Window/Door Replacement
Permit Requirements
FOR OWNER/BUILDER

☐ Permit Application

☐ Disclosure Statement Affidavit

☐ Notice of Commencement or Affidavit of Notice of Commencement
Filing Only if over $2,500.00 (Recorded and Certified copy not required until first inspection)

☐ Copy of Warranty Deed

☐ 2 sets of plans or 2 copies of detailed scope of work (include wind toads, fastening detail, and percentage of glazing are proposed for replacement versus total glazing area)

☐ 2 sets of manufacturer's specifications and product approval for all exterior windows, doors, overhead garage doors and skylights.

☐ Flashing/Weather resistant treatment methodology per Florida Building Code Residential Section R703.8 must be identified. If the design professional option is chosen, two (2) copies of original seal details for all construction materials or copies of the Flagler County current approved Master File shall be submitted.

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE***

It is the applicant's responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13, prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.

Revised 04/2015
Flagler County
Building Permit Application

1. Property Owners Name: _______________________________________________________
   Mailing Address: _____________________________________________________________
   Phone Number: ________________________ E-mail: _________________________________

2. Location of Property/Job Address: _____________________________________________
   Legal Description: ____________________________________________________________
   Parcel #: __________________ Block: ____________ Lot: __________

3. Contractor / Installer: _________________________________________________________
   Address: ___________________________________________ State License: _____________
   City/State/Zip Code: __________________________ Phone #: _________________________
   Fax #: ____________________________ Cell #: _________________________________
   E-mail: ____________________________

4. Description of Work: _________________________________________________________
   □ Commercial □ Residential
   Mobile Home: _______ Make _______ Model _______ Year _______ Serial Number: _______
   Specify Single or Double Wide Width: ______ x Length: ______ (without hitch) = Sq Ft: ______
   Is this a replacement home? ______ YES or ______ NO (If yes provide proof)

5. Total Square Footage Under Roof: _____________________________________________

6. Type of Construction, Occupancy Classification and Area Totals:
   Type of Construction (check one): [ ] IA [ ] IB [ ] IIA [ ] IIB [ ] IIIA [ ] IIIB [ ] IV [ ] VA [ ] VB
   Occupancy Classification (check one):
     A-1  A-2  A-3  A-4  B  E  F-1  F-2  H-1  H23  H-5  I-1
     I-2  I-3  I-4  M  R-1  R-2  R-3  R-4  S-1  S-2  U
   Number of Rooms (total): ______ Number of Bedrooms: ______ Number of Bathrooms: ______
   Number of Stories: ______ Habitable Floors: ______ Number of Elevators: ______
   Patio: ______ Square feet. Driveway: ______ x ______ Pool Area (including deck): ______
   Fire Sprinklers: ______ YES or ______ NO (If yes, separate permit required)

7. Potable Water Supplied by: _________________________ Septic Tank Permit #: ______
   or Water and Sewer Company: __________________________

8. Total Cost of Improvements: ________________________________________________

9. Sub Contractor Information:
   Electrical Contractor:
     DBA: ______________________ License Holders Name: ______________________
     State License Number: ______ Size of Electrical Service: Phase: ______ Amps:
   Plumbing Contractor:
     DBA: ______________________ License Holders Name: ______________________
     State License Number: ______ Number of Bathrooms: ______
     Number of Fixtures, Floor Drains and Traps: ____________________________
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<tr>
<th>Mechanical Contractor:</th>
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<tr>
<td>DBA:</td>
<td>License Holders Name:</td>
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<tr>
<td>State License Number:</td>
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<td>Total Cost of Mechanical:</td>
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<tr>
<td>Size of Unit</td>
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<tr>
<th>Roofing Contractor:</th>
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<tr>
<td>DBA:</td>
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<tr>
<td>State License Number:</td>
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<td>Total Cost of Roof:</td>
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<tr>
<td>Type of Roof to be Installed:</td>
<td>Square Footage of Structure:</td>
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<tr>
<th>Aluminum Contractor:</th>
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<td>DBA:</td>
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<td>State License Number:</td>
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<td>Total Cost of Aluminum Structure:</td>
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<td>Square Footage under Solid Roof Panels:</td>
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<th>Gas Contractor:</th>
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<td>DBA:</td>
<td>License Holders Name:</td>
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<tr>
<td>State License Number:</td>
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<td>Total Number of Outlets:</td>
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<tr>
<th>Elevator / Fence:</th>
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<td>DBA:</td>
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<tr>
<td>State License Number:</td>
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<td>Total Cost of Elevator / Fence:</td>
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<th>Others Contractor:</th>
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<tr>
<td>DBA:</td>
<td>License Holders Name:</td>
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<tr>
<td>State License Number:</td>
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<td>Total Cost of Others:</td>
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Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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.

“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”

(Signature) ____________________________________________________________________________ (Printed Name) ____________________________________________________________________________

IS SIGNING AS: CONTRACTOR MOBILE HOME INSTALLER OWNER* (Check one)

State of _________________________________ County of _________________________________

Sworn to and Subscribed before me, the _____ Day of _________________________________, 20__ by ________________________________ who is personally known to me or has produced ________________________________ as identification.

(Type of Identification)

Signature of Notary Public or Staff Signature* ____________________________________________ Print, Type or Stamp of Notary

*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)
Florida Statutes are quoted here in part for you information to indicate the authority for exemptions for homeowners from qualifying as contractor and to express any applicable restrictions and responsibilities.

**OWNERS MUST PERSONALLY APPEAR AT CENTRAL PERMITTING TO SIGN THIS DOCUMENT AND THE PERMIT APPLICATION**

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

<table>
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<tr>
<th>I understand that state law requires constructions to be done by licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I as the owners of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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 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 contractor.</td>
</tr>
<tr>
<td>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 costs do exceed $75,000.00. The building or residence must be my only 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 this exemption.</td>
</tr>
<tr>
<td>I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.</td>
</tr>
<tr>
<td>I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise person working on my building or residence. It is my responsibility to ensure that the person whom I employ have the licenses required by law and by county ordinance.</td>
</tr>
<tr>
<td>I understand that it is a frequent practice of unlicensed person to have the property owner obtain 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 I am aware of the limits of my insurance coverage for injuries to workers on my property.</td>
</tr>
<tr>
<td>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 provide workers compensation for the employee. I understand that my failure to follow these laws my subject me to serious financial risk.</td>
</tr>
</tbody>
</table>
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-builder as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I am aware of construction practices and I have access to the Florida Building Code.

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 License Board at 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.

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.

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.

Licensed contractors are regulated by laws designed to protect the public. If you contractor with a person does not have license, the Construction Industry Licensing Board, the Department of Business and Professional Regulations 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 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 status of contractor workers compensation coverage.

I agree to comply with all provisions of the county ordinances and codes pertinent to the building.

In the event the corrections are required to be completed for code violations, I will assume responsibility to insure they are made and up completion I will call for a reinspection before proceeding with building.

I will assume full responsibility for the construction and I will not expect supervision of my work from the Building Department.

I agree to pay any additional fees, including reinspection fees in full prior to requesting a final inspection.

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**THE BELOW AFFIDAVIT MUST BE SIGNED IN FRONT OF A PERMIT TECHNICIAN**

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-Builders: ___________________________ Date: ___________________________

Form of identification: ___________________________

(Must be Photo ID) Permit Technician Signature: ___________________________

A Violation of this exemption is a misdemeanor of the first degree punishable by 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.

Revised 03/2015
Pulling an Owner/Builder Permit is Risky Business!

If you do not intend to do the work yourself and have been asked by someone without a contractor’s license to pull the permit, you are at risk of financial harm.

Section 489.103 (7), Florida Statutes requires that when property owners act as their own contractor, they must supervise the work being performed. Any person working on your building who is not licensed must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers’ compensation for that employee.

Without workers’ compensation insurance, you could be held liable for injuries incurred on your property. Typically, your homeowners’ insurance policy will not honor your claim if the work being performed required a licensed contractor. You could end up responsible for thousands of dollars of medical bills.

Not only is it dangerous, but it’s against the law.

Section 455.227(1)(J), Florida Statutes prohibits any person from aiding, assisting, procuring, employing or advising any unlicensed person or entity. Individuals who aid unlicensed persons may face fines of up to $5,000.

Is it worth it?

For more information, speak with your local building department before you apply for a permit or contact the Department of Business and Professional Regulation at 850.487.1395 or online at www.MyFloridaLicense.com

Revised 03/2015
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 following information is provided in this Notice of Commencement.

1. Description of property: (legal description of the 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. Contractor name and address:
   b. Contractor’s phone number:

5. Surety
   a. Surety name and address:
   b. Phone number:
   c. Amount of bond:

6. Lender:
   a. Lender’s name and address:
   b. Lender’s phone number:

7. a. 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)(a)7., Florida Statutes: (name and address).
   b. Phone numbers of designated persons:

8. a. 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 Statutes.
   b. Phone number of person or entity designated by owner:

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 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.

____________________________________________________ _________________________________
(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 _____, ________, by __________________________ (year) (name of person)
as __________________________________________ for __________________________________________
(type of authority, . . . e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

____________________________________________________ _________________________________
(Signature of Notary Public - State of Florida)  (Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced ______________________

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.
I, __________________________________________, of (Owner’s Name)

_______________________________________________
(Street Address)

_______________________________________________
(City, State and Zip)

hereby certify the attached is a copy of the Notice of Commencement that is being filed with the Clerk of the Circuit Court for the improvement as noted:

_______________________________________________
(Please specify the improvement/work)

as permitted by Flagler County Building Department.

_______________________________________________
(Owner’s or Contractor’s Signature)  (Date)

State of _______________________
County of _______________________
Sworn and subscribed before me this _____ day of _____________, 20____ who is personally known to me or produced: _____________________________ as identification.

_______________________________________________
(Notary Public Signature)  (Seal)

_______________________________________________
(Printed or Typed Name of Notary)

My Commission Expires: _____________________
**Flagler County Product Approval Permit Application Information**

**Project Design Criteria**

*Please answer the following questions*

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Coastal Construction Zone? (Seaward of CCCL Line)</td>
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<tr>
<td>Coastal Building Zone?</td>
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<td>Windborne Debris Region?</td>
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<tr>
<td>Exposure Category (Circle)</td>
<td>[B]</td>
<td>[C] [D]</td>
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**If Applicable, Method of Compliance with Section 1609.1.2 "Protection of Openings"**

**Check Appropriate Method**

- Design for Internal Pressure
- Shutter System
- Impact Resistant Glass

**Type** | **Manufacturer** | **Model # / Series** | **Reserved for Plans Examiner Use** | **2014 Florida Approval # (Must include decimal number)** | **Florida Approval PDF File # (If Applicable)** | **Miami/Dade N.O.A. (If Applicable)**
---|---|---|---|---|---|---
**Exterior Doors**
Swinging
" 
Sliding
"
Overhead
"
Other

**Windows**
Single Hung
Double Hung
Horizontal Rolling
Casement
Fixed
Awnings
Pass Thru
Skylight
Other

**Special Note:**

It is the applicants' sole responsibility to verify that specific products have been installed in accordance with their limitations (for ex: windows, doors, garage doors, skylights and shutter systems need to meet the minimum required design pressures for the project). Specific compliance will be verified during field inspections.

In addition to this form, manufacturer specifications and installation instructions for each product are required to be on site at the time of inspection.

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[http://flaglercounty.org/forms/building/Product%20Approval%20application.pdf](http://flaglercounty.org/forms/building/Product%20Approval%20application.pdf)
Revised 12/2016
<table>
<thead>
<tr>
<th>TYPE</th>
<th>MANUFACTURER</th>
<th>MODEL # / SERIES</th>
<th>RESERVED FOR PLANS EXAMINER USE</th>
<th>FLORIDA APPROVAL #</th>
<th>FLORIDA APPROVAL pdf FILE # (IF APPLICABLE)</th>
<th>MIAMI/DADE N.O.A. (IF APPLICABLE)</th>
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CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: ____________________________ DATE: __________

JOB LOCATION: _____________________________________________________________

THE FOLLOWING ALTERNATIVES ARE ACCEPTABLE IF THE PROPOSED PRODUCTS DO NOT HAVE VOLUNTARY STATE APPROVAL OR MIAMI/DADE ACCEPTANCE:

- Copy of product approval/testing information and copy of listing -or- report from a Product Certification Agency approved by the Florida Building Commission for each different covered product. Approved product certification agencies are shown at www.floridabuilding.org (click on the product approval button, then click on the organization search tab).
- Copy of product approval/testing information from a Florida Building Commission approved Product Evaluation Entity or Product Testing Laboratory and documentation showing the manufacturer has a Florida Building Commission approved Quality Assurance Agency on retainer. Submittals are required for each different covered product. Approved Product Evaluation Entities, Product Testing Laboratories and Quality Assurance Agencies are shown on the above referenced website (click on the product approval button, then on the organization search tab).

http://flaglercounty.org/forms/building/Product%20Approval%20application.pdf
Revised 12/2016