



Lafayette County Building Department
 120 West Main Street, Mayo, Florida 32066
 Phone: (386) 294-3611 Email: lafcobldg@gmail.com

Date Submitted: _____

Please print

Owner Information

Owner/Builder Affidavit must be submitted if owner is applying for permit

Owner Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Proof of Ownership: Recorded Deed Other:

Applicant (if other than owner)

Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Contractor Name (if different): Contact #:

Property Information

Total Cost of Project: \$

Residential Commercial Electric HVAC Plumbing Roofing

Project Address:

City: State: Zip:

Parcel Number: Electric Company: CFEC Duke

Existing Use of the Building/Space/Site:

Type of project: New Construction Addition Remodel Repair Other

Conditioned Square Feet: Unconditioned Square Feet: Total Square Feet:

Describe Work to Be Performed:

Fee Simple Title Holder (if other than owner):

Fee Simple Title Address:

Bonding Company's name:

Bonding Company's Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Architect/Engineer: Phone:

Mailing Address Email:

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Building Permit Application

FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for Electrical Work, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, and Air Conditioners.

Owner Affidavit: I certify that all the foregoing information is accurate, and all work will be done in compliance with all applicable laws regulating construction and zoning.

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Signature of Owner/Contractor/Agent

Date

LAFAYETTE COUNTY BUILDING & ZONING DEPARTMENT

P.O. BOX 28
MAYO, FLORIDA, 32066
PHONE: 386-294-3611
FAX: 386-294-4225

New construction "AE" Flood Zones requirements

1. Zoning compliance

✓ Survey of property

- a. Less than one (1) year old signed by Florida Licensed Surveyor
- b. Must show all existing structures
- c. Flood elevations for property must be shown
- d. Elevations of land to be shown on survey
- e. Site plan
 - I. Show proposed structure with dimensions from property lines
 - II. If structure is adjacent to river, show 75' setback river bank

✓ Permits

- a. If property inside regulatory floodway
 - I. Need permit from Suwannee River Water Management
 - II. Zero rise by licensed Engineer State Florida
- b. If wet lands on property
 - I. Department of Environment Protection (DEP) release of wet lands for construction on proposed site plan
- c. Health Department permit required for septic

2. Permitting

- a. Engineered plans required, two (2) sets
- b. Application filled out
- c. Product approvals submitted
- d. Engineered truss drawings
- e. Energy calculations
- f. Manual "J" load calculations for HVAC
- g. Certified copy notice of commencement
- h. Mobile home require Engineered piers

3. Inspections

- a. Elevation Certificate required by Surveyor before placing first horizontal member on piers (submit to Building Department for review)

4. Final

- a. Elevation Certificate with pictures required before final inspection for release of power

**LAFAYETTE COUNTY BUILDING AND ZONING
120 WEST MAIN STREET
MAYO, FLORIDA 32066
PHONE 386-294-3611 FAX 386-294-4225**

Site Plan Instructional Information

What is a site plan?

A site plan is a drawing that shows the size and location of existing and proposed construction on a site, including utilities, drainage details, easements, vehicle access and in some cases the landscaping.

Which permit applications require a site plan?

All permits for new buildings or structures, or additions to buildings or structures that require a Zoning Department or Health Department review must include a site plan.

Is there a specific form required for the site plan?

No. The site plan may be submitted on any size paper, as long as it is drawn to scale and contains all of the required information.

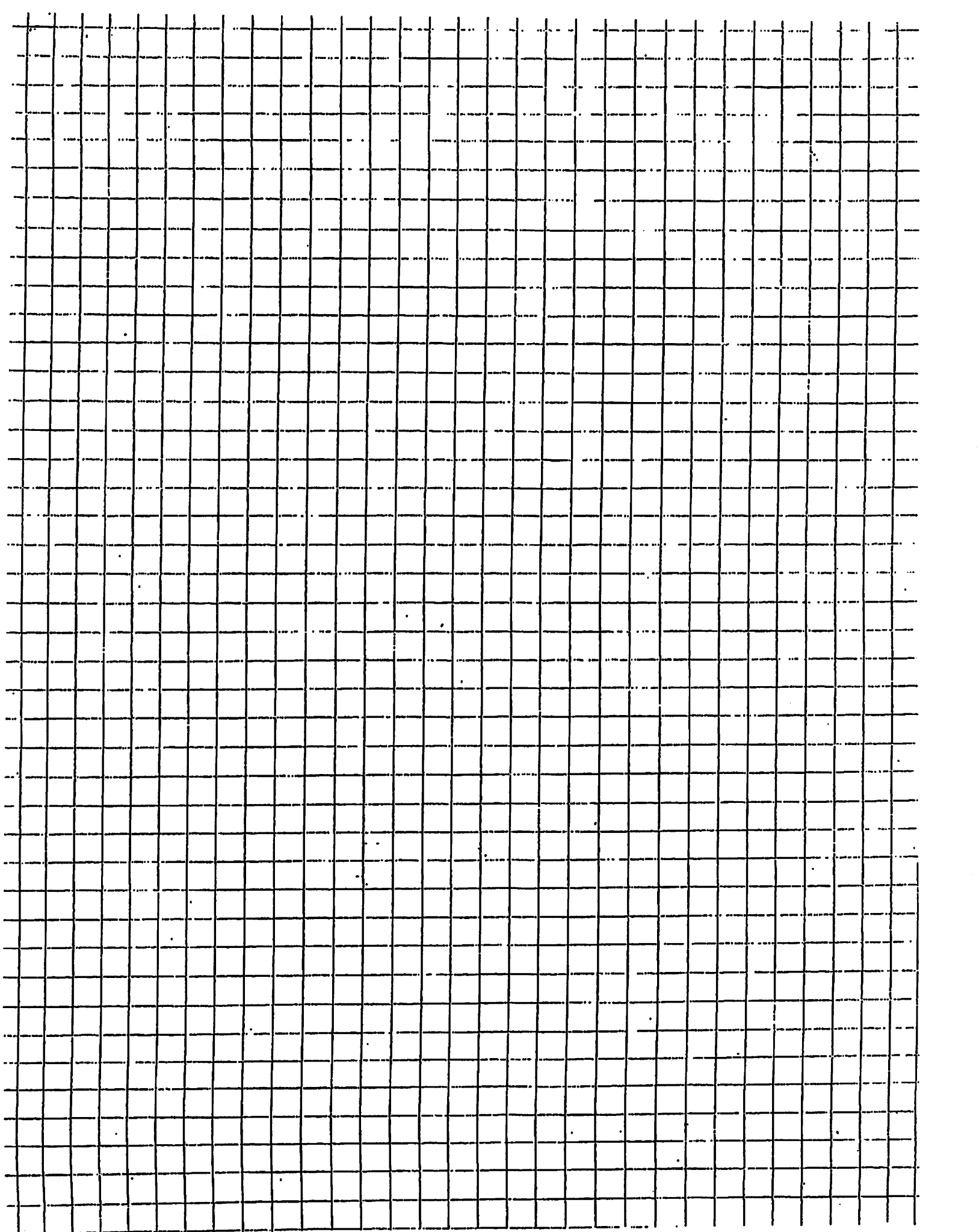
What information is required on a site plan?

Site Plan – including but not limited to the following:

- Be drawn to scale (scale must be shown on the document)
- Date and north arrow
- List the dimensions of the property
- Identify all streets abutting the property
- Show ingress and egress to property
- Show all existing and proposed improvements
- Specify shortest distance from proposed improvements to property lines

Does the site plan need to be prepared by—and sealed by—an engineer or surveyor?

1. Residential site plans do not need to be prepared and sealed by an engineer or surveyor.
2. Commercial site plans usually do need to be prepared and sealed by an engineer, unless the scope of the project is very minor.



LAFAYETTE COUNTY BUILDING DEPARTMENT

120 West Main Street
PO Box 28
Mayo, Florida 32066
Phone (386) 294-4403
Fax (386) 294-4225
ref@windstream.net

REQUIREMENTS FOR PERMITTING

1. Contractors:
 - a) Workers compensation certificate (or exemption)
 - b) Copy of state license
 - c) Copy of business tax
 - d) List of sub contractors – requirement for subs:
 - i. Workers compensation certificate (or exemption)
 - ii. Copy of state license
 - iii. Copy of business tax
 - e) Sub contractors to be listed:
 - i. Electrical
 - ii. Plumbing
 - iii. HVAC
 - iv. Roofing
 - v. Alarm if applicable
2. Property owners:
 - a) Must personally appear to sign permit
 - b) Sign and agree to exemption as Building contractor
 - c) Sign and agree to exemption as Electrical contractor
3. Contractors and property owners:
 - a) Copy of health department permit (septic)
 - b) Site plan – current survey of property – new building showed
 - c) Two (2) sets of sealed drawings
 - d) One (1) set of sealed truss drawings
 - e) Energy calculations
 - f) Manual “J” load calculations for HVAC
 - g) Copy of recorded notice of commencement
 - h) Product approval sheet to be filled out

Lafayette County Board of Commissioners/Lafayette County
Building and Zoning Department

Property Set back and Zoning Acknowledgement Verification

Name of Property Owner _____

Name of Builder/Contractor if not owner _____

Acting Agent with P.O.A. _____

Property Address _____

Parcel ID# _____

Setbacks Front _____ Side _____ Rear _____ Zoning District _____

Lot size requirement of Zoning District _____ If lot is grandfathered or subdivision
please notate by circling one.

By Signing this form I acknowledge that as a Builder/property owner/acting agent I will adhere to the above listed requirements for zoning and property setbacks on the listed property and if the approved site plan or legal survey submitted with the building application is deviated from in any way I will legally be held fully responsible for any legal action that may occur if I fail to comply with the provisions of the listed zoning district in the Lafayette County Land Development regulation.

Property Owner/Builder/Acting Agent Name _____

Signature _____

Building/Zoning Department Staff _____

Signature _____

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of Florida

County of Lafayette

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 the Notice of Commencement.

1. Description of the property(legal); _____
a) Street address: _____
2. General Description of improvement: _____
3. Owner information or Lessee information if the Lessee contracted for the improvement:
A) Name and Address: _____
b) Interest in property: _____
c) Name and address of fee simple titleholder (if different from Owner listed above): _____
4. Contractor Information:
A) Name and address: _____
b) Contractor's phone number _____
5. Surety(if applicable, a copy of the payment bond is attached)
A) Name and Address: _____
B) Phone number: _____ C) Bond amount _____
6. Lender:
A) Name and Address _____
B) Lender's phone number: _____
7. 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)(a)7, Florida Statutes
A) Name and Address: _____
B) Phone numbers of designated persons : _____
8. (A)In addition to himself or herself, Owner designates _____ of _____ To receive a copy of the Liner's Notice as provided in Section 713.13 (1)(b), Florida Statutes.(B)Phone number of person or entity designated by owner _____
9. Expiration date of notice of commencement(1 year from recorded date unless other specified _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THIS NOTICE 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.

Signature and Title of owner or Lessee, or Owner's or Lessee's authorized Officer/Director/Partner/Manager

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

As _____ (type of authority, e.g. officer, trustee, attorney in fact)for _____ (name of party on behalf of who instrument was executed).

Notary Signature _____ (type, or stamp commissioned name of notary) _____

Personally know or produced identification (Type of ID produced): _____

Lafayette County Building Department Schedule of Fees

Effective July 26, 2021

Valuation-Fee Schedule-Contracted Price

Up to \$2000= \$125.00

\$2001.00 to \$100,000= 4.50 per thousand

\$100,001.00 to \$500,000.00= \$495.00 for first \$100,000.00-\$2.75 per thousand

\$500,000.00 and above= \$1750.00 for first \$500,000-\$2.00 per thousand

Mobile Homes

Single Wide= ~~\$200.00~~ Double Wide= ~~\$350.00~~ Triple Wide= ~~\$350.00~~

M.H. Electrical= ~~\$125.00~~ M.H. HVAC= ~~\$125.00~~

Modular Home-Value (Contracted Price)

~~Camper Service= \$325.00+Electric \$125+Plumbing \$125+Impact Fee \$300=\$875~~

Residential Fees:

~~Building=Value (Contracted price) Plumbing= \$125 Electrical= \$125 HVAC= \$125 Roof= \$125 Gas=\$125~~

~~Pools=Value (Contracted Price)~~

~~House Moved= \$350.00~~

~~Floating Docks and Sea Walls=\$125~~

~~Demolition=\$125.00~~

~~Re-Roof Residential= \$125.00~~

~~Ag. Poles/Service- 60 Amp= \$125.00 Electrical Upgrades/Changes outs= \$125.00~~

~~Electrical 200 Amps plus= \$125.00 base price plus .25 for each amp~~

~~Commercial-Value (Contracted price) Commercial plumbing, HVAC, Alarm (fire security), Roof, permits-Value (contract price)~~

~~Signs= \$150.00 Re-inspection Fee= \$40.00 Impact Fee= \$300.00~~

~~Re-Activation of Expired Building Permits: First 6 months=Free Every 6 months after will be 25% of the original cost of the permit per 6 months.~~

~~Driveway Permit=\$25~~

~~County Church Permit Fees are set at half price of the normal permit fees by the Lafayette BOCC~~

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____

Project Name: _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives - Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection

Contractor or Contractor's Authorized Agent Signature

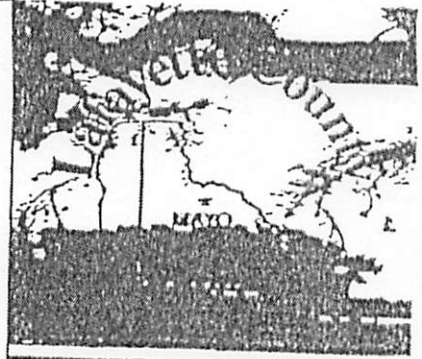
Print Name Date

Location

Permit # (FOR STAFF USE ONLY)

DUCT LEAKAGE TEST REPORT

PRESCRIPTIVE OR PERFORMANCE METHOD



Permit #:

Job Information

Builder: _____ Community: _____ Lot: _____
 Address: _____ Unit: _____
 City: _____ State: FL Zip: _____

Duct Leakage Test Results
 Prescriptive Method
 Performance Method

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
Total of all systems	_____ cfm25

Prescriptive Method cfm25 (Total)
 To qualify as "substantially leak free" Qn must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.2.2

Performance Method cfm25 (Out or Total)
 To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

$$\frac{\text{Total of all systems}}{\text{Total Conditioned Square Footage}} = \text{_____ Qn}$$

Leakage Type selected on Form R405-2014 (Energy Calc) Qn specified on Form R405-2014 (Energy Calc)

PASS **FAIL**

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE