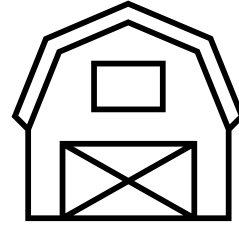


**Gilchrist County Building Permitting
Guide
ACCESSORY BUILDING**

Step 1- Land Use Compliance

Where: Gilchrist County Building
Department 209 SE 1st Street
Trenton, FL 32693 Phone: (352)
463-3173



- You will need:
- ✓ Recorded Copy of Deed
 - ✓ Survey
 - ✓ Land Use Application

Submit your Land Use Application and required documents listed above. Your information will be reviewed. Depending on your zoning, additional steps may be needed. You will be contacted if that is necessary. If you live in or near a flood zone, you will need to contact Suwannee River Water Management at (386) 362-1001. Land Use approval will be contingent on any of these required steps.

Step 2- Plan Submission

Where: Gilchrist County Building Department or electronically permitting@gilchrist.fl.us

Contractors may sign up for online permit portal at Gilchrist.fl.us/onlinepermitting/

You will need to submit:

1 copy of

- ✓ Construction Plans (engineered)
- ✓ Completed Building Permit application
- ✓ Notice of Commencement (Form from Building Department and recorded at Courthouse)
- ✓ Owner builder disclosure statement (if building is being constructed/ installed by owner)
- ✓ Subcontractor's List must be signed and dated by your contractor (if building not constructed/installed by owner)

We will not accept incomplete application packets. Plans review can take up to 30 business days. You will be contacted when they have been approved. Payment is required at time of issuance. You will receive your permit and a stamped (approved) copy of plans.

Step 3- Inspections

Inspection Requests – Must be called in and left on the automated system at (352) 463-4171 or requested on online permit portal. You will need to leave the following information:

- ✓ Name of Owner
- ✓ Permit #
- ✓ Inspection Site Address
- ✓ Type of inspection
- ✓ Name and contact number of person(s) requesting inspection



Inspection request(s) received by 4:00 p.m. are completed within 1-2 days of request. Specific time requests are not accepted but you may request a call ahead. No inspections are done on Friday(s). Results are available the morning after the inspection has been done.

Please note that properties located in or near flood zone may require additional steps.

WARNING

**UNLICENSED CONTRACTING IS A FELONY IN FLORIDA
FLORIDA STATUTE 489.127 (2) (C)**



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693
 Phone: (352) 463-3173 Fax: (352) 354-9113

Certificate of Land Use Compliance

Required documents to be submitted with application:

- Recorded copy of deed
- Certified copy of survey
- Site plan with detailed information regarding existing structures and proposed structures and driveway.

Owner Information			
Owner Name:			
Mailing Address:			
City:	State:	Zip:	
Contact phone number:			
E-mail:			
Proof of Ownership: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Other:			
Applicant (if other than owner)			
Name:			
Mailing Address:			
City:	State:	Zip:	
Contact phone number:			
E-mail:			
Property Information			
Parcel Number:			
Project Address:			
Total Number of Acres:		Is property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate number of existing structures on property			
Mobile Homes:	Shed/Barns:	Single Family Homes:	Other:
Are you replacing a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposed number and type of structure (s)?			
Intended use of proposed structure: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
Distance proposed structure from property lines			
Front:	Back:	Left:	Right
Driveway			
Access to property: <input type="checkbox"/> Paved Road <input type="checkbox"/> County (Dirt/Limerock) Road <input type="checkbox"/> Private Road/Easement			
Is there an existing driveway? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driveway(s) accessed from a Gilchrist County road, the Gilchrist County Road Department will inspect the proposed or current driveway. A final approval is required prior to any building permits being issued. For more information contact Gilchrist County Road Department:(352) 463-3223. Proposed driveways must be clearly flagged/marked or a reinspection fee may incur.			
Driveway(s) accessed from a State Road, must be permitted through Florida Department of Transportation. Please contact (DOT) for permitting requirements: (352) 493-6070			



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Driveway, Planning & Land Use Compliance Consent and Acknowledgement

This Land Use and Driveway Permit application does not supersede any deed restrictions or covenants, or any neighborhood bylaws, rules, or regulations. I certify that all information presented in this application is true and correct to the best of my knowledge. I further certify that the owner or occupant, have the legal right to use the property described in this permit application.

I also acknowledge understanding of the following:

- Property stakes shall be in place and clearly identified at the time of inspections.
- Land Use Compliance Permit and Driveway Permit expire after 1 year of approval
- I agree to complete driveway work required by Road Department and to replace any material removed or repair any damage done on County Right of Way.

Property Owner's Signature

Date

Property Printed Name

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Stamp:
Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp

Property Owner's Signature

Date

Property Owner's Printed Name

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Stamp:
Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp



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SITE PLAN

Property Owner's Name:						
Property Size:						
Address or Parcel Number						
Setbacks(ft):	Front:		Sides		Rear	

Please draw your proposed project and indicated the following:

- Location of driveway or proposed driveway.
- Location of all roads and right-of-ways in relation to the property.
- Location of all existing and proposed structures.
- Measurements from proposed structure to all property lines and all existing structures.
- Location of proposed or current septic, drain field and well.





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Phone: (352) 463-3173 Fax: (352) 354-9113

Building Permit Application

Please print

Owner Information

Owner/Builder Affidavit must be submitted if owner is applying for permit

Owner Name:

Mailing Address:

City:

State:

Zip:

Contact phone number:

E-mail:

Proof of Ownership: Recorded Deed Other:

Applicant (if other than owner)

Name:

Number:

Contractor/Company Name:

License#:

Address:

City:

State:

Zip:

Contact phone number:

E-mail:

Property Information

Total Cost of Project: \$

 Residential Commercial Electric HVAC Plumbing Roofing

Project Address:

City:

State:

Zip:

Parcel Number:

Electric Company: CFEC Duke

Existing Use of the Building/Space/Site:

Type of project: New Construction Addition Remodel Repair Other

Conditioned Square Feet:

Unconditioned Square Feet:

Total Square Feet:

Describe Work to Be Performed:

Fee Simple Title Holder (if other than owner):

Fee Simple Title Address:

Bonding Company's name:

Bonding Company's Address:

Mortgage Lender's Name:

Mortgage Lender's Address:

Architect/Engineer:

Phone:

Mailing Address

Email:



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Building Permit Application

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.

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, Wells, Pools, Furnaces, Boilers, Heaters, and Air Conditioners.

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

Signature of Owner/Contractor/Agent

Date

STATE OF FLORIDA, COUNTY OF GILCHRIST

The forgoing instrument was acknowledged before me by means of:

physical presence or online notarization

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____

by _____.

Personally Known OR Produced Identification

Type of Identification Produced _____

Signature of Notary Public - State of Florida
(Print, Type, or Stamp Commissioned Name of Notary Public)

NOTICE OF COMMENCEMENT

Gilchrist County, Florida

Parcel Number: _____

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 Property:** _____
Property (Job) Address: _____
Legal Description: _____
- 2. **General Description of improvement:** _____
- 3. **Owner Information or Lessee information if the Lessee contracted for the improvement**
 - a. **Name:** _____
 - b. **Interest in property:** _____
 - c. **Name and address of fee simple titleholder (if different from Owner above):** _____
- 4. **Contractor Information:** a. **Contractor Name:** _____
b. **Contractor's address:** _____
c. **Contractor's phone number:** _____ **Fax:** _____
- 5. **Surety (if applicable, a copy of the payment bond is attached):**
 - a. **Name:** _____
 - b. **Address:** _____
 - c. **Phone number:** _____ **d. Amount of bond: \$** _____
- 6. **Lender Name:** _____
a. **Lender Address:** _____
b. **Lender Phone number:** _____
- 7. **Persons 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)7., Florida Statutes:** a) **Name:** _____
b. **Address:** _____
c. **Phone Number:** _____
- 8. **In addition to himself or herself, Owner designates:** _____ **of** _____ **to receive a copy of the Lienor's Notice as provide in Section 713.13(1)(b), Florida Statutes.**
- 9. **Expiration date of Notice of Commencement:** _____ **the expiration date will be 1 year from the date of recording unless another 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under the penalty of perjury, I declare that I have read the foregoing Notice of Commencement and that the facts stated therein are true to the best of my knowledge and belief.

Signature of Owner or Owner's Authorized Office/Director **Signatory's Title/Office**
STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of
 physical presence or online notarization this _____ day of _____, 20_____.
By: _____ (Printed Name of Individual Acknowledging)
Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Stamp:
Printed Name of Notary Public or Stamp



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Gilchrist County issues combination permits. Only permit is needed for all trades for the work at that site. It is necessary that we have documentation of the subcontractors who complete the trade specific work under the general contractor to make sure that the subcontractors are licensed with the Gilchrist County Building Department. If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office.

Project Address: _____ Project Type: _____

General Contractor	
Qualifier	
Company Name	
License Number	
Signature	Date:

Electrical Contractor	
Qualifier	
Company Name	
License Number	
Signature	Date:

HVAC Contractor	
Qualifier	
Company Name	
License Number	
Signature	Date:

Plumbing Contractor	
Qualifier	
Company Name	
License Number	
Signature	Date:

Fuel/Gas Installation Contractor	
Qualifier	
Company Name	
License Number	
Signature	Date:

Roofing Contractor / Installer	
Qualifier	
Company Name	
License Number	
Signature	Date:



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OWNER-BUILDER DISCLOSURE STATEMENT

FAILURE TO COMPLY WITH THIS STATEMENT SHALL RESULT IN YOUR PERMIT BEING REVOKED BY THE BUILDING OFFICIAL.

Please initial each box.

1	<input type="checkbox"/>	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2	<input type="checkbox"/>	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3	<input type="checkbox"/>	I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4	<input type="checkbox"/>	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5	<input type="checkbox"/>	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6	<input type="checkbox"/>	I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7	<input type="checkbox"/>	I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8	<input type="checkbox"/>	I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9	<input type="checkbox"/>	I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations
10	<input type="checkbox"/>	I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or http://www.myfloridalicense.com/DBPR/ for more information about licensed contractors.
11	<input type="checkbox"/>	I agree to notify Gilchrist County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.
12.	<input type="checkbox"/>	I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following property address: _____



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OWNER-BUILDER DISCLOSURE STATEMENT

Florida Statute- 489.103

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

Property Location Address: _____

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

To qualify for exemption under this subsection, an owner must personally appear and sign the building permit application.

Owner Signature

Date

Print Name

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.

By: _____ (Printed Name of Individual Acknowledging)

Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp