

PERMIT APPLICATION

Permit Number: _____

SELECT ONE:**City of Belleair Bluffs**

727.202.6825 Phone

727.258.4986 Fax

belleairbluffs@safebuilt.com

<http://safebuilt.com/locations/florida-gulf-coast-office>

* CONTRACTOR PERMIT _____

* HOMEOWNER PERMIT _____

IS THIS APPLICATION DUE TO STORM RELATED**DAMAGES** _____ **YES** _____ **NO** _____**APPLICATION MUST BE FILLED OUT COMPLETELY**

I. PROJECT LOCATION/FACILITY INFORMATION				OFFICE USE	
PROJECT NAME				CODE IN EFFECT: FLOOD ZONE ZONING APPROVAL	
ADDRESS					
SUBDIVISION/FACILITY NAME		LOT / UNIT#			
TAX FOLIO # / PARCEL #		ZONING DISTRICT			
LEGAL DESCRIPTION					
II. IDENTIFICATION					
A. OWNER OR LESSEE			EMAIL ADDRESS		FAX NO.
NAME					TELEPHONE NO.
ADDRESS			CITY	STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES					
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$5,000 or more (except HVAC repair/replacement > \$15,000).					
NAME		ADDRESS, CITY, STATE & ZIP			TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) <input type="checkbox"/> SAME AS OWNER					
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE					
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE					
DESIGN PROFESSIONAL		LICENSE #			
C. CONTRACTORS		*All subs to sign Contractor Add-on Form		PRIMARY CONTACT EMAIL ADDRESS	
LICENSE #		TYPE		PRIMARY CONTACT CELL PHONE NO.	
COMPANY NAME		ADDRESS, CITY, STATE & ZIP		TELEPHONE NO. EMAIL ADDRESS	
GENERAL					
PLUMBING					
GAS					
ELECTRICAL					
HVAC					
OTHER					
III. TYPE OF IMPROVEMENT					
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> NEW BUILDING</div><div style="width: 33%;"><input type="checkbox"/> RELOCATION</div><div style="width: 33%;"><input type="checkbox"/> MANUFACTURED</div><div style="width: 33%;"><input type="checkbox"/> SHELL</div><div style="width: 33%;"><input type="checkbox"/> DECK</div><div style="width: 33%;"><input type="checkbox"/> ADDITION</div><div style="width: 33%;"><input type="checkbox"/> REPAIR</div><div style="width: 33%;"><input type="checkbox"/> DOCK/SEAWALL</div><div style="width: 33%;"><input type="checkbox"/> TENANT SPACE</div><div style="width: 33%;"><input type="checkbox"/> ACCESSORY STRUCTURE</div><div style="width: 33%;"><input type="checkbox"/> ALTERATION</div><div style="width: 33%;"><input type="checkbox"/> DEMOLITION</div><div style="width: 33%;"><input type="checkbox"/> POOL/SPA:</div><div style="width: 33%;"><input type="checkbox"/> IN-GROUND</div><div style="width: 33%;"><input type="checkbox"/> ABOVE GROUND</div><div style="width: 33%;"><input type="checkbox"/> OTHER</div></div>					
ESTIMATED COST OF CONSTRUCTION: \$ _____					
A. WORK DESCRIPTION (Residential and Non-Residential Projects)					
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc.					



PERMIT APPLICATION

B. DIMENSIONS/DATA

BASIC USAGE: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ MUNICIPAL
CONSTRUCTION AREA: TYPE OF CONSTRUCTION: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB
CONDITIONED _____ S.F. ELECTRICAL SERVICE: PHASE _____ SIZE _____ AMPS _____ ☐ OVERHEAD ☐ UNDERGROUND
GARAGE _____ S.F. MECHANICAL (HVAC): ☐ GAS ☐ ELECTRICAL
OTHER _____ S.F. WATER SUPPLY: ☐ MUNICIPAL ☐ PRIVATE WELL
TOTAL AREA: _____ S.F. SEWAGE DISPOSAL: ☐ MUNICIPAL ☐ SEPTIC SYSTEM

IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building 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, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 1-727-202-6825 or email belleair@safebuilt.com.

Owner's 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 in this jurisdiction.

713.135, FS: WARNING TO OWNER: YOUR 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

FS 553.79(10), FS: 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.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

STATE OF FLORIDA, COUNTY OF _____

(Signature of Owner or Agent)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by means of ___ physical presence or ___ online notarization who is personally known to me
or has produced _____ as identification.

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA, COUNTY OF _____

(Signature of Contractors)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by means of ___ physical presence or ___ online notarization who is personally known to me
or has produced _____ as identification.

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

V. FOR OFFICE USE ONLY

Contractor's State Certification or Registration No. _____

APPLICATION APPROVED BY: _____
(Building Official/Permit Official)

DATE : _____

COMMENTS: _____



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SUBSTANTIAL IMPROVEMENT/DAMAGE PACKET

Permit Number: _____



ITEMS REQUIRED TO DETERMINE SUBSTANTIAL IMPROVEMENT/DAMAGE

Applicant must submit the following (*Make sure you have an extra copy for your files*):

This form is required to be completed for ALL properties participating in NFIP

1. The completed building permit and substantial improvement/damage packet including the required 2 sets of (minimum) plans and documents;
2. An estimated Cost of Reconstruction/Improvement form, completed by a Licensed General Contractor, Architect, Engineer, or owner builder and signed by the Owner/Contractor or Contractor with a copy of his license certificate attached;
3. Current photos of the structure, or photos before and after the storm (if applicable);
4. Highlighted floor plan drawing showing area of structure to be repaired or altered;
5. Substantial Improvement/Construction Affidavit completed, signed, and dated;
6. An independent appraisal of the depreciated value of the structure will be used as the market value. It shall be noted on the appraisal that it is for FEMA purposes;
7. NOTE: If the use of assessed value is questioned, an appeal is warranted, but the burden of proof can be placed on the permit applicant who can submit an independent appraisal by a qualified appraiser establishing actual cash value (replacement cost depreciated for age and quality of construction of building). The building value must be fairly depreciated to reflect the age of the building and the deterioration of building components. These appraisals are subject to review by outside appraisal firms of the City's selection. Cost for such independent review will be borne by the applicant.

APPLICATION FOR SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW

Tax Appraiser's Parcel ID# _____

Property Address: _____

Owner's Name: _____

Co-Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

FIRM Panel: _____

Flood Zone: _____

Base Flood Elevation: _____

Lowest Floor Elevation (excluding garage): _____

(GO TO WWW.MSC.FEMA.GOV FOR FLOOD MAPS AND INFORMATION)

Initial _____ I am attaching an independent appraisal report of my property.

Initial _____ I accept Pinellas County's Approximate Market Value

Initial _____ I accept the attached estimated cost of construction as a fair cost of repair or improvement for my structure.

Signature of Owner

Signature of Co-Owner

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.

Notary Public

SUBSTANTIAL IMPROVEMENTS/DAMAGES

Items to be included:

All structural elements, including:

- Spread or continuous foundation footings and pilings
- Monolithic or other types of concrete slabs
- Bearing walls, tie beams, and trusses
- Wood or reinforced concrete decking or roofing
- Floors and ceilings
- Attached decks and porches
- Interior partition walls
- Exterior wall finishes (e.g. brick, stucco or siding)
- Windows and doors
- Re-shingling or re-tiling a roof
- Hardware

All interior finish elements, including:

- Tiling, linoleum, stone, or carpet over sub-flooring
- Bathroom tiling and fixtures
- Wall finishes, including drywall, painting, stucco, plaster, paneling, marble or other decorative finishes
- Kitchen, utility and bathroom cabinets
- Built-in book cases, cabinets and furniture
- Hardware

All utility and service equipment

- HVAC equipment
- Repair or reconstruction of plumbing and electrical services
- Light fixtures and ceiling fans
- Security systems
- Built-in kitchen appliances
- Central vacuum systems
- Water filtration, conditioning or recirculation systems

Also:

- Labor and other costs associated with demolishing, removing, or altering building components
- Construction supervision and/or management
- Equivalent costs of work done by owner and volunteers
- Overhead and profit

Items to be excluded:

- Plans and specifications
- Survey costs
- Permit fees
- Debris removal (e.g. removal of debris from building or lot, dumpster rental, transport fees to landfill tipping fees) and cleanup (e.g. dirt and mud removal, building dry-out, etc.)
- Items not considered real property, such as throw rugs, furniture, refrigerator, stoves not built-in, etc.
- Landscaping
- Sidewalks
- Fences
- Yard lights
- Swimming pools
- Screened pool enclosures
- Sheds
- Gazebos
- Detached structures (including garages)
- Landscape irrigation

ESTIMATED COST OF IMPROVEMENTS/RECONSTRUCTION

Parcel ID#: _____

Property Address: _____

This Cost of Estimate of Improvement/Reconstruction must be prepared and signed by a licensed General Contractor,
Architect, Engineer or Owner/Builder

BUILDING

(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Demolition			
Foundation, Slab(s)			
Drywall			
Bearing Walls, Tie Beams, Trusses			
Framing, Joists, Beams, Subflooring			
Interior Non-Bearing Walls			
Exterior Finishes (Stucco, Siding, Painting, Trim, Brick, etc.)			
Windows and Exterior Doors			
Cabinets / Vanities / Countertops			
Hardware			
Attached Decks & Porches			
Floor Covering			
Bathroom Tile / Kitchen Tile			
Wall Finish / Painting / Covering			
Built-In Appliances			
Built-In Cabinets, Bookcases, Furniture, Mirrors, Closet Shelving			
Interior Doors			
Baseboards / Crown Molding / Trim Boards			
Hardware (Strapping, bolts, screws, etc)			
Insulation			

Fireplace / Hearth / Mantel / Chimney			
Stairs / Handrails / Guardrails			
BUILDING TOTAL			\$

ELECTRICAL
(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Electrical Wiring			
Electrical Fixtures, Ceiling Fans, Outlets, Switches			
Security System, Intercom System			
Smoke Detectors			
Electrical Panel(s) & Meter Base(s)			
ELECTRICAL TOTAL			\$

PLUMBING
(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Plumbing Piping			
Plumbing Fixtures			
Water Heaters			
Water Filtration, Conditioning and Recirculation Systems			
PLUMBING TOTAL			\$

MECHANICAL

(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
HVAC Equipment			
Ductwork, Grills			
Bathroom Fan(s), Range Hood, Central Vacuum, Dryer Exhaust			
MECHANICAL TOTAL			\$

GAS

(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Gas Piping			
Gas Tank			
GAS TOTAL			\$

ROOF

(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Shingles, Underlayment, Mod Bit			
Gutters, Downspouts			
ROOF TOTAL			\$

MISCELLANEOUS

(Materials and Labor Cost are required)

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Construction Management & Supervision			
Overhead & Profit			
Sales Tax on Materials			
ITEMS PURCHASED BY HOMEOWNER			
MISCELLANEOUS TOTAL			\$

TOTALS	
BUILDING TOTAL	\$
ELECTRIC TOTAL	\$
PLUMBING TOTAL	\$
MECHANICAL TOTAL	\$
GAS TOTAL	\$
ROOF TOTAL	\$
MISCELLANEOUS TOTAL	\$
TOTAL	
(THE 10% CONTINGENCY IS REQUIRED) CONTINGENCY 10%	\$
GRAND TOTAL	\$

The value placed on all donated or discounted materials should be equal to the actual or estimated cost of such materials and must be included in the total cost. Where materials or servicing equipment are donated or discounted below normal market values, the value should be adjusted to an amount that would be equivalent to that estimated through normal market transactions. *Section 4.4.4**

The situation described above that involves donated or discounted materials may also involve volunteer labor. Also, property owners may undertake fairly significant improvement and repair projects on their own. In both cases, the normal "market" value or "going rate" for labor must be included in the estimates of the cost of improvement and the costs to repair. *Section 4.4.5**

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Violating the FEMA improvement threshold may result in removal of improvement work, revocation of the Certificate of Occupancy for the building, and/or an order to remove the structure.

(PLEASE attach any additional information)

Contractor's Name: _____ License #: _____

Address: _____ Phone: _____

Contractor's Signature: _____ Date: _____

**FEMA P-758/May 2010 "Substantial Improvement/Substantial Damage Desk Reference", Chapter 4, Making Substantial Improvement and Substantial Damage Determinations.*

CONTRACTOR
IMPROVEMENT/RECONSTRUCTION AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW**. These listed damages/improvements are **ALL of the improvements/damages** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs **NOT included on the attached list of improvements/repairs**, or improvements or illegal structures/additions to the existing structure without having present plans for such additions. I understand that any permit issued by the City of Belleair Bluffs pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property.

Total Labor and Materials \$ _____

Overhead and Profit \$ _____

TOTAL COST \$ _____

Contractor Signature

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.

Notary Public

OWNER

IMPROVEMENT/RECONSTRUCTION AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW**. These listed damages/improvements are **ALL of the improvements/damages** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

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TOTAL COST \$ _____

Co-Owner Signature

Co-Owner Signature

STATE OF FLORIDA

COUNTY OF _____

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Notary Public

FEMA – IMPROVEMENT VALUATION WORKSHEET

(Substantial Improvement / Substantial Damage)

PROPERTY ADDRESS: _____

PINELLAS COUNTY PROPERTY APPRAISER:

Just Market Value \$ _____ - Land Adjusted Value \$ _____ X 50% = \$ _____
Value Value Value of Structure

VALUE OF STRUCTURE: \$ _____ X 50% = _____ (a)

PERMITS WITHIN 1 YEAR:

	Permit #	Permit Type	Job Value
Current permit			
Other			

Total Permit Values: & _____ (b)

Therefore: (b) \$ _____ < (a) \$ _____

OK: (Y) _____ or (N) _____

VERIFIED BY: _____

If value exceed 50% the customer needs to provide one of the following:

_____ Elevation Certificate

_____ Survey showing the finished floor elevation

_____ Current Appraisal using the depreciated value

FOR FLOOD PLAIN REVIEW ONLY