

# **Gilchrist County Building Permitting Guide**

## **NEW HOME CONSTRUCTION**

### **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. You will receive orange flags to place in your proposed or existing driveway. Your application will be sent to our 911 Addressing/Verification.

### **Step 2 - Driveway**

Where: Gilchrist County Road Department  
Phone: (352) 463-3223 or  
FDOT (352) 493-6861

You will need:

- ✓ Driveway flagged

If your driveway is accessed from a County maintained road, your Land Use Application will be sent to the County Road Department. The Road Department will inspect your existing or proposed driveway and contact you if work is needed. After completion of any work, you will need to schedule a final inspection. The Road Department will send final approval to the Building Department. Driveways that are accessed from a State Road will require a FDOT permit. Please contact FDOT at (352)493-6861 for requirements.

### **Step 3- Septic Permit**

Where: Gilchrist Health Department Environment Health  
119 NE 1st Street Trenton FL.  
Phone: (352) 463-3120

You will need:

- ✓ Land Use Compliance

Once your Land Use Compliance has been approved, we will send to the Health Department. Please contact Health Department for information for permitting.

## Step 4- Plan Submission

Where: Gilchrist County Building Department

After you have received Land Use approval, County driveway final approval or FDOT permit, and Septic permit, you may submit plans. You will need to submit:

### 2 sets of

- ✓ Construction Plans (engineered)
- ✓ Energy Calculation
- ✓ Manual J
- ✓ Floor/Roof Truss Drawing
- ✓ Manufacturer's Specification Installation(s)
- ✓ Wind Load Engineering

### 1 copy of

- ✓ Completed Building Permit application
- ✓ Notice of Commencement (Form from Building Department and recorded at Courthouse)
- ✓ Site Drawing/Survey
- ✓ Product Approval form (completed)
- ✓ Subcontractor's List must be signed by your contractor (Verify we have license & insurance)

We will not accept incomplete application packets. Plans review can take up to 10 business days. You will be contacted when they have been approved and you are ready to pay for your permit. You will receive your permit, one stamped (approved) copy of plans, and your 911 address. You can take your permit to your electric company to apply for your temporary power. Prior to first inspection, you must have 911 sign posted and your stamped plans and permit must be on job site.

## Step 5- Inspections

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

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



Inspection request(s) received by 9:00 p.m. are normally placed on the next business day's schedule. No inspections are done on Friday(s). Results are normally available the morning after the inspection has been done.

Final Health Department approval is needed for septic, prior to final power or Certificate of Occupancy being released. The Building Department will contact the power company to release power upon approval by the Building Official.

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



# Gilchrist County Building Department

209 SE 1<sup>st</sup> Street Trenton, FL 32693

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

## GENERAL GUIDELINES WHEN APPLYING FOR A PERMIT

<p><i>This chart is provided as an information guide. Other specific requirements may apply to your project. Some of the requirements may not apply to your project. Staff can help you with specific questions.</i></p>		Zoning Letter of approval	Application with project 911 address	Proof of Ownership/Recorded Deed	Notice of Commencement (valued of \$2,500)	Site Drawing & Certified Survey	Construction plans - (Residential 2 sets/Commercial 3 sets)	Energy Calculation- (2 sets)	ACCA Manual "J" - S & D- (2 sets)	Product Approval Sheet- (2 sets)	Floor/Roof Truss Drawing- (2 sets)	Subcontractor's List- (2 sets)	Driveway Approval	Health Department- (2 sets)	Manufactures' Specification Installations- (2 sets)	Wind load Engineering	Mobile Home Pre-Inspection	Mobile Home Set-up- (2 sets)	Elevation Certification (if in flood zone)	SRWMD Approval
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	
Aluminum Structure/Screen Room	X	X	X	X	X	X					X			X						
Boat House	X	X	X	X	X	X			X	X	X			X	X					X
Bulkhead/Retaining Wall	X	X	X	X	X	X					X									X
Commercial Projects	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X
Demolition		X	X	X	X						X									
Detached Garage/Shed/Carport	X	X	X	X	X	X			X	X	X			X	X				X	
Electrical		X	X	X							X			X						
Gas-LP or Natural		X	X	X							X			X						
*HVAC (New heating & cooling)		X	X				X	X			X			X						
*HVAC (Replaced heating & cooling)		X	X								X									
Mobile Home- New	X	X	X	X	X						X	X	X					X	X	
Mobile Home-Used	X	X	X	X	X						X	X	X			X	X	X		
Modular Home/Structure	X	X	X	X	X	X	X	X	X		X	X	X	X					X	
Plumbing		X	X	X							X		X							
Pool Enclosure	X	X	X	X	X	X					X			X						
Pool/Spa/Hot Tub	X	X	X	X	X	X					X			X						
Re-Roof		X	X	X					X		X			X						
Shed (Pre-Manufactured-DCA)	X	X	X	X	X	X								X						X
Single Family Addition (attached)	X	X	X	X	X	X	X	X	X	X	X			X	X	X				X
Single Family -Alteration/Remodel	X	X	X	X		X	X	X	X	X	X			X						X
Single Family Dwelling -SFD	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X
Slab (for future structure)	X	X	X	X	X	X					X									
Windows/Doors		X	X	X					X		X			X						
Wood Deck/Stair/Landings	X	X	X	X	X	X			X		X									

\*NOC needed for HVAC value of \$7500



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### 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	
<b>Please indicate number of existing structures on property</b>			
<b>Mobile Homes:</b>	<b>Shed/Barns:</b>	<b>Single Family Homes:</b>	<b>Other:</b>
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

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

**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.
- Location of proposed or current septic, drain field and well.





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## STAFF USE ONLY

Land Use Classification	
Parcel Number	
Wetlands on property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit required from Suwannee River Water Management District (386) 362-1001, prior to building permit issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevation Certificate Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Gilchrist County assumes no liability for any private deed restrictions which are the sole responsibility of the owner.

**Approved subject to the following:**

- 1) Must comply with building setback requirements and locate the proposed improvement as shown on the site plan/survey.
- 2) Applicant must mark/flag property corners for the Building Inspector.
- 3) Applicant must comply with all the requirements of the Gilchrist County Health Department regarding well and septic systems for the property.
- 4) Must obtain a driveway permit from DOT or driveway approval from Gilchrist County Road Department.

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**Denied – Notes:** \_\_\_\_\_

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\_\_\_\_\_  
**David Lang, Zoning Administrator**

\_\_\_\_\_  
**Date**



## Gilchrist County Building Department

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### 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:

Mailing Address:

City:

State:

Zip:

Contact phone number:

E-mail:

Contractor Name (if different):

Contact #:

#### 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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**YOUR**

**Building Permit Application**

**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

## PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org)

CATEGORY/SUBCATEGORY	MANUFACTURER	PRODUCT DESCRIPTION	APPROVAL NUMBERS(S)
<b>1. EXTERIOR DOORS</b>			
<b>A. SWINGING</b>			
<b>B. SLIDING</b>			
<b>C. SECTIONAL/ROLL UP</b>			
<b>D. OTHER</b>			
<b>2. WINDOWS</b>			
<b>A. SINGLE/DOUBLE HUNG</b>			
<b>B. HORIZONTAL SLIDER</b>			
<b>C. CASEMENT</b>			
<b>D. FIXED</b>			
<b>E. MULLION</b>			
<b>F. SKYLIGHTS</b>			
<b>G. OTHER</b>			
<b>3. PANEL WALL</b>			
<b>A. SIDING</b>			
<b>B. SOFFITS</b>			
<b>C. STOREFRONTS</b>			
<b>D. GLASS BLOCK</b>			
<b>E. OTHER</b>			
<b>4. ROOFING PRODUCTS</b>			
<b>A. ASPHALT SHINGLES</b>			
<b>B. NON-STRUCT METAL</b>			
<b>C. ROOFING TILES</b>			
<b>D. SINGLE PLY ROOF</b>			
<b>E. OTHER</b>			
<b>5. STRUCT COMPONENTS</b>			
<b>A. WOOD CONNECTORS</b>			
<b>B. WOOD ANCHORS</b>			
<b>C. TRUSS PLATES</b>			
<b>D. INSULATION FORMS</b>			
<b>E. LINTELS</b>			
<b>F. OTHERS</b>			
<b>6. NEW EXTERIOR</b>			
<b>A. ENVELOPE PRODUCTS</b>			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; (1) copy of the product approval (2) performance characteristics which the product was tested and certified to comply with (3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Gilchrist County Building Department

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

*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	
Qualifier	
Company Name	
License Number	
Signature	Date: