

# *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

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 # \_\_\_\_\_

<b>L O C A T I O N</b>	Address _____		<b>C O N T R A C T O R</b>	Company _____	
	Building # _____	Suite, Apt. or Bay # _____		Address _____	
	Lessee _____			City _____	
	Subdivision _____	Zoning District _____		State _____ Zip _____	
<b>P R O J E C T D E S C R I P T I O N</b>	Prop. ID _____		<b>P R O P E R T Y O W N E R</b>	Phone _____ Fax _____	
	Lot Block _____			Qualifier _____	
	_____			Certification # _____	
	_____			Owner _____	
<b>U S E P R I O R I T Y</b>	Estimated Cost \$ _____		<b>S U B C O N T R A C T O R S</b>	Address _____	
	<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 _____			Suite, Apt. or Bay # _____	
	<input type="checkbox"/> Elevation _____ Flood Zone _____			City _____	
	Setbacks: _____ Side _____ Front _____ Rear _____			State _____ Zip _____	
<b>A P P R O V A L C O N D I T I O N S</b>	Business Name _____		<b>A P P R O V A L C O N D I T I O N S</b>	Cell or Home Phone _____	
	Qualifier/Certification # _____			Work Phone _____	
	Address _____			Phone _____	
	Electrical _____			_____	
	Plumbing _____			_____	
Roofing _____		_____			
HVAC _____		_____			
Other _____		_____			
This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.					
<b>PERMIT FEES</b>			<b>PERMIT ISSUED BY:</b>		
Building Fee _____ Radon _____ Electric Fee _____ BCAI _____ Plumbing Fee _____ FD Insp _____ HVAC Fee _____ FD Pl Rev _____ Pl. Rev. _____ TOTAL _____			Building Official _____ Date _____ Permit expires 6 months from date of issuance unless otherwise noted.		
			<b>PAYMENT INFORMATION</b>		
			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

Signature \_\_\_\_\_  
Contractor

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Notarize if Cost of Work Exceeds \$2,500 (\$5,000 If A/C Change-out)

STATE OF FLORIDA  
COUNTY OF COLLIER

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ date by Owner or Agent,

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ date by the Contractor,

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

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

Notary Signature \_\_\_\_\_

Notary Signature \_\_\_\_\_

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SEAL:

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**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 of 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](mailto: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: \_\_\_\_\_