIREMENTS

1. Description of property: (Legal description of property, and street address if available)
2. General description of improvement
3. Owner information
 - a. Name and address:
 - b. Interest in property:
 - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable)
5. Surety
 - a. Name and address:
 - b. Amount of bond \$ _____
 - c. Phone number:
 - d. Fax number (optional, if service by fax is acceptable)
6. Lender:
 - a. Name and address:
 - b. Phone number:
 - c. Fax number (optional, if service by fax is acceptable)
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7, Florida Statutes:
 - a. Name and address:
 - b. Phone number
 - c. Fax number (optional, if service by fax is acceptable)
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 address:
 - b. Phone number
 - c. Fax number (optional, if service by fax is acceptable)
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recorder unless a different date is specified) _____

Sworn to and subscribed before me by _____ who is personally known to me or produced _____ as identification and who did _____ take an oath, this _____ day of _____, 20_____

Signature of Owner

Owner's Name

Signature of Notary

Printed Name

Owner's Address

Commission No./Expiration

SEAL: