

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

One South Sewall's Point Road
Sewall's Point, Florida 34996
Ph: 772-287-2455

**SINGLE-FAMILY
ROOM ADDITION
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 INFORMATION

Description of work: _____

Sq. feet living: _____ Sq. feet non-living: _____ Sq. feet total: _____ Future use of addition: _____

Will this addition require any of the following? ☐ Plumbing ☐ Gas ☐ Electrical ☐ A/C ☐ Insulation *If yes, a separate Sub-Contractor Permit must be submitted for each trade.Specialty: _____ Is the home connected to County Water? ☐ Yes ☐ No If yes, please provide the acct. #: _____Is the home connected to Septic? ☐ Yes ☐ No *If yes, a copy of the Health Department's approval must be provided, for bedrooms only.

*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 SINGLE-FAMILY ROOM ADDITION PERMITS

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.

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

- Completed Permit Application Including:
 - Legal Description
 - Notarized signature of owner and contractor
 - Proof of ownership (recorded warranty deed or tax bill)
- Contract with total value of the construction:
 - Must be signed by property owner
- Current surveys (dated 2011 or newer**) showing the following:
 - Current flood zones per local flood insurance rate map (firm)
 - NGVD elevations at all corners, mid points and average crown of road
 - All existing structures on property and proposed setbacks from the property lines to all sides of the proposed addition.
 - Finished floor elevation of proposed addition
 - Drainage arrows and previous/impervious calcs. to show proposed stormwater retention
- Septic tank permit (if applicable) Plans must be stamped by Health Dept. (Additions w/living space only)
- Complete sets of plans with all required pages signed & sealed by a Florida Reg. Architect or Engineer. Maximum size plans 24"X 36" uploaded to the online building permitting system
- The Florida Energy code for the "South" zone 8, Form 600A-04R (version 4.0 or later) or 600C-04R. Must be signed & dated.
- Manual "J" (AAdditions over 600 S.F or Enclosed areas previously unconditioned 2023 FBC Energy Conservation Code air distribution test report
- Windload Certification signed & sealed by a Florida Reg. Architect or Engineer or indicate on the plans. Level 3 alterations requires structural analysis by Architect or Engineer
- Product approval checklist signed & sealed by the Architect or Engineer or indicate on the plans
- Asbestos notification statement

SPECIFICATIONS AND PRODUCTS APPROVALS

- Specs. for all exterior windows, doors, garage doors, shutters, siding, roof covering and similar envelope elements must be on-site for inspections. these products must be tested by an approved testing lab and design pressures stated. Must have Architect/Engineer of record review, to verify that it meets design.
- Roof Covering specifications/Dade County or Florida approval must include manufacture/product name and test number.
- Shutters must be designed in accordance with ASCE 7-02 and SSTD-12. Specifications must be highlighted as to which mount, design pressure, fastener and fastener spacing that will be used.

- 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

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



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FLORIDA ENERGY CONSERVATION CODE Air Distribution System Test Report

Owner: _____ Contractor name: _____

Address: _____ Jurisdiction: _____

City: _____ Permit No.: _____

Zip: _____ Final inspection date: _____

Section 403.2.2.1. Duct tightness. Duct tightness shall be verified by testing to ASHRAE Standard 152.

Prescriptive is substantially leak-free (see below) Performance is Q_n = as indicated on energy calculation.

_____ Ducts/air handler in conditioned space _____ Tested by a Class 1 BERS rater (see results below)

Signature: _____ Date: _____

Printed Name: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	_____ cfm25(out or tot) circle test type
2	System 2	_____ cfm25(out or tot) circle test type
3	System 3	_____ cfm25(out or tot) circle test type
4	System 4	_____ cfm25(out or tot) circle test type
5		_____ Sum lines 1-4
6	Total House Duct System Leakage	Divide Line 5 by _____ = _____ (Qn, out or tot) (total conditioned floor area) (circle test type)

To qualify as "substantially leak free," Q_n must be less than or equal to 0.03. (Section 202. SUBSTANTIALLY LEAK FREE. Distribution system air leakage to outdoors is no greater than 3 cfm per 100 square feet of conditioned floor area at a pressure differential of 25 Pascal (0.10 in. w.c.) across the entire air distribution system, including the manufacturer's air handler enclosure.)

I am a FL BERS Class 1 rater in good standing. I have tested the air distribution system(s) referenced by the permit listed above in accordance with ASHRAE Standard 152.

BERS Signature: _____ Date: _____/_____/_____

BERS Printed Name: _____

FL BERS Class 1 Rater Certification #: _____

The Building Energy Rating System (BERS) law can be found at FS 553.990-999. Currently certified FL BERS Class 1 raters can be found at http://securedb.fsec.ucf.edu/engauge/engauge_search_rater.

For Building Department use only:

Form received by: _____ Date: _____/_____/_____



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CONTRACTOR OR OWNER/BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: _____

Building Permit # _____

Site Address: _____

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

____ Contractor or ____ Owner/Builder Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____, personally appeared
____ who is personally known to me or produced _____ as
identification, and who did/did not take an oath.

Notary Public Signature _____

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