



HOLMES COUNTY

Building Department

RESIDENTIAL CONSTRUCTION REQUIREMENTS

NEW HOUSES & ADDITIONS TO OBTAIN BUILDING PERMITS

The following are guidelines set forth by the state of Florida and/or the Holmes County Board of County Commissioners for policies and procedures prior to obtaining permits for construction.

- Land Development Approval:** (In the Building Department) 850.547.1119
- 911 Address:** Verification Required. (911 office) 850.547.1112
- Septic Tank Permit:** (Health Dept.) 850.547.8500 option 4. (take copy of plans)
- Driveway Permit:**
 - **County Roads:** (Holmes County Road Department) 850.547.1408
 - **State Roads:** Hwy 79, 90, 81, 2 – (Florida Dept. of Transportation) 850.836.5790
- Florida Energy Form**
- Legal Description of Property/Deed:** (Property Appraiser Office) 850.547.1113
 - Website: www.qpublic.net
- Two (2) sets of plans drawn to scale.**
- An elevation certificate:** Any construction on property located in a flood zone. (From a licensed surveyor).
- Notarized authorization form** from the land owner if construction will be on someone else's property.
- If constructing within city limits** a letter is required from them for city compliance.
 - Please call:
 - **Bonifay:** 850-547-4238
 - **Esto:** 850-263-6521
 - **Noma:** 850-263- 3449
 - **Ponce De Leon:** 850-836-4361
 - **Westville:** 850-548-5858
- Notice of Commencement:** Required for any construction valued over \$2,500.00.
- As owner contractor a disclosure form is required.** (In the Building Department) 850.547.1119

* Construction requirements are from the current Florida Building Codes.

* Electrical requirements are from the National Electrical Code.

Inspections: No inspections will be made prior to the issuance of a building permit. A 24 hour notice is required prior to each inspection. Permit becomes void if no inspection is called for within six months. Any construction commenced prior to being permitted will be subject to double fees. (Florida Building Code)

Set-back guidelines: County Ord. #88-02 requires all construction in Holmes County:

- Minimum of at least 15 feet from the front & rear property lines.
 - Minimum of at least 10 feet from either side of the property lines.
- * This includes septic tanks, all additions, and storage buildings.



HOLMES COUNTY

Building Department

ADDITIONAL REQUIREMENTS FOR RESIDENTIAL HOUSE PLANS

106.3.5 Minimum plan review criteria for buildings. The examination of the documents by the building official shall include the following minimum criteria and documents; a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout and all exterior elevations:

Residential (one- and two-family) Building

1. Site requirements
 - Set back/separation (assumed property lines)
 - Location of septic tanks
2. Fire-resistant construction (if required)
3. Fire
4. Smoke detector locations
5. Egress including:
 - a. Egress window size and location stairs construction requirements
6. Structural requirements shall include:
 - a. Wall section from foundation through roof, including assembly and materials connector tables
 - b. Termite protection
 - c. Design loads
 - d. Wind requirements
 - e. Building envelope
 - f. Structural calculations (if required)
 - g. Foundation
 - h. Wall systems
 - i. Floor systems
 - j. Roof systems
7. Accessibility requirements: show/identify accessible bath

Exemptions. Plans examination by the building official shall not be required for the following work:

1. Replacing existing equipment such as mechanical units, water heaters, etc.
2. Minor electrical, plumbing and mechanical repairs
3. Annual maintenance permits
4. Prototype plans, Except for local site adaptations, siding, foundations and/or modifications. Except for structures that require waiver.
5. Manufactured buildings plan except for foundations and modifications of buildings on site.

106.4 Amended construction documents. Work shall be installed in accordance with the reviewed construction documents, and any changes made during construction that are not in compliance with the reviewed construction documents shall be resubmitted for approval as an amended set of construction documents.

106.5 Retention of construction documents. One set of reviewed construction documents shall be retained by the building official for a period of not less than 180 days from date of completion of the permitted work, or as required by Florida Statutes.



HOLMES COUNTY

Building Department

FLORIDA BUILDING CODE SIGNIFICANT ISSUES

The following list constitutes the significant issues submitted by the membership of the Building Officials Association of Florida, Big Bend Chapter. The narrative following each code section constitutes the combined interpretation for purposes of code enforcement of the various building inspection offices in Florida's Big Bend; specifically, Florida State University, city of Tallahassee, City of Quincy, Gadsden county, Wakulla county, Jefferson County and Leon County.

TERMITE TREATMENT

Section 104.2.6 – Requires an on-site weather resistant posting board for the pest control provider to provide a record of each treatment, with a copy for the building permit file.

Section 104.2.7 – Requires a permanent sign indicating termite treatment provider and need for re-inspection and treatment contract renewal shall be posted near the water heater or electrical panel. This will become part of the final building inspection.

Section 1403.1.6 – Generally 6 inches of clearance is required between exterior wall coverings that are subject to termite damage and finish grade. Exceptions for masonry veneer and soil treated patio slabs may match building interior masonry slab.

Section 1503.4.4 – Roof down spouts and condensate lines shall discharge at least 1 foot from exterior wall and lawn sprinkler heads must be at least 1 foot from exterior wall.

Section 1816.1 – Termite protection shall be provided by products labeled by State of Florida and Federal Government as a preventative treatment for new construction and must be installed in accordance with the label requirements. Soil pre-treatment is required around driveway connections, walkways, plumbing trap enclosures etc. and requires that the builder work more closely with the pest control operator.

Section 1816.1.7 – Requires a Certificate of Compliance from licensed pest control company, indicating that the building has received complete treatment against termites must be provided to the Building Inspection Department (this also will be checked as part of the final building inspection).

Section 2304.2.7 – Wooden building components such as decks, patios, fences, planters, etc. shall provide either 18 inch clearance underneath or 6 inch clearance at the top of the component to exterior wall covering or have components easily removable by screws or hinges to allow inspection for termites.

Section 2116.2 – Brick ledges must be intricately poured with the concrete foundation unless chemically treated and/or have a physical barrier at the cold joint.

(Concludes termite treatment)



HOLMES COUNTY Building Department

DISCLOSURE STATEMENT FLORIDA LICENSING LAW – CHAPTER 489

State Law requires construction to be done by Licensed Contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as you own contractor with certain restrictions, even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family, or two-family residence or a farm building. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for you own use or occupancy, it may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantial improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by State Law and by County or Municipal Licensing Ordinances. You may not delegate the responsibility for supervision work to a Licensed Contractor who is not licensed to perform the work being done. **ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.** Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I am fully aware that when I sign this Disclosure Statement, it is my assurance to the Holmes County Building Department that any construction done under

PERMIT NUMBER	DATED

Will be in accordance to this disclosure statement. I also understand that the Department of Labor’s penalty for violation of the Workers’ Compensation Laws is a \$500.00 fine the time of the violation, and after ninety six (96) hours, a fine of \$100.00 per day until Workers’ Compensation is secured.

Sign only in the presence of a Notary:

Signature of Applicant

Print Name

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by
means of physical presence on this _____ day
of _____, 20____
by _____
who is personally known to me or produced
Identification _____.

SEAL:

Notary Signature



HOLMES COUNTY

Building Department

PARCEL ID NUMBER	PERMIT NUMBER

OTHER	<p>ELECTRICAL TYPE: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Pump <input type="checkbox"/> Upgrade <input type="checkbox"/> Other _____ Size of Service: _____</p> <p>NEW HOUSE OR ADDITIONAL INFORMATION: _____ Heat/Cooled Sq. Ft. _____ Porch Sq. Ft. _____ Garage/Carport Sq. Ft. _____ Foundation Type _____ Roof _____ Exterior</p> <p>FLOOD ZONE INFORMATION: _____ Lowest Floor Elevation _____ Elevation Cert.</p>		
WARNING TO OWNER:	<p>YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a CONSTRUCTION COST of \$2,500.00 or more, a certified copy of the Notice of Commencement is required to be submitted to the Holmes County Building Department when applications is made for a permit, or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to the Building Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.</p> <p><u>NOTICE!!!</u> The Holmes County Building Department <i>does not</i> have the authority to enforce deed restrictions or covenants. You are advised to check for any restrictions that may affect your property.</p> <p><u>OWNERS AFFIDAVIT:</u> I certify that the information contained in this application is true and correct. Work will be done in compliance with all applicable laws regulating construction and zoning. *****Failure to comply may result in Stop Work Order or Disconnection of electrical services.</p>		
PLEASE NOTE THE FOLLOWING	<p>NO Certificate of Occupancy will be issued until ALL trades pertaining to your permit have obtained a County Occupational License:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Accoustic Ceiling <input type="checkbox"/> Concrete <input type="checkbox"/> Demolition <input type="checkbox"/> Drywall <input type="checkbox"/> Floor Covering <input type="checkbox"/> Framing <input type="checkbox"/> Glass and Glazing </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gunite / Shotcrete <input type="checkbox"/> Insulation <input type="checkbox"/> Lath / Plaster & Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Painting <input type="checkbox"/> Siding <input type="checkbox"/> Structural Steel </td> </tr> </table>	<input type="checkbox"/> Accoustic Ceiling <input type="checkbox"/> Concrete <input type="checkbox"/> Demolition <input type="checkbox"/> Drywall <input type="checkbox"/> Floor Covering <input type="checkbox"/> Framing <input type="checkbox"/> Glass and Glazing	<input type="checkbox"/> Gunite / Shotcrete <input type="checkbox"/> Insulation <input type="checkbox"/> Lath / Plaster & Stucco <input type="checkbox"/> Masonry <input type="checkbox"/> Painting <input type="checkbox"/> Siding <input type="checkbox"/> Structural Steel
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HOLMES COUNTY

Building Department

RESIDENTIAL BUILDING PERMIT APPLICATION

OWNER INFORMATION		CONTRACTOR INFORMATION	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Phone: _____ Cell: _____		Phone: _____ Cell: _____	
Fax: _____		Email: _____	
Email: _____		Contact Person: _____	
ENGINEER INFORMATION		UTILITIES + LAND INFORMATION	
Name: _____		Power: _____	
Address: _____		Water/Well: _____	
City: _____ State: _____ Zip: _____		City Sewage/Septic Tank: _____	
Phone: _____ Cell: _____		Parcel ID No: _____	
Email: _____		Section: _____ Township: _____	
Contact Person: _____		Range: _____ Acres: _____	
Job Address: _____			
Driving Directions: _____			
NOTICE:		THE HOLMES COUNTY BUILDING DEPARTMENT DOES NOT HAVE THE AUTHORITY TO ENFORCE DEED RESTRICTIONS FOR COVENANTS. YOU ARE ADVISED TO CHECK FOR ANY RESTRICTIONS THAT MAY AFFECT YOUR PROPERTY.	
TYPE OF IMPROVEMENT	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Storage <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Pole Barn <input type="checkbox"/> Other _____		
	Construction Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Two Story _____ Heat/Cooled Sq. Ft. _____ Porch Sq. Ft. _____ Garage/Carport Sq. Ft. _____ Roof _____ Flood Zone _____ Elevation Certificate		
	Constructional Value: _____		
BUILDING DEPARTMENT USE ONLY			
Building Fee \$ _____ Plan Review Deposit \$ _____ Surcharge \$ _____		REVIEWED FOR CODE COMPLIANCE	
Elec. Fee \$ _____ Surcharge \$ _____ Mech. Fee \$ _____ Surcharge \$ _____			
Plumbing Fee \$ _____ Surcharge \$ _____ Gas Fee \$ _____ Surcharge \$ _____		TOTAL FEE	
Roofing Fee \$ _____ Surcharge \$ _____ Other Fee \$ _____ Surcharge \$ _____			
ON FILE: <input type="checkbox"/> Septic <input type="checkbox"/> Driveway <input type="checkbox"/> Legal <input type="checkbox"/> 911 <input type="checkbox"/> Discl <input type="checkbox"/> Notice of Commencement <input type="checkbox"/> Elevation Certification <input type="checkbox"/> Landowner Affidavit <input type="checkbox"/> Plans <input type="checkbox"/> License Contractor <input type="checkbox"/> Other			
PERMIT #: _____		APPLICANT NAME: _____	
<small>Application is hereby made to obtain a permit to do the work as indicated. I certify that no work or installation has commenced prior to the issuance of this permit and all work will be performed to meet The Florida Building Code and National Electric Code. Separate permits must be secured for Electrical, Mechanical, Plumbing, Gas and Roofing.</small> <b style="text-align: right;">Setback County Ordinance #88-02. 15' Front & 10' Either Side			

OWNER AFFIDAVIT: I certify that the information stated on this application is true and correct. Work will be done in compliance with Florida Building Code/National Electric Code, County Ordinances and Zoning Laws. Failure to comply may result in a Stop Work Order for the construction and/or electrical disconnect.

_____	_____	_____	_____
Print Name	Signature of Owner/Agent	Print Name	Signature of Contractor

State of Florida
 County of _____
 Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____
 by _____
 who is personally known to me *or* produced Identification _____
Signature of Notary _____

SEAL:

State of Florida
 County of _____
 Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____
 by _____
 who is personally known to me *or* produced Identification _____
Signature of Notary _____

SEAL:



HOLMES COUNTY

Building Department

STATE OF FLORIDA
COUNTY OF HOLMES

PARCEL ID NUMBER	PERMIT NUMBER

NOTICE OF COMMENCEMENT

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is stated in this Notice of Commencement:

- Description of Property (911Address): _____
- General description of improvements: _____

3. OWNER INFORMATION:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____

4. CONTRACTOR INFORMATION:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____

5. SURETY BOND INFORMATION:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____
- Amount of Bond: \$ _____

6. LENDER INFORMATION:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____

7. Identify a person within the Florida Statutes designated by owner upon whom notice of other document's may be served:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____

8. In addition to himself, the owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (g) 7, Florida Statutes:

- Name: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Phone: _____ Fax: _____ Email: _____

Sign only in the presence of a Notary: _____ / _____
Print Name Signature of Contractor/Agent

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by
means of physical presence on this _____ day
of _____, 20____
by _____
who is personally known to me or produced
Identification _____.

Notary Signature

SEAL:



HOLMES COUNTY Building Department

AUTHORIZATION FORM FOR PERMIT APPLICATION

Date: ____ / ____ / ____

Be advised _____ has my permission to apply for a Permit, on my property located at _____, Florida, providing that they comply with all current regulations and The Florida Building Code and National Electric Code.

Print Name / Signature of Landowner

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____ by _____ who is personally known to me or produced Identification _____.

Notary Signature

SEAL:



HOLMES COUNTY Building Department

PERMIT NUMBER

OWNER/BUILDER PERMIT AFFIDAVIT

I, _____ am the authorized agent or legal owner of the following described property:

Parcel #: _____

Address: _____
City State Zip

I am applying for a Building Permit pursuant to the Owner/Builder exemption set forth in Florida Statute, Section 489.103. Florida law requires that I have been provided with the following Disclosure Statement.

DISCLOSURE STATEMENT

State Law requires construction to be done by Licensed Contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as you own contractor with certain restrictions, even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family, or two-family residence or a farm building. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for you own use or occupancy, it may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by State Law and by County or Municipal Licensing Ordinances. You may not delegate the responsibility for supervision work to a Licensed Contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I hereby acknowledge that I have read the above Disclosure Statement and that I comply with the entire requirement for the issuance of an Owner/Builder permit.

FURTHER, affiant saith naught.

Property Owner

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by
means of physical presence on this _____ day
of _____, 20____
by _____
who is personally known to me *or* produced
Identification _____.

Notary Signature

SEAL:



HOLMES COUNTY Building Department

ELECTRICAL / SECURITY ALARM PERMIT APPLICATION

Please check permit type and fill in any required information.
Building Permits must have been issued before a sub-permit will be issued.

CONTACT INFORMATION		
Property Owner's Name: _____		
Address of Job: _____		
Contractor Name: _____		
Business Name: _____		
ELECTRICAL	<input type="checkbox"/> Service Upgrade <input type="checkbox"/> Residential <input type="checkbox"/> Commercial AMPS: _____	
	<input type="checkbox"/> Service Repair <input type="checkbox"/> Residential <input type="checkbox"/> Commercial AMPS: _____	
	<input type="checkbox"/> Temporary Construction Pole <input type="checkbox"/> Residential <input type="checkbox"/> Commercial AMPS: _____	
	<input type="checkbox"/> Private Pool (Serves 4 or less living units) No. residential units pool serves: _____	
	<input type="checkbox"/> Public Pool	
	<input type="checkbox"/> Pool Lift Grounding	
	<input type="checkbox"/> Mobile Home Pole Set-up Permit required to have been issued	
	<input type="checkbox"/> Miscellaneous Service Pole Describe purpose: _____	
	<input type="checkbox"/> Commercial Electrical Job cost: _____	
	<input type="checkbox"/> New Residential Electrical	
	<input type="checkbox"/> Additions to Existing Dwellings without Service Change <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Square Footage: _____	
	Power Company: _____	
	SECURITY ALARM	<input type="checkbox"/> Residential # Of Outlets _____ <input type="checkbox"/> Commercial Job Cost: _____

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 proper 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, POOLS, AIR CONDITIONERS etc. NOTE: 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. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material face in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

_____/_____
 Signature of Owner/Contractor Date



HOLMES COUNTY Building Department

ELECTRICAL AFFIDAVIT

Property Owner Use Only

I, _____ do hereby certify that Electrical Permit # _____ is for the use of _____. I further understand that this electrical service is not to be used for any purpose other than the aforementioned. If a Structure, Mobile Home, Residential, or Commercial Permit is required, it must be obtained from the Holmes County Building Department prior to any construction. I also understand that if an R.V. is lived in more than 120 days, a septic tank permit/approval has to be issued by the Holmes County Health Department.

Print Name / Affirmant's Signature

State of Florida

County of _____
Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____ by _____ who is personally known to me *or* produced Identification _____.

Notary Signature

SEAL:



HOLMES COUNTY Building Department

ROOFING PERMIT APPLICATION

Please check permit type and fill in any required information.
Building Permits must have been issued before a sub-permit will be issued.

CONTACT INFORMATION	
Property Owner's Name: _____	
Address of Job: _____	
Contractor Name: _____	
Business Name: _____	
ROOFING	<input type="checkbox"/> Residential <input type="checkbox"/> New Roof <input type="checkbox"/> Re-Roof # Of Squares _____ <input type="checkbox"/> Metal <input type="checkbox"/> Shingle <input type="checkbox"/> Commercial Job Cost: _____
FL PRODUCT APPROVAL CODE: _____	

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, POOLS, AIR CONDITIONERS etc. NOTE: 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. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material face in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

Signature of Owner/Contractor

Date



HOLMES COUNTY Building Department

ROOF NAILING INSPECTION AFFIDAVIT

Contractor Use Only

Date: ____/____/____

Job Address: _____

Parcel ID: _____

Property Owner: _____

Contractor Name: _____

License Number: _____

Expected date of roof work completion: _____

I, _____ the _____ will personally inspect the roof deck nailing work at the above address.

Only General, Building, Residential or Roofing Contractors, or any individual certified under Ch. 468 Florida Statute or 489.103 Florida Statute shall make such an inspection.

I will affirm the installation will be done according to Chapter 15 of the 2017 Florida Building Code and Chapters 8 & 9 of the 2017 FBC, Residential.

Print Name / Affirmant's Signature

State of Florida

County of _____

Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____ by _____ who is personally known to me or produced Identification _____.

Notary Signature

SEAL:



HOLMES COUNTY

Building Department

PLUMBING / GAS PERMIT APPLICATION

Please check permit type and fill in any required information.
Building Permits must have been issued before a sub-permit will be issued.

CONTACT INFORMATION	
Property Owner's Name: _____	
Address of Job: _____	
Contractor Name: _____	
Business Name: _____	
PLUMBING	<input type="checkbox"/> Residential # Of Fixtures _____
	<input type="checkbox"/> Commercial Job Cost: _____
• COMPLETE ATTACHED FEE SCHEDULE	
GAS	<input type="checkbox"/> Residential # Of Outlets _____
	<input type="checkbox"/> Commercial Job Cost: _____
• COMPLETE ATTACHED FEE SCHEDULE	

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 proper 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, POOLS, AIR CONDITIONERS etc. NOTE: 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. There may be additional permits required from other government entities such as D.E.P, water management districts, state agencies, or federal agencies.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from Issuance unless the work it covers has been commenced and has had ongoing inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material face in the application or plans, upon which this permit was based. All permits expire 180 days from an Inspection and must be re-permitted unless a final inspection is called for and passed.

_____/_____
Signature of Owner/Contractor / Date



HOLMES COUNTY

Building Department

PLUMBING + GAS FEE SCHEDULE

ATTACHMENT "B"

MASTER PERMIT #	PLUMBING PERMIT #	GAS PERMIT #

FIXTURE TYPE	# OF FIXTURES	FEE PER FIXTURE	TOTAL FEE
Water Closet (toilet, bidet)		\$ 4.00	
Bath Tub		\$ 4.00	
Shower (not with tub)		\$ 4.00	
Kitchen Sink		\$ 4.00	
Disposal		\$ 4.00	
Dishwasher		\$ 4.00	
Laundry Tub		\$ 4.00	
Washing Machine		\$ 4.00	
Water Heater		\$ 4.00	
Urinal / Bidet		\$ 4.00	
Floor or Mop Sink		\$ 4.00	
Floor / Hub Drain		\$ 4.00	
Waste Interceptor		\$ 4.00	
Lavatory		\$ 4.00	
Gas Fired Equipment (per outlet)		\$ 4.00	
Drinking Fountain		\$ 4.00	
Vacuum Breaker		\$ 4.00	
Grease Trap		\$15.00	
Sewer / Septic Tank Connection		\$15.00	
Sewer Lift Station		\$15.00	
Water Connection		\$12.00	
Base Fee		\$10.00	
TOTAL			\$

NOTE: When calculating fees, add the base fee for each unit in the building for which the permit is being purchased. If an existing fixture is replaced with a similar or like fixture without altering any of the water or drain systems, no permit is required.