



# Marion County Board of County Commissioners

## Building Safety

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2400  
AIRS: 352-438-2477

# PERMIT # \_\_\_\_\_

|   |                    |
|---|--------------------|
| Date: _____ Code: FBC _____   | <b>DEPARTMENTS</b> |
| ARN: _____ Rep: _____   |                    |
| <input type="checkbox"/> ZONING <input type="checkbox"/> BUILDING <input type="checkbox"/> ROW <input type="checkbox"/> FIRE <input type="checkbox"/> HEALTH <input type="checkbox"/> 911 |                    |

Parcel ID \_\_\_\_\_ Site Improvement Plan # / Project # \_\_\_\_\_ Related Permit / Code Case \_\_\_\_\_

**Job Address:** \_\_\_\_\_

Lot \_\_\_ Block \_\_\_ Unit \_\_\_ Sec \_\_\_ Twnshp \_\_\_ Rge \_\_\_ Subdivision / MH Park \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessory Structure      | <input type="checkbox"/> Dumpster                | <input type="checkbox"/> Plumbing                  |
| <input type="checkbox"/> Aluminum                 | <input type="checkbox"/> Electric                | <input type="checkbox"/> Residential (New)         |
| <input type="checkbox"/> Antenna                  | <input type="checkbox"/> Exterior Door / Window  | <input type="checkbox"/> Residential (Add. / Alt.) |
| <input type="checkbox"/> Commercial (New)         | <input type="checkbox"/> Fence / Wall            | <input type="checkbox"/> Roof                      |
| <input type="checkbox"/> Commercial (Add. / Alt.) | <input type="checkbox"/> Fire                    | <input type="checkbox"/> Shell                     |
| <input type="checkbox"/> Concrete                 | <input type="checkbox"/> Mechanical / Gas / HVAC | <input type="checkbox"/> Sign                      |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> Mobile Home             | <input type="checkbox"/> Swimming Pool / Spa       |
| <input type="checkbox"/> Dock / Seawall           | <input type="checkbox"/> Modular Building        | <input type="checkbox"/> Tent / Temp Use           |

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_ **Cost of Construction \$** \_\_\_\_\_

Product Approval Numbers: \_\_\_\_\_

Was This Building Damaged by Fire, Flood, or Other?  Yes  No Damage Assessment Report # \_\_\_\_\_

**BUILDING:** New sqft \_\_\_\_\_ Added sqft \_\_\_\_\_ Alteration/Renovation sqft \_\_\_\_\_ Temp Power Pole?  Yes  No

Stories \_\_\_\_\_ Units \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Under A/C \_\_\_\_\_ sqft No A/C \_\_\_\_\_ sqft

Existing Well  New Well  Replacement Well  Central Water Irrigation:  Yes  No  Existing

**CONTRACTOR Business Name:** \_\_\_\_\_

Qualifying Agent's Name \_\_\_\_\_ State Lic # \_\_\_\_\_ County Cert \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

| SUBCONTRACTORS: | Qualifier Name | County Cert # | State License # | E-mail |
|-----------------|----------------|---------------|-----------------|--------|
| MECHANICAL      | _____          | _____         | _____           | _____  |
| ELECTRIC        | _____          | _____         | _____           | _____  |
| PLUMBING        | _____          | _____         | _____           | _____  |
| GAS             | _____          | _____         | _____           | _____  |
| ROOFING         | _____          | _____         | _____           | _____  |
| IRRIGATION      | _____          | _____         | _____           | _____  |
| OTHER           | _____          | _____         | _____           | _____  |

**STOPS:** BLDG \_\_\_ MECH \_\_\_ ELEC \_\_\_ PLMG \_\_\_ FIRE \_\_\_ ZONE \_\_\_ FLOOD \_\_\_ UTIL \_\_\_ 911 \_\_\_ DOH \_\_\_ ROW \_\_\_

*Empowering Marion for Success*

**PLEASE SIGN BELOW**

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all laws and ordinances regulating construction in Marion County, Florida, whether specified herein or not. I understand that subcontractors may be required to perform certain work under this permit. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that Impact Fees shall be determined with the application for a building permit and shall be due before Final Inspection. Permit Fees shall be payable at issuance of a building permit.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.**

Owner's Signature: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

and/or

Authorized Agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known \_\_\_\_\_ or Produced Identification

\_\_\_\_\_

**Pursuant to Florida Statute 713.135(7) all signatures must be notarized**



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### Construction Lien Law Affidavit

I/We will make all necessary attempts to provide a copy of the Construction Lien Law, Florida Statute Chapter 713, to the property owners(s) of the real property to which improvements are to be constructed.

Parcel ID \_\_\_\_\_

Property address: \_\_\_\_\_

Lot \_\_\_ Block \_\_\_ Unit \_\_\_ Sec \_\_\_ Twnshp \_\_\_ Rge \_\_\_ Subdivision / MH Park \_\_\_\_\_

Property owner(s) name(s): \_\_\_\_\_

**Form shall be signed by only ONE of the following individuals:**

Owner's Signature: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

or

Authorized Agent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_