

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

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**SKYLIGHT
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☐ Commercial ☐ Residential

Manufactured by: _____ Number of skylights to replace or install: _____

Type of skylight: ☐ Impact ☐ Non-impact (a separate permit may be required for shutter)

*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

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED BY INSPECTION. A HOMEOWNER'S LADDER CANNOT BE USED DUE TO INSURANCE LIABILITY.

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 SKYLIGHT 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
- Commercial/Residential
- Manufactured by
- Number of skylights to replace or install
- Type of skylight (impact/non-impact)
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 1 copy:

- Florida Product approval with installation instructions
- Structural Opening Permit Application and original plans signed and sealed by a Florida licensed Architect/Engineer, if structural alterations will be made to accommodate the new skylight(s).
- 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.