Change of Primary Contractor

Office of Building Services
315 West Main St., Tavares, FL 32778 · PO Box 7800
Phone (352)343-9653 · Website www.lakecountyfl.gov

This change is to take place immediately

To change the primary contractor on an active permit, you must submit the following:

☐ An original notarized letter from the property owner requesting a change of primary contractor

☐ An original notarized letter from the new contractor accepting and assuming all responsibilities for the job

☐ An original notarized letter from the license holder willingly relinquishing their active permit(s) for the specific job to be transferred to the new contractor

☐ New building permit application, along with all sub-contractos

☐ New recorded Notice of Commencement reflecting new primary contractor for permits with an estimated job value over $5,000 ($15,000 for mechanical change out)

☐ Expired building permits will require a completed renewal request

All fee information can be found on our fee schedule.

Should any of the parties disagree and not provide the notarized statement as requested, a new permit with full permit fee for the entire project will be required for the new contractor.

Owner Change of Contractor Affidavit

I _____ am requesting a change of primary contractor on permit
(property owner)

number _____ job site address _____.

From date _____/_____/_____ and further I terminate contractor _____,
(DBA)

license number _____ as the primary contractor. To be replaced by contractor

_____, license number _____ from this point on.
(DBA)

Check if any of the following applicable:

☐ "I am unable to contact my previous contractor, as I have terminated their services; The contractor abandoned the job and is no longer reachable; I have been informed that the contractor is deceased."

_____ _____
(property owner signature) (property owner printed name)

State of Florida
County of Lake

The foregoing instrument was acknowledged before me by means of ☐ physical presence OR ☐ online notarization, this _____ day of _____, 20___ by _____.

Personally Known OR Produced Identification
Type of Identification produced_____

_____
(Notary Signature)

(SEAL)

Change of Contractor Affidavit

(New contractor information)

I _____ license number _____am taking full responsibility for the
(license holder name)

entire project on permit number _____, job site address_____

_____, from date _____/_____/_____ and further.

_____ _____
(license holder signature) (license holder printed name)

State of Florida
County of Lake

The foregoing instrument was acknowledged before me by means of ☐ physical presence OR ☐ online notarization, this _____ day of _____, 20___ by _____.

Personally Known OR Produced Identification
Type of Identification produced_____

_____
(Notary Signature)

(SEAL)

Change of Contractor Affidavit

(Previous contractor information)

I _____ license number _____am voluntarily relinquishing the
(license holder name)

entire project on permit number _____, job site address_____

_____, from date _____/_____/_____ and further.

_____ _____
(license holder signature) (license holder printed name)

State of Florida
County of Lake

The foregoing instrument was acknowledged before me by means of ☐ physical presence OR ☐ online notarization, this _____ day of _____, 20___ by _____.

Personally Known OR Produced Identification
Type of Identification produced_____

_____
(Notary Signature)

(SEAL)

Permit Application

One half of the Building Permit fee is due at time of submittal. This fee is non-refundable.
ANY ALTERATIONS OR ERASURES VOIDS THIS DOCUMENT. ALL LINE MUST BE COMPLETED.

OWNER'S INFORMATION Application Date:	**FEE SIMPLE TITLEHOLDER** Corporation or partnership (if applicable)
Name:	Name:
Mailing Address:	Address:
City, State & Zip:	City, State & Zip :
Phone #: Email:	Fax:

PROJECT INFORMATION	**PURPOSE OF APPLICATION**
Job Site Address:	☐ Residential ☐ Commercial ☐ New Construction ☐ Alteration/repair ☐ Addition to an existing building ☐ Demolition
City, State & Zip:	

PROPOSED SCOPE OF WORK:

Square footage: **Estimated Job Value$:** RE-ROOF: **Roofing** Material:

Existing Site Development:	Proposed use of building:	Current use of building:

LEGAL DESCRIPTION

Parcel/Tax Folio No.	Alternate Key:	Lot/Suite/Unit #:	Subdivision:

Inspection Contact Information **Name:** **Email:** **Telephone:**

CONTRACTOR INFORMATION

Qualifier's Name: DBA Name:	License #:
Address:	

Phone :	Fax :	Email:

ARCHITECT/ENGINEER	**BONDING COMPANY**	**MORTGAGE LENDER**
Name:	Name:	Name:
Address:	Address:	Address:

Central Water and Sewer Connection Requirements: Pursuant to Lake County Land Development Regulations (LDR's), Chapter VI, Section 6.12.01, development within 300 feet of central water or 1,000 feet of central sewer must connect to that supplier.

SELECT ONE: ☐ Water Supplier_____ or ☐ Well **SELECT ONE:** ☐ Sewer provider _____ or ☐ Septic Tank

Application is hereby made to obtain a permit to do the work and installations as indicated. By signing this application, 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 and development in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.

Asbestos Notification: I certify that I am aware of my responsibility to comply with the provisions of Section 469.003, *Florida Statutes*, and to notify the Department of Environmental Protection of my intentions to remove asbestos, when applicable, in accordance with state and federal law.

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 development, and the building is designed per code-mandated wind load design.
It is the property owner's responsibility to comply with any Homeowners Association requirements or deed restrictions that may apply.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

*** NOTARY-If Owner/Builder, this application must be signed in front of and notarized by a member of the Lake County Building Division. F.S. 489.103 (7)(c)**

Contractors or Owner/Builder's Signature _____

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

LIST DETAILED DIRECTIONS FROM THE LAKE COUNTY BUILDING DIVISION TO THE EXACT JOB SITE LOCATION.

LIST OF SUBCONTRACTORS	
Electrician:	License #:
Plumber:	License #:
Mechanical:	License #:
Concrete:	License #:
Mason:	License #:
Roofer:	License #:
Framer:	License #:
Gas:	License #:
Irrigation:	License #:
Low Voltage:	License #:

PLEASE NOTE: You may pay with a debit or credit card (Visa or MasterCard), however, an additional fee equal to 2% of the transaction total will be included.

After recording, return to: _____

_____

_____

Permit No: _____

Tax Folio No: _____

Notice of Commencement

State of Florida | County of Lake

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 this Notice of Commencement.

1. Description of the Property: *(legal description of the property and street address if available)*

   Legal Description _____

   _____

   Street Address _____

   _____

2. General Description of Improvement _____

   _____

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

   Name _____

   Address _____

   Interest in Property _____

   Name & Address of fee simple titleholder *(if different than owner)*: _____

   _____

4. Contractor Information _____

   Name _____ Phone Number _____

   Address _____

5. Surety *(if applicable, a copy of the payment bond must be attached)*:

   Name _____ Phone Number _____

   Address _____ Amount of Bond $ _____

6. Name and address of any person making a loan for the construction of the improvements: _____

   _____

7. Person 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)., Florida Statues:

   Name _____ Phone Number _____

   Address _____

8. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Phone Number _____

9. Expiration date of notice of commencement *(the expiration date will be 1 year from the date of recording) unless a different date is specified)*

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

_____

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

_____

Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this_____day of _____, 20_____, by _____ who is personally known or produced _____as type of identification.

(Signer's Printed Name)

_____

Signature of Notary Public – State of Florida (print, type of stamp commissioned name of Notary Public)

REQUEST FOR EXTENSION OR REISSUANCE OF A BUILDING PERMIT

315 West Main St., Tavares, FL 32778 · PO Box 7800
Phone (352)343-9653 · Website www.lakecountyfl.gov

Permit #:_____ Date:_____

I,_____, contractor or property owner, do hereby request a(n)

☐ Application Extension ☐ Extension of Permit ☐ Reissuance of Permit

This request is pursuant to Lake County Ordinance, Chapter 6, Article 3. Adoption & Enforcement of Technical Codes, Section 6-22(2)k.
105.5 Time Limitation of Building Permits. Building permits Shall expire and become null and void if work authorized by such permits is not commenced, having called for and received a satisfactory inspection, within six (6) months from the date of issuance of the permit, or if the work is not completed within one (1) year from the date of issuance of the building permit, except that the time may be extended by the Lake County Building Official, subject to compliance with the provisions of concurrency management procedures, if any of the following occur:
(a) A time schedule has been submitted and approved by the Lake County Building Official, predicated upon customary time for construction of similar buildings, prior to the issuance of the building permit, indicating completion of construction in excess of one (1) year; or
(b) The applicant furnishes the Lake County Building Official satisfactory evidence in writing that the delay is due to the unavailability of construction supplies or materials, and every effort has been made to obtain substitute materials equal to those called for in the specifications; or
(c) The delay is due to fire, weather conditions, civil commotion or strike. Increased costs of building materials or supplies or financial hardship shall not be considered by the Lake County Building Official as cause for continuation of the building permit.

My request is based on the conditions shown above (must complete one a, b, or c). Note reason for request and estimated time of completion.

Please specify the reason for the extension and a time schedule for the completion of the permitted work.

_____

_____

Evidence (attached) that the delay is due to the unavailability of construction supplies or materials. Please provide a time schedule for the completion of the permitted work.

_____

_____

_____

I hereby state that the delay was due to fire, weather conditions, civil commotion or strike. Please specify the reason for the delay and provide a time schedule for the completion of the permitted work._____

_____

_____

_____ _____
Signature of Contractor or Property Owner Printed Name

_____ _____
Email Address Contact Phone #

(Must be signed by license holder or owner if owner/builder, Power of Attorney not accepted)

Office Use Only

Previous Renewals:	_____	Request Approved by:	_____
Job Description:	_____	Request Denied by:	_____
Last Inspection:	_____	Renewal for:	_____
Code Case:	_____	Extension for:	_____
Return to:	_____	Date:	_____