

City of Everglades City

P.O. Box 110, Everglades City, Collier County, Florida
City Hall 102 Copeland & Broadway
Phone (239) 695-3781 Fax (239) 695-3020

Building Permit Requirements & Information Sheet

In an effort to process your Building Permit Application in a timely manner, please be sure to complete all applicable information as listed below:

1. The original **Building Permit Application** must be submitted with every line completed & the owner's signature notarized
2. Copy of all **Florida licenses**; must be active & current
3. Copy of **Collier County Qualifier Certification**; must be active & current
4. Copy of **Collier County Business Tax Certificate** with current tax number
5. All applicable **Insurance Papers** must be faxed [239-695-3020] or forwarded to the Building Department Office prior to beginning work; The **City of Everglades City** must be listed as the **Certificate Holder**
6. Copy of **Notice of Commencement** [NOC] filed with Collier Clerk of Court
7. Copy of **Notice of Acceptance** (date) on [NOA] materials used; must comply with **FLA Building Codes & Equipment**
8. 3 copies of **Building Plans** (sealed) a description of the **Scope of Work & Survey** if needed (sealed)
9. Copy of **Collier Appraiser Information Page** with ID# and owner listed, address with Folio # and legal address; it should list Use Code [web address: <http://www.collierappraiser.com/>]
10. **GIS Map from Property Appraiser aerial view**, with sketches if applicable [web address: <http://www.collierappraiser.com/>]

Other information:

1. **Payment of all appropriate fees** must be received prior to beginning a project.
2. A copy of the **Building Permit Application** and **Permit Card** must be posted on-site. A copy of project plans must also be available on-site.
3. The "Builder" must call in for each needed **inspection** and for the **final inspection**.
4. All future permits must comply with updated **FLA Building Codes for 2010 & NEC Code of 2008**, and **updates**.
5. All **Dock Permits** must meet current code & may not change the dockage 'foot-print.'

Building Inspector Office Hours: Wednesdays, 11:00 am to 2:00 pm

Questions received via phone calls will be forwarded to the Building Inspector by email; the Building Inspector will contact the appropriate parties in a timely manner at his earliest convenience.

Mayor
Sammy Hamilton, Jr.

City Clerk
Dottie Smallwood Joiner

City Attorney
Colleen J. MacAlister, Esq.

BUILDING DEPARTMENT
PERMIT APPLICATION

Everglades City
 P.O. Box 110
 Everglades City, Florida 34139
 Phone: 239-695-3781
 Fax: 239-695-3020
 Email: Email

APPLICATION DATE: _____ CODE IN EFFECT: _____ PERMIT # _____
 Applicant must fill in all shaded sections. If any space is not applicable, write N/A. Submit with two (2) sets of plans if one or two family. 5 sets if commercial (Incl's 3 family or more).
 MASTER # _____

L O C A T I O N	Address _____ Building # _____ Suite, Apt. or Bay # _____ Lessee _____ Subdivision _____ Zoning District _____ Prop. ID _____ Lot Block _____ PRO J E C T D E S C R I P T O N Estimated Cost \$ <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ Sq Ft Under A/C _____ Setbacks: _____ Side _____ Front _____ Rear _____	C O N T R A C T I O R Company _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Qualifier _____ Certification # _____ P R O P E R T Y Owner _____ Address _____ Suite, Apt. or Bay # _____ City _____ State _____ Zip _____ Cell or Home Phone _____ Work Phone _____
S U B C O N T R A C T O R S	Business Name _____ Qualifier/ Certification # _____ Address _____ Phone _____ Electrical _____ Plumbing _____ Roofing _____ HVAC _____ Other _____	
APPROVAL CONDITIONS	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.	
PERMIT FEES		PERMIT ISSUED BY:
Building Fee _____ Radon _____ Electric Fee _____ BCAI _____ Plumbing Fee _____ FD Insp _____ HVAC Fee _____ FD PI Rev _____ Pl. Rev. _____ TOTAL _____		Building Official _____ Date _____ Permit expires 6 months from date of issuance unless otherwise noted. PAYMENT INFORMATION PERMIT FEE REC'D BY: _____ DATE: _____ CK# _____ CASH _____ RCPT# _____

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 agencies such as water management districts, state agencies, or federal agencies." 2004 FBC 105.3.3

ASBESTOS: If you, the permit applicant, are demolishing or renovating an existing structure it is your responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of your intentions to remove asbestos, when applicable, in accordance with state and federal law. 2004 FBC 105.9.

UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 469.127 FLORIDA STATUTES).

Application is hereby made to obtain a permit to do the work and installations 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 law regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATER, TANKS, ROOFING, AND AIR CONDITIONING, ETC.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorization to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.

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

NOTICE TO PROPERTY OWNERS: PLEASE READ THIS NOTICE CAREFULLY - IT MAY SAVE YOU FROM PAYING TWICE FOR HOME REPAIRS, IMPROVEMENT OR NEW CONSTRUCTION.

FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. IN ORDER TO PROTECT YOURSELF FROM PAYING TWICE, YOU MUST TAKE THE FOLLOWING STEPS:

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE TOWN CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

A CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST BE SUBMITTED PRIOR TO A PERMIT BEING ISSUED AND A COPY POSTED IN A CONSPICUOUS PLACE IN FRONT OF THE PROPERTY WHERE THE WORK WILL TAKE PLACE. (BE SURE TO CHECK WITH YOUR LENDER AS PREMATURE FILING MAY EFFECT YOUR LOAN.)

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

FOR FURTHER INFORMATION ON THE FLORIDA CONSTRUCTION LIEN LAW, YOU SHOULD READ CHAPTER 713 OF THE FLORIDA STATUTES, CONTACT YOUR LOCAL CONSUMER PROTECTION AGENCY OR THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (800-342-2176, TOLL FREE) OR CONSULT A PRIVATE ATTORNEY. YOU MAY NEED TO TAKE ADDITIONAL ACTION FOR COMPLETE PROTECTION.

THIS INFORMATION IS PROVIDED AS REQUIRED BY LAW. THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES AND YOUR LOCAL BUILDING PERMIT OFFICE ASSUME NO RESPONSIBILITY IN THIS REGARD, AND FURNISHING THIS INFORMATION DOES NOT IMPLY THAT YOUR CONTRACTOR IS UNRELIABLE.

Signature _____

Property/Business Owner

Print Name _____

Signature _____

Contractor

Print Name _____

GSTATE OF FLORIDA
NCOUNTY OF COLLIER

A The foregoing instrument was acknowledged before me
This _____ date by Owner or Agent,

R who is personally known to me or who has produced
as identification.

E Notary Signature _____

SEAL:

GSTATE OF FLORIDA
NCOUNTY OF COLLIER

A The foregoing instrument was acknowledged before me
this _____ date by the Contractor,

R who is personally known to me or who has produced
as identification.

E Notary Signature _____

SEAL:

TAB "C"

ALARM USER REGISTRATION FORM

Complete and mail to. **Avon Park Police Department
304 W. Pleasant Street
Avon Park, Florida 33825
ATTENTION: Alarms**

Residence _____ Business _____ Business Name _____

Owner or Lessee of Alarm System

Name _____ Address _____

Business Telephone _____

Home Telephone _____

Location of Alarm System (If different from owner's address)

PERSONS TO BE CALLED IN THE EVENT OF AN ALARM

1. Name _____ Telephone Number _____

Address _____

2. Name _____ Telephone Number _____

Address _____

ALARM SYSTEM INFORMATION:

Type: Silent _____ Audible _____
Other _____

Make: _____

Model: _____

Alarm Co.: _____

Telephone: _____

Location Identification #
Official Use Only

CITY OF BARTOW'S

"ALARM AWARENESS" PROGRAM

Did you know... **FALSE ALARMS** take police, fire and emergency medical personnel away from real emergencies... **FALSE ALARMS** can endanger responding authorities and our community...**FALSE ALARMS** reduce the perceived reliability of your security system... **FALSE ALARMS** may make you reluctant to use your system, thereby exposing your home and/or business to undetected hazards...and **FALSE ALARMS** waste taxpayer's money?

Did you know... in 1998 the City of Bartow's Police and Fire Departments responded to **1,596 alarm calls** and only **9 were valid?**

How can YOU help? Approximately 76% of all **FALSE ALARMS**, commercial and residential, are caused by user error. You can help prevent **FALSE Alarms** when you instruct anyone who has a key to your home and/or business, (such as children, baby-sitters, employees, maintenance agencies, neighbors, etc.) in the proper system operation and how to cancel the alarm if the system activates accidentally. Make special arrangements for guests, repair technicians or others who may need access to your premises. Have your system serviced on a regular basis. Before activating your system make sure that all protected doors and windows are locked and that monitoring sensors are not subject to the movement of pets, air drafts or other items. If your system is designed to produce an audible alarm, make sure that it is equipped with an automatic reset function that deactivates the alarm within fifteen (15) minutes. Make sure your system has a back up power supply that will prevent activation in the event of a power failure or outage. Be certain that your alarm monitoring company has current contact information for the alarm user and each key holder...

AND Register your alarm today!

If you are an ALARM USER within the City Limits of Bartow, you are now required to register your fire/smoke, robbery, burglary, medical, water flow, panic alarm and/or other systems, with the Bartow Police Department. Registration Forms may be obtained at the following:

BARTOW POLICE DEPARTMENT BARTOW FIRE DEPARTMENT

Your Bartow Police, Firefighters and Emergency Medical Personnel are ready to respond when your system activates.

HELP US to HELP YOU by ELIMINATING FALSE ALARMS
NOTICE TO ALL CITY OF BARTOW ALARM USERS

The City of Bartow has adopted a False Alarm Ordinance #1854-A, effective June 21, 1999. This Ordinance will apply to all SECURITY and FIRE alarm users within the City of Bartow. The Ordinance requires alarm owners to register their systems with the Bartow Police Department. All new alarm systems are required to be registered within 30 days of active service.

REGISTRATION shall include the following information:

- (a) The name, address, business and home telephone number of the owner, lessee, operator, manager, or person in possession of the premises wherein the alarm system is installed.
- (b) The name, address and telephone number of at least two other persons who are to be notified by the enforcement officer upon the activation of the alarm system, who shall be authorized to enter the premises and deactivate an alarm system within thirty minutes.
- (c) The date of installation of the alarm system and the name, address and telephone number of the company contacted to service the alarm system.

Effective October 1, 2000, the FINE for FALSE Fire and Security alarms shall be as follows:

- (a) No fine shall be imposed for the first thirty (30) days of a newly installed alarm system.
- (b) No fine shall be imposed for the first two false alarms within a 365 day period, except that if the alarm system is not registered the fine shall be \$25.00 for the first (1st) false alarm and \$50.00 for the second (2nd) false alarm.
- (c) The fine for the third (3rd) and subsequent false alarms within a 365 day period shall be according to the following schedule:

REGISTERED SYSTEM		UNREGISTERED SYSTEM	
FALSE ALARM	FINE	FALSE ALARM	FINE
1st	NO Charge	1st	\$ 25.00
2nd	NO Charge	2nd	\$ 50.00
3rd	\$ 25.00	3rd	\$ 75.00
4th	\$ 50.00	4th	\$100.00
5th	\$ 75.00	5th	\$150.00
6th	\$100.00	6th	\$200.00
7th	\$150.00	7th	\$250.00
8th	\$200.00	8th and Subsequent	\$300.00
9th	\$250.00		
10th and Subsequent	\$300.00		

An alarm user shall have ten (10) days from the date of notification to either pay the fine or request a hearing before the Code Enforcement Board to contest the fee. Failure to either pay the fine or request a hearing within this time period shall constitute a waiver of the alarms user's right to contest the fee and a judgment may be entered against the alarm user.

Further information regarding Ordinance 1854-A, may be obtained at the City Clerk and Auditor's Office. For questions regarding Alarm Registration and Alarm Awareness Program, contact Robin Guilford at the Bartow Police Department. 863-534-5034.

CITY OF BARTOW
ALARM USER
NOTICE OF INSTALLATION AND REGISTRATION

Every person who owns, leases, possesses or operates any system within the city, shall notify the enforcement official of the existence of the alarm system prior to placing the said system in service.

ALARM OWNER INFORMATION

The name, address, business and home telephone number of the owner, lessee, operator, manager or person in possession of the premises wherein the alarm system is installed:

Business or Resident Name: _____

Address _____

Business/Home Telephone _____ Work Telephone _____

Type of alarm installed: _____ Audible _____ Burglary _____ Robbery _____ Panic _____ Fire _____

Smoke _____ Medical _____ Water Flow _____ Other _____

ALARM COMPANY INFORMATION

Name of Alarm Company _____

Alarm Company Address _____

Alarm Company Telephone _____ Date of Installation _____

EMERGENCY REPRESENTATIVE INFORMATION

The name, address and telephone number of at least two persons who are to be notified by the enforcement officer upon activation of the alarm system, who shall be authorized to enter the premises to deactivate an alarm system:

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

Name _____

Address _____ Telephone _____

RETURN TO BARTOW POLICE DEPARTMENT

450 N. BROADWAY AVENUE

BARTOW, FLORIDA 33830

(863) 534-5034

ATTENTION: FALSE ALARMS

LAKE WALES POLICE DEPARTMENT



RESIDENT ALARM INFORMATION FORM

Return completed form to:

Records Section
Lake Wales Police Department
133 East Tillman Avenue
Lake Wales, Florida 33853-4178
Phone (863) 678-4223
Fax (863) 678-4080
Email: records@cityoflakewales.com

RESIDENT NAME _____

LOCAL ADDRESS _____

OTHER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

TYPE OF RESIDENCE: (Circle one) House Apartment Other: _____

Gated: YES or NO Gate Code: _____ Community: _____

Alarm (Circle One) Yes or No Company Name: _____

Contact Information: _____

Emergency Contacts

Contact #1 _____ Relation: _____

Address: _____

Phone Number: _____ Email: _____

Contact #2 _____ Relation: _____

Address: _____

Phone Number: _____ Email: _____

FOR POLICE DEPARTMENT USE ONLY

Completed By: _____ Date Completed: _____

Data Entry: _____