AFFIDAVIT FOR RENOVATIONS AND REMODELING
CITY OF ST. AUGUSTINE BEACH BUILDING DEPARTMENT (904) 471-8758
BUILDING PERMIT # ______________________
PARCEL # ______________________
OWNER _______________________

ADDRESS: ______________________________________

CONTRACTOR ______________________________________

TYPE OF PROJECT ______________________

USE OF BUILDING: ☐ SINGLE FAMILY ☐ MULTI FAMILY ☐ COMMERCIAL ☐ OTHER (PLEASE EXPLAIN) ______________________

The work performed on an existing building shall be classified per the Florida Existing Building Code by electing the level of alteration.

☐ 502.1 Repair: includes the patching or restoration or replacement of damaged materials, elements, equipment or fixtures for the purpose of maintaining such components in good or sound condition with respect to existing loads or performance requirements.

☐ 503.1 Level 1 Alteration: includes the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose.

☐ 504.1 Level 2 Alteration: includes the reconfiguration of space, the addition or elimination of any door and window, the reconfiguration or extension of any system, or the installation of any additional equipment.

☐ 505.1 Level 3 Alteration: where the work area exceeds 50 percent of the building area.

☐ 506.1 Change of Occupancy: shall comply with the provisions of Chapter 10

Please list the complete scope of work proposed for this project.

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I (print) ______________________________________ affirm the scope of work listed above represents the entire project. I understand any work not listed above will require an approved revision. Work commenced prior to obtaining a permit can result in the issuance of a stop work order and penalty charges.

SIGNATURE ______________________ ADDRESS ______________________

QUALIFYING BUSINESS NAME ______________________________________

STATE LICENSE #: ______________________ CITY LICENSE #: ______________________

STATE OF FLORIDA, COUNTY OF ST. JOHNS

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me ______________________, 20_____, by (print name of person signing above) ______________________, who is personally known to me [ ] or has produced the following type of identification ______________________, by means of [ ] physical presence or [ ] online notarization, this ______________________ day of ______________________, 20_____.

Signature of Notary Public, State of Florida ______________________

Stamp or Seal of Notary Public Commission Number and Expiration Date: ______________________

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

AFFIDAVIT FOR RENOVATION AND REMODELING 20-01