



**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**  
One S. Sewall's Point Road Sewall's  
Point, Florida 34996  
Tel 772-287-2455 Fax 772-2204765

## **ELECTRICAL CHECKLIST**

**A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.**

**Please make sure you have ALL required copies before submitting permit application**

**The following minimum requirements must be provided for permitting and inspections:**

- 1 Copy** Completed application
- 1 Copy** Electrical Load Calculations
- 1 Copy** Electrical Riser Plan - Service Change and Temp Pole only on sketch provided, please provide an appropriate electrical riser for all other new electrical work.
- 1 Copy** Notice of Commencement, if replacement value is over \$2500.00.  
Must be submitted prior to the first inspection.

**PLEASE DO NOT SUBMIT THIS FORM FOR NEW GENERATOR INSTALLATIONS.  
USE STANDBY GENERATOR APPLICATION FORMS ONLY.**

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

OWNER/LESSEE NAME: \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description \_\_\_\_\_ Parcel Control Number: \_\_\_\_\_

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE - YOUR PERMIT MAY BE REJECTED WITHOUT FILLING IN ALL ENTRIES - INCLUDING THE SCOPE OF WORK\*\*\*\*\***

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):**

**WILL OWNER BE THE CONTRACTOR?**  
 (If yes, Owner Builder questionnaire must accompany application)  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
**Has a Zoning Variance ever been granted on this property?**  
 YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
 (Must include a copy of all variance approvals with application)

**COST AND VALUES:** (Required on ALL permit applications)  
 Estimated Value of Improvements: \$ \_\_\_\_\_  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 \*\* Is subject property located in flood hazard area? VE8 \_\_\_ VE7 \_\_\_ AE8 \_\_\_ AE7 \_\_\_ AE6 \_\_\_  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

**Construction Company:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualifiers name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

**LOCAL CONTACT:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DESIGN PROFESSIONAL:** \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AREAS SQUARE FOOTAGE:** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/ Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_

Carport: \_\_\_\_\_ Total under Roof \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE\*:  
 \* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

**CODE EDITIONS IN EFFECT THIS APPLICATION:** Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2017  
 National Electrical Code: 2014, Florida Energy Code: 2017, Florida Accessibility Code: 2017, Florida Fire Prevention Code: 2017

**WARNINGS TO OWNERS AND CONTRACTORS:**

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

**\*\*\*\*\* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS\*\*\*\*\***

**AFFIDAVIT:** APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT. CONTRACTOR/OWNER'S INITIALS \_\_\_\_\_

**OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**  
 X \_\_\_\_\_  
 State of Florida, County of: \_\_\_\_\_  
 On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_ who is personally  
 known to me or produced \_\_\_\_\_  
 As identification. \_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!**

**NOTICE OF COMMENCEMENT**

*TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)*

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF MARTIN

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.

**LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):**

\_\_\_\_\_

**GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

**OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_ NUMBER: \_\_\_\_\_  
INTEREST IN PROPERTY: \_\_\_\_\_

**NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):**

\_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_ NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

**LENDER/MORTGAGE** \_\_\_\_\_ **COMPANY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PHONE \_\_\_\_\_ NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

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) (b) , FLORIDA STATUTES:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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:

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

\_\_\_\_\_  
**SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT**

**SIGNATORY'S TITLE/OFFICE** \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

BY: \_\_\_\_\_ AS \_\_\_\_\_ FOR \_\_\_\_\_  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_ TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE/ SEAL



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## Electrical Load Calculations

Electrical Contractor: \_\_\_\_\_ License No. \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Project: \_\_\_\_\_ Location : \_\_\_\_\_

Existing Service Feeder Size: \_\_\_\_\_ Existing Panel Size: \_\_\_\_\_

Main Breaker Size: \_\_\_\_\_ Number of Breakers: \_\_\_\_\_

### Existing Loads

_____ Sq. Ft. X 3 watts per sq. ft.....	_____	watts
_____ Appliance cir. @ 1500 watts each.....	_____	watts
_____ Laundry cir. @ 1500 watts each.....	_____	watts
_____ Range @ 8 kw.....	_____	watts
_____ Dishwasher and disposal @ 1500 watts each.....	_____	watts
_____ Microwave @ 2000 watts.....	_____	watts
_____ Water heater @ 4.5 kw.....	_____	watts
_____ Tank less water heater.....	_____	watts
_____ Dryer @ 5 kw.....	_____	watts
_____ Refrigerator @ 1500 watts.....	_____	watts
_____ Bathroom 1 @ 1500 watts.....	_____	watts
_____ Sprinkler Pump .....	_____	watts
_____ Other.....	_____	watts
_____ Other.....	_____	watts
_____ Other.....	_____	watts
	_____	Subtotal Watts

### New Loads

_____ Pool pump.....	_____	watts
_____ Pool light.....	_____	watts
_____ Heat pump.....	_____	watts
_____ Chlorine generator.....	_____	watts
_____ Blower.....	_____	watts
_____ Boatlift.....	_____	watts
_____ Other.....	_____	watts
_____ Other.....	_____	watts
_____ Other.....	_____	watts

\_\_\_\_\_ Total Watts

_____ First 10 kw @ 100%.....	_____	watts
_____ Remainder @ 40%.....	_____	watts
_____ A/C heat @ 100%.....	_____	watts

Total watts \_\_\_\_\_ Divided by 240 volts = \_\_\_\_\_ Amps \_\_\_\_\_ Amp service provided

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

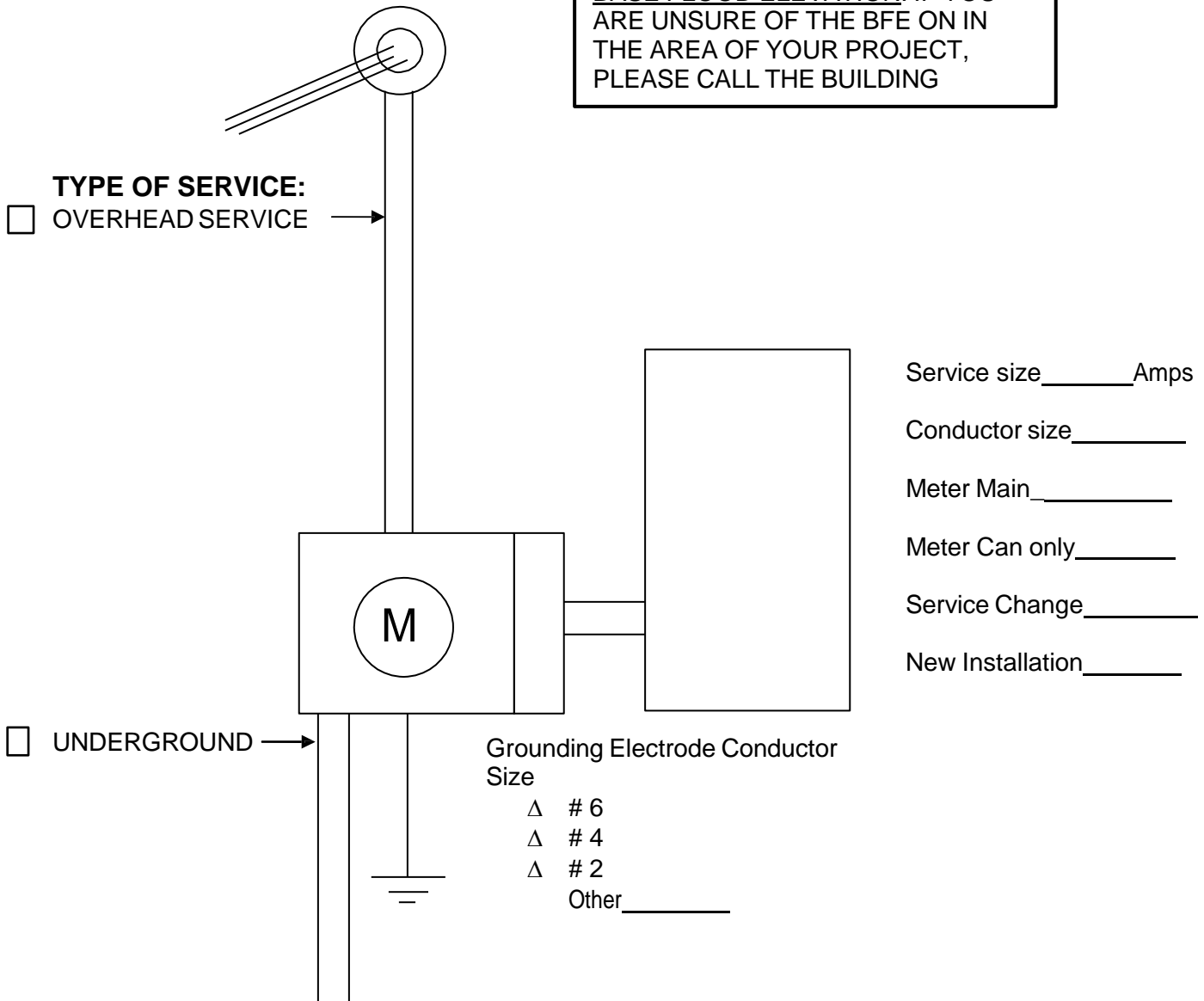


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## ELECTRICAL RISER PLAN

For Temporary Power Pole and Single Family Service Change Only

ALL NEW SERVICES (INCLUDING SERVICE CHANGES) MUST BE INSTALLED AT OR ABOVE THE BASE FLOOD ELEVATION. IF YOU ARE UNSURE OF THE BFE ON IN THE AREA OF YOUR PROJECT, PLEASE CALL THE BUILDING





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### MINIMUM REQUIREMENTS FOR TEMPORARY POWER POLE

Temporary/Construction Service - from Overhead System (typical)

