

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**GARAGE CONVERSION
PERMIT APPLICATION**

Permit #: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Site Address: _____

Legal Description: _____

Parcel ID: _____

Owner's Information

Name: _____

Email: _____

Phone: _____

Address: _____

Contractor's Information

Name: _____

Email: _____

Phone: _____

Address: _____

State License no. _____

Architect's/Engineer's Information

Name: _____

Email: _____

Phone: _____

Address: _____

State License no. _____

PROJECT INFORMATIONTotal sq. footage of garage prior to conversion: _____ Total sq. footage of garage to be converted: _____ Overhead garage door to remain: ☐ Yes ☐ No

Future use of converted garage space: _____ (bedroom, family room, den or storage)

Will the garage conversion include any of the following? ☐ Electric ☐ A/C ☐ Plumbing ☐ Gas ☐ Insulation (a subcontractor permit is required for each)Is home on: City Sewer ☐ Yes ☐ No If yes, please provide acct # _____Septic ☐ Yes ☐ No (If yes, approval from the Health Department must be submitted)***See checklist for additional requirements.**

Total Valuation \$ _____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER_____
Contractor Signature_____
Date_____
Print Name_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical
presence or ☐ online notarization this ____ day of _____, 20____, by
_____ who is ____ personally known
to me or ____ has produced _____ as identification

Owner or Owner's Authorized Representative Signature_____
Date_____
Print Name_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical
presence or ☐ online notarization this ____ day of _____, 20____, by
_____ who is ____ personally known
to me or ____ has produced _____ as identification

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 county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.



Building Department CHECKLIST FOR GARAGE CONVERSION PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Total sq. footage of garage prior to conversion
- Total sq. footage of garage to be converted
- Overhead garage door to remain
- Future use of converted garage space
- Will the garage conversion include any of the following
 - City sewer/septic
 - Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 1 copy:

- Original Plans signed and sealed by a Florida licensed Architect/Engineer
- Product Approval Affidavit Form
- Sub-contractor permit applications, if applicable
- Sealed truss shop drawings on 8 ½ x 11" paper, if applicable
- Signed energy codes, if applicable
- Manual J, if the space will include air conditioning
- Health Department approval, for well and septic only if the garage will be converted into a bedroom.
- Recorded Notice of Commencement for work valued at \$5000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



Town of Sewall's Point Building Department Product Approval Submittal Affidavit

Permit #

Building Address:

Contractor:

Opening Schedule: Swing Doors, Overhead Doors, Sliding Doors, Fixed Glass, Windows & Skylights

| FL # or Miami-Dade | Product | Model # | Manufacturer | Glass Description | Attachment Method Type, Size, Spacing & Embedment | Building Design Pressure | Product Design Pressure |
|-----------------------|---------|---------|--------------|----------------------|--|-----------------------------|----------------------------|
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| Product | Model # | Manufacturer | Attachment Method Type, Size, Spacing, Embedment & Stiffener etc. | Building Design Pressure | Product Design Pressure |
|---------------------------------------|---------|--------------|--|-----------------------------|----------------------------|
| Mullions | | | | | |
| Roof | | | | | |
| Siding | | | | | |
| Soffit | | | | | |
| Hurricane Panels Less than 6' span | | | Gauge of Steel | | |
| Hurricane Panels 6' span or more | | | Gauge of Steel | | |
| | | | | | |

I have reviewed the above components or cladding and I have approved their use in this structure. These products provide adequate resistance to the wind loads and forces specified by current code provisions.

Name: _____

Signature: _____

Certification Number: _____

Date: _____

Please customize the size of this form for your specific structure. It is not intended that you fit the product approval information into the provided spaces. This form is provided as a template.

Application created 01/01/2024