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
- $\checkmark\,$ 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 during this step.

Step 2 – Driveway

Where: Gilchrist County Code Enforcement Phone: (352) 463-3127 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 Code Enforcement. An inspection on your existing or proposed driveway will be performed. You will be notified if work is needed. After completion of any work, you will need to schedule a final inspection. Code Enforcement 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)493-6075 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 septic system.

This should only be used as a guide. Fees and process subject to change 03 2020

Step 4– 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)
- ✓ Energy Calculation
- ✓ Manual J
- ✓ Floor/Roof Truss Drawing
- ✓ Manufacturer's Specification Installation(s)
- ✓ Wind Load Engineering
- ✓ 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 and dated by your contractor (Verify we have license & insurance)

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, stamped (approved) copy of plans, and 911 sign. Copy of permit can be taken to your electric company to apply for temporary power. Prior to first inspection, you must have 911 sign posted, porta potty, stamped plans and permit on job site.

Step 5- 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
- \checkmark 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. 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





Gilchrist County Building Department

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GENERAL GUIDELINES WHEN APPLYING FOR A PERMIT

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.	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 1 set/Commercial 1 set)	Energy Calculation- (1 set)	ACCA Manual "J" - S & D- (1 set)	Product Approval Sheet- (1 set)	Floor/Roof Truss Drawing- (1 set)	Subcontractor's List- (1 set)	Driveway Approval	Health Department- (1 set)	Manufactures' Specification Installations- (1 set)	Wind load Engineering	Mobile Home Pre-Inspection	Mobile Home Set-up- (1 set)	Elevation Certification (if in flood zone)	SRWMD Approval
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Aluminum Structure/Screen Room	X	X	X	X	X	X					X			X					
Boat House	X	X	X	X	X	X			Χ	Χ	X			X	Χ				X
Bulkhead/Retaining Wall	X	X	X	X	X	X				T 7	X	T 7			T 7			X 7	X
Commercial Projects	X	X	X	X	X	Χ	Χ	Χ	X	Χ	X	Χ	Χ	X	Χ			Χ	X
Demolition		X	X	X	X	X 7			T 7	T 7	X				T 7			X 7	
Detatched Garage/Shed/Carport	X	X	X	X	Χ	Χ			X	Χ	X			X	X			Χ	
Electrical		X	X	X							X			X					
Gas-LP or Natural		X	X	Χ							X			X					
*HVAC (New heating & cooling)		X	X				Χ	X			X			X					
*HVAC (Replaced heating & cooling)		X	X	X 7	T 7						X	T 7	T 7					X 7	
Mobile Home- New	X V	X	X	X	X						X	X	X				X	X	
Mobile Home-Used	Λ	Δ	X	X	X	X 7	T 7	T 7	T 7		X	X	X	T 7		X	X	X	
Modular Home/Structure	X	X	X		X	X	X	X	X		X	X	X	X				X	
Plumbing Bool Englogung	v	X	X	X	v	v					X		X	v					
Pool Enclosure	X	X	X	X	X	X					X			X					
Pool/Spa/Hot Tub	X	X	X	X	X	X			v		X			X					
Re-Roof	X 7	X	X	X	v	V			X		X			X				V	
Shed (Pre-Manufactured-DCA)	X	X	X	X	X	X	V 7	N 7	V	v	X 7		N 7	X	V			X	
Single Family Addition (attached)	X	X	X	X X	X	X 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	A X	X	A X	X X	A X	X	A X	A X	X	X	A X	X			A X	
Single Family Dwelling -SFD	X X	A X	A X	A X	A X	A X	Λ	Λ	X	Λ	A X	Λ	Λ	Λ	Λ			Λ	
Slab (for future structure) Windows/Doors	Λ	A X	A X	A X	Λ	Λ			X		A X			X					
	X	A X	A X		X	X			A X		A X			Λ					
Wood Deck/Stair/Landings	λ	λ	λ	λ	λ	λ			λ		λ								

*NOC needed for HVAC value of \$7500

Revised 07/2019



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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: Recorded Deed	Other:						
	ant (if other than owner)						
Name:							
Mailing Address:							
City:	State:	Zip:					
Contact phone number:							
E-mail:							
P	roperty Information						
Parcel Number:							
Project Address:							
Total Number of Acres:	Is proj	perty vacant? 🗌 Yes 🗌 No					
Please indicate number of existing structures on property							
Mobile Homes: Shed/Barns:	Single Family Homes:	Other:					
	No						
For accessory dwellings, total sq footage includes all heated, cooled and conditioned space.							
Proposed number, type and total sq feet of str	ucture (s):						
	dential 🗌 Commercial						
Distance proposed structure from property lin							
Front: Back:	Left:	Right					
	Driveway						
Access to property: Paved Road Con	unty (Dirt/Limerock) Road	Private Road/Easement					
Is there an existing driveway? Yes No							
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 requirem	nents: (352) 493-6075						

Printed Name of Notary Public or Stamp

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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 and to replace any material removed or repair any • damage done on County Right of Way.

Property Owner's Signature	Date
Property Printed Name	-
	he foregoing instrument was acknowledged before me by on this day of,
	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 means of physical presence or online notarization on the physical presence of the physical prese	he foregoing instrument was acknowledged before me by on this day of, actory Evidence: Type:
Signature of Notary Public - State of Florida	Stamp:

Gilchris

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

SITE PLAN

Property Owner's Nam	e:			
Property Size:				
Address or Parcel Num	ber:			
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.
- Location of proposed or current septic, drain field and well.





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STAFF USE ONLY

Land Use Classification	
Parcel Number	
	es No Is property in a flood zone? Yes No nee River Water Management District (386) 362-1001, prior to building permit d: Yes No
Gilchrist County assumes no the owner.	liability for any private deed restrictions which are the sole responsibility of
the site plan/survey.2) Applicant must mark/3) Applicant must comp regarding well and se	e following: ilding setback requirements and locate the proposed improvement as shown on flag property corners for the Building Inspector. ly with all the requirements of the Gilchrist County Health Department ptic systems for the property. ay permit from DOT or driveway approval from Gilchrist County Building
Denied – Notes:	
David Lang, Zoning Admin	istrator Date

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. 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 Statues: 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:
	recording unless another date is specified).
CO ST CO IN	ARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA CATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF OMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU TEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OF ECORDING YOUR NOTICE OF COMMENCEMENT.
	nder the penalty of perjury, I declare that I have read the foregoing Notice of Commencement and that the facts stated therein are true the best of my knowledge and belief.
	gnature of Owner or Owner's Authorized Office/Director Signatory's Title/Office
ST	ATE 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)
In] physical presence or online notarization this day of, 20 /: (Printed Name of Individual Acknowledging) dividual identified by: Personal Knowledge Satisfactory Evidence: Type:
Si	gnature of Notary Public - State of Florida

Printed Name of Notary Public or Stamp

_____ Stamp:



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Building Permit Application

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Please print		
	Owner Informatio	
Owner/Builder Af	fidavit must be submitted if	f 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 Informati	ion
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	on Addition Remode	el Repair Other
Conditioned Square Feet:	Unconditioned Square Feet:	Total Square Feet:
Describe Work to Be Performed:	I	
Fee Simple Title Holder (if other than own	ner):	
Fee Simple Title Address:		
Bonding Company's name:		
Bonding Company's Address:		
Mortgage Lender's Name:		
Mortgage Lender's Address:		
Architect/Engineer:	Phor	ne:
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 physical presence or online notarization Sworn to (or affirmed) and subscribed before me this day of	
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)

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

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

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.



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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			
Qualifier			
Company Name			
License Number			
Signature		Date:	