

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

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**SINGLE-FAMILY  
RESIDENCE PERMIT  
APPLICATION**

Permit # \_\_\_\_\_

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

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

Project Name: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Legal Description : \_\_\_\_\_

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

**Owner's Information**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Contractor's Information**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Superintendent's Email: \_\_\_\_\_

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

State License no. \_\_\_\_\_

**Architect's/Engineer's Information**

Architect \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

State License no. \_\_\_\_\_

Engineer \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

State License no. \_\_\_\_\_

**PROJECT INFORMATION**

Description of work: \_\_\_\_\_ Sq. feet living: \_\_\_\_\_ Sq. feet non-living: \_\_\_\_\_

Total sq. ft. of SFR: \_\_\_\_\_ Valuation per sq. ft: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ City water: \_\_\_\_\_

City sewer: \_\_\_\_\_ Septic tank permit #: \_\_\_\_\_

Construction material: ☐ CBS ☐ Frame ☐ Precast☐ ☐

Total Valuation \$ \_\_\_\_\_

**\*See checklist for additional requirements.****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 RESIDENCE PERMITS**  
**2020 FLORIDA BUILDING CODE**

---

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**

- **Completed permit application including:**
  - Legal Description
  - Notarized signature of owner and contractor
  - Proof of ownership (recorded warranty deed or tax bill)
  - Non-Refundable \$350.00 Plan submittal fee
- **Surveys showing the following:**
  - Location of all structures proposed and existing with dimensions to property lines
  - Location of driveway and required turnabouts with dimensions
  - Walkways and planters, location of all fences
  - Location of all accessory buildings or structures
  - Flood Zone line or lines in relationship to structures proposed or existing
  - Flood Zone with base floor elevation with current adoption date
  - Legal description of lot
  - Lot dimensions and bearings
  - Street and Waterway names
  - Grade elevations (proposed and existing)
  - Existing and proposed structures, decks, pads, ETC
  - Proposed finished floor elevations
  - Crown of road(s), easements, building setback lines, all encroachments into setbacks
  - Well locations (proposed and existing)
  - Septic drain field(s) (proposed and existing)
  - Canals, Ponds, or Riverfront locations, Road Right-of Ways
  - Impervious/pervious calculations
  - All encroachments must be abated or variances received prior to issuance of building permit
  - Certification to the Town of Sewall's Point

- **Site Plan indicating the following:**

- Site retention calculations, delineated retention areas and direction of drainage
- Indicate the size, species and location of any trees to be removed, relocated or planted
- All areas of excavation and disturbed soil and provisions for stabilization
- Indicate provisions for stormwater erosion prevention during construction (silt fencing, etc)

\*\*\*\*\*

**IF PROPERTY IS OVER ONE (1) ACRE THEN A FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S (FDEP) STORMWATER DISCHARGE PERMIT AND SITE RETENTION PLAN IS REQUIRED (APPLICATION AVAILABLE AT TOWNHALL).**

\*\*\*\*\*

**Submit 1 Copy of the following:**

- Septic Tank Permit, if applicable (Plans must be stamped by Health Dept)
- Complete Sets of plans with all required pages signed & sealed by a Florida Reg. Architect or Engineer. Maximum size plans 24" X 36"
- The Florida Energy Code for the "South" Zone 8
- Manual "J" - West Palm Beach Area (Dry Bulb: Summer 91 degrees/Winter 45 degrees). Must show equipment size and type.
- Windload certification signed & sealed by a Florida Reg. Architect or Engineer, if applicable information is not on the plans.
- Product approval checklist signed & sealed by the Architect or Engineer of record, if applicable information is not on the plans.
- Site drainage/water retention plan (to be reviewed by Town Engineer)
- Complete landscape plan
- Tree removal permit (if needed)
- 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



**Town of Sewall's Point Building Department**  
**Property Owner's Affidavit For Owners of Property**  
**Who Are Contracting To Have a Dwelling Constructed**

Name of Owners: \_\_\_\_\_

\_\_\_\_\_

Owner's Current Address: \_\_\_\_\_

Street

City

State

Zip

Address of Property \_\_\_\_\_

Legal Description \_\_\_\_\_

Parcel ID (if available) \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Address of Contractor \_\_\_\_\_

Contractor License No. \_\_\_\_\_

State of Fl. Lic #

We (I), affirm that we, (I), own the above property and have contracted with, and fully authorize the above contractor to apply for and obtain all required building permit(s).

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

[NOTARIAL SEAL]

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

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.

**TOWN OF SEWALL'S POINT BUILDING PERMIT FEES**  
**EFFECTIVE MARCH 15, 2015**

**IMPORTANT NOTICE**

**MINIMUM CONSTRUCTION VALUE DETERMINATION METHOD**

**EFFECTIVE MARCH 16, 2015**

THE BUILDING DEPARTMENT COLLECTS PERMIT FEES BASED ON CONSTRUCTION VALUE. THE VALUE OF CONSTRUCTION WILL BE DETERMINED BY THE HIGHER OF EITHER THE BID/CONTRACT WRITTEN AGREEMENT OR THE INTERNATIONAL CODE COUNCIL BUILDING VALUATION DATA PLUS A MULTIPLIER DEPENDING ON THE LOCATION AND COMPLEXITY OF THE STRUCTURE.

**THE FOLLOWING VALUES WILL BE ASSESSED BASED ON THESE TYPICAL CONSTRUCTION TYPES:**

<b>NON FLOOD ZONE</b>		<b>&lt;5,000 SQ. FT</b>	<b>5,000 – 9,999 SQ. FT</b>
SLAB ON GRADE/FILL	1 STORY	\$140 / SQ. FT.	\$155 / SQ. FT.
	2 STORY	\$155 / SQ. FT.	\$165 / SQ. FT.
STEM WALL	1 STORY	\$155 / SQ. FT.	\$165 / SQ. FT.
	2 STORY	\$165 / SQ. FT.	\$175 / SQ. FT.
<b>FLOOD ZONE</b>		<b>&lt;5,000 SQ. FT.</b>	<b>5,000 – 9,999 SQ. FT.</b>
STEM WALL	1 STORY	\$165 / SQ. FT.	\$175 SQ. FT.
	2 STORY	\$175 / SQ. FT.	\$185 SQ. FT.
COLUMNS/PILE	1 STORY	\$185 / SQ. FT.	\$195 SQ. FT.
	2 STORY	\$200 / SQ. FT.	\$225 SQ. FT.

**FOR 10,000 SQUARE FOOT OR GREATER ADD MULTIPLIER OF 1.15**

ANY APPLICATIONS NOT COMPLYING WITH THE ABOVE FORMULA MUST BE ACCOMPANIED BY VERIFIABLE DATA TO JUSTIFY LOWER CONSTRUCTION VALUES. ALL OTHER APPLICATIONS BELOW THE MINIMUM WILL BE ADJUSTED BY THE BUILDING DEPARTMENT PRIOR TO PERMIT ISSUANCE.

THE INFORMATION USED FOR THE BASIS OF VALUE DETERMINATION IS AVAILABLE AT [http:// http://www.iccsafe.org/cs/Pages/BVD.aspx](http://www.iccsafe.org/cs/Pages/BVD.aspx). A COPY OF THIS DOCUMENT IS ALSO AVAILABLE AT TOWN HALL.

**JACK REISINGER, BUILDING OFFICIAL**

Updated 12/10/2021

**SEE REVERSE SIDE FOR MINIMUM CONSTRUCTION VALUE**



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

## **SPECIFICATIONS AND PRODUCT 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 MANUFACTURER/PRODUCT NAME AND TEST NUMBER.

### **IMPACT PROTECTION FOR ALL EXTERIOR GLAZED OPENINGS REQUIRED PER F.B.C. 2020 - 1609.1.2 (PROTECTION OF OPENINGS)**

#### **MANDATORY PLAN REQUIREMENTS: A - Y MUST BE PROVIDED**

- A. Product Approval Affidavit \_\_\_\_\_
- B. Energy Code Form 600A-Version 04 - verify square footage \_\_\_\_\_
- C. Manual "J"-91° summer/45° winter- South area weather, equip. size, & type \_\_\_\_\_
- D. Health Department permit or Utilities verification \_\_\_\_\_
- E. High/low lots must comply with Town ordinance Sect. 50-176 (b) (2) \_\_\_\_\_
- F. Lowest habitable floor slab elevation \_\_\_\_\_
- G. Foundation Plan:**
  - 1. Footing sizes and reinforcing steel \_\_\_\_\_
  - 2. Interior bearing wall footings \_\_\_\_\_
  - 3. Porch footings/pads \_\_\_\_\_
  - 4. Column pads \_\_\_\_\_
  - 5. Posts/columns locations and vertical reinforcement \_\_\_\_\_
  - 6. Frame construction – min. 18" deep footings. \_\_\_\_\_
  - 7. Structural concrete subject to salt spray (min. 5000 p.s.i.) \_\_\_\_\_
- H. Roof Framing Plan \_\_\_\_\_
- I. Truss Connector Schedule-address girders \_\_\_\_\_
- J. Typical Wall Sections-frame and CBS \_\_\_\_\_
- K. Roof assembly described - type, materials, fasteners, flashing, wind resistance rating. \_\_\_\_\_
- L. Interior Bearing Wall Section \_\_\_\_\_
- M. Exterior elevations, indicate overall building height AFF or NGVD (VE Zone) \_\_\_\_\_
- N. Design Pressures – check exposure and end zones \_\_\_\_\_
- O. Gable End Detail \_\_\_\_\_
- P. Lintel/Header/Beam schedule-sizes/bearing, filled, reinforcing? \_\_\_\_\_
- Q. Porch Framing-post and beam connectors, top & bottom \_\_\_\_\_
- R. Correct Codes listed \_\_\_\_\_
- S. Floor framing plan \_\_\_\_\_
- T. Design wind load information:**
  - 1. Ultimate wind speed – verify \_\_\_\_\_
  - 2. Importance factor \_\_\_\_\_
  - 3. Exposure – verify \_\_\_\_\_
  - 4. Internal pressure coefficient \_\_\_\_\_
- U. Tile roof installation \_\_\_\_\_
- V. Rated separation between residence and garage. \_\_\_\_\_
- W. A/C duct layout plan in 1/4" scale. \_\_\_\_\_
- X. Air Distribution Test Report per Section FBC-R403.2.2.1 \_\_\_\_\_
- Y. Plumbing riser diagram \_\_\_\_\_
- Z. Landscape plan showing water retention area \_\_\_\_\_



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

## **STANDARD SINGLE FAMILY PLAN REVIEW CHECKLIST**

### **Floor Plans**

1. Egress Windows must be labeled on plan.
2. Handicap Accessible Bathroom indicated on plans (with fixture dimensions).
3. Water Heater- on plan? Relief line cannot be trapped.
4. Attic Access- minimum 22"x30" unless roof peak < 30"
5. Safety Glass- hazardous locations

### **Details**

1. Roof and wall sheathing – nailing zone pattern.
2. Buck details- windows, doors, and garage doors
3. Chimney/Fireplace/Dormer- construction details
4. Stair details- tread and riser, handrails and balcony railing
5. Butt glass- engineering details
6. Glass block details
7. Window head, jamb, & sill details. Impact or shuttered.  
(Shutter attachment and substructure for fasteners)
8. Frame to masonry connection details
9. Exit / Escape door

### **Electric Plans**

1. Bathroom – G.F.I. receptacles
2. Kitchen – G.F.I. receptacles at counters
3. Garage – Min. 1 G.F.I. receptacle, if more all G.F.I.
4. Electric Panel Location
5. Electric Riser Diagram
6. Receptacles – spacing and location
7. Outside receptacles – One G.F.I. / W.P. front and rear of house
8. Switches location
9. Smoke detectors per code – bedroom (sleeping) areas & stairs, AFCI protection
10. U.F.E.R. ground required
11. Attic access light w/pull chain or switch
12. Disconnects at Water Heater & A.C. Units
13. Branch circuit arc-fault protection in bedrooms

Toilet rooms (interior) shall be mechanically ventilated.

### **H.V.A.C.**

1. Balanced return air: transfer louvers or ducted return.
2. Access to equipment in attic.
3. Duct work, A/H protection in Garage.
4. Distribution Test Report per FBC-R403.2.2.1





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

## 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 Qn = 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," Qn 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/engage/engage\\_search\\_rater](http://securedb.fsec.ucf.edu/engage/engage_search_rater).

**For Building Department use only:**

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**Town of Sewall's Point Building Department**  
One South Sewall's Point Road  
Sewall's Point, Florida 34996  
Ph: 772-287-2455

## V-ZONE CERTIFICATION

Note: This V-Zone Certificate is not a substitute for and cannot be used without the required NFIP Elevation Certificate (See FEMA Fact Sheet No. 4), which is required for flood insurance rating. This certificate must be filled out by a Florida registered Architect or Engineer.

Name \_\_\_\_\_ Insurance Policy No. \_\_\_\_\_

Building Address or Legal Description \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. \_\_\_\_\_ Panel No. \_\_\_\_\_ Suffix \_\_\_\_\_ Date of FIRM index \_\_\_\_\_ Zone \_\_\_\_\_

### SECTION II: Elevation Information

1. Elevation of the bottom of the lowest horizontal structural member..... feet (NAVD)
2. Base Flood Elevation (BFE)..... feet (NAVD)
3. Elevation of the lowest adjacent grade..... feet (NAVD)
4. Approximate depth of anticipated scour/erosion used for foundation design..... feet (NAVD)
5. Embedment depth of pilings or foundation below lowest adjacent grade..... feet (NAVD)

### SECTION III: V-Zone Certification Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest habitable floor (excluding piles and columns) is elevated one (1) foot above the BFE; and
- The pile and column foundation and structure attached hereto is anchored to resist flotation, collapse, and lateral movement due to the affects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values are those required by the Florida Building Code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

### SECTION IV: Breakaway Wall Certification Statement

*Note: This section must be certified when breakaway walls exceed a design safe loading resistance of 20 lbs. per sq. ft.*

I certify that I have developed or reviewed the structural design, plans, and specifications for the construction and that the design methods of construction to be used for breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from water loads less than that would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads (defined in section III) acting simultaneously on all building components.

### SECTION V: Certification

Certifier's Name \_\_\_\_\_ Company Name \_\_\_\_\_

Title \_\_\_\_\_ Florida License No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Seal

**NON-CONVERSION COVENANT AGREEMENT FOR STRUCTURES BUILT  
IN THE TOWN OF SEWALL'S POINT SPECIAL FLOOD HAZARD AREA (V-ZONE)**

Application has been made for a Building Permit  
From the Town of Sewall's Point, FL.

Property \_\_\_\_\_ Owner(s) \_\_\_\_\_ name: \_\_\_\_\_  
 \_\_\_\_\_ Property Address \_\_\_\_\_  
 \_\_\_\_\_ Deed dated \_\_\_\_\_  
 \_\_\_\_\_ Recorded \_\_\_\_\_  
 Parcel Identification \_\_\_\_\_ Number: \_\_\_\_\_  
 \_\_\_\_\_ Flood Zone Base Flood Elevation  
 \_\_\_\_\_ feet (NGVD)  
 FIRM Panel Number \_\_\_\_\_ Effective date \_\_\_\_\_

In consideration for the granting of a permit for the above structure, the property owner(s) agrees to the following:

1. That the enclosed area below the base flood elevation (BFE) shall be used solely for parking of vehicles, limited storage, or access to the building and will never be used for human habitation without first becoming fully compliant with the Town of Sewall's Point flood damage prevention ordinance (Chapter 58) in effect at the time of conversion.
2. That all interior walls, ceilings, and floors below the BFE shall be unfinished and constructed of flood-resistant materials.
3. That any essential mechanical, electrical, or plumbing devices shall not be installed below the BFE.
4. The walls of the enclosed areas below the BFE shall be equipped with at least two vents which permit the automatic entry and exit of floodwater with total openings of at least one square inch for every square foot of enclosed area below flood level. The vents shall be on at least two different walls, and the bottoms of the vents shall be no more than one foot above grade.
5. That any variation in construction beyond what is permitted shall constitute a violation of this agreement and Section 58-85 (6) Town of Sewall's Point Code of Ordinances.
6. That this Non-conversion Agreement becomes part of Permit # \_\_\_\_\_.

The following shall be recorded on the deed to the above property: *"This structure has received special permission to be constructed in the Special Flood Hazard Area. The lowest floor shall not be finished or converted to a habitable space unless the enclosed area below the Base Flood Elevation becomes fully compliant with the Town of Sewall's Point Code of Ordinances Chapter 58, most current version in effect at the time of conversion".*

\_\_\_\_\_  
 Signature of Property Owner Date  
 Print name \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Witness Date  
 Print name \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Signature of Property Owner Date  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Witness Date  
 Print Name \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Authorized signature (Town of Sewall's Point) Print (Title) Date

The foregoing instrument was acknowledged  
 Before me by its maker. Date: \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
 Signature of Notary  
 My Commission Expires: \_\_\_\_\_

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

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**SUB-CONTRACTOR  
OF RECORD  
PERMIT APPLICATION**

Master Permit #: \_\_\_\_\_

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

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

Legal Description: \_\_\_\_\_

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

**Owner's Information**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Sub Contractor's Information**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

State License no. \_\_\_\_\_

**PROJECT INFORMATION**☐ Commercial ☐ Residential

I hereby authorize the following contractor or individual to include me as a Sub-Contractor for the referenced job.

License # \_\_\_\_\_

(Print name of authorized master permit holder or property owner if owner builder)

Type of work: ☐ Plumbing ☐ Insulation ☐ Electrical ☐ Mechanical ☐ Roof

Specialty: \_\_\_\_\_ (specify)

\*See checklist for additional requirements.

Total Valuation \$ \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND NOTARIZED BY THE SUB CONTRACTOR AND OWNER**

Sub 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.