



**APPLICATION FOR BUILDING PERMIT**

CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1124 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_

PERMIT FEES DUE: \$ \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

Review Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

**FLORIDA BUILDING AND ACCESSIBILITY CODE, 6th EDITION (2017) APPLIES**

**Inspections called in before 3:30 PM will be performed the following business day.**

**Automated inspection line 813-749-1171**

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor's State Registration No. \_\_\_\_\_ PCCLB No. \_\_\_\_\_

Job Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

Area of improvement: \_\_\_\_\_ sq. ft. Valuation: \_\_\_\_\_

Legal: Sec. \_\_\_\_ Township \_\_\_\_, Range \_\_\_\_, Subdivision \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_ 1<sup>st</sup> Floor Elev \_\_\_\_\_

Bonding Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**WARNING TO OWNER: 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**AN ELECTRONIC VERSION OF ALL DOCUMENTS BEING SUBMITTED SHALL BE PROVIDED WITH THE PACKET ON A CD IN .PDF FORMAT IF PLANS ARE LARGER THAN 11 X 17**

Application is hereby made to obtain a permit to do the work and installations 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, FURNANCES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, KITCHEN HOODS, FIRE SPRINKLERS, ALARM SYSTEM, AND SHEDS, ETC.

**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 zoning.

**OWNER'S ELECTRONIC SUBMISSION OF STATEMENT:** Under penalty of perjury, I declare that all of the information contained in this building permit application is true and correct.

Building Permit Applications shall be submitted on paper and PDF format / CD, for review and contain all the items listed in the Residential or Commercial Application Packet. For manufactured homes, copies of plot plan, pier and base diagram plus tie down diagram with manufacturers name and model number must accompany application. In addition, plumbing, electrical, mechanical and environmental plans shall be submitted to secure these permits, when applicable. The construction permit fee is based on a \$40.00 fee, plus additional fees according to value per thousand of valuation or fraction thereof. A form board tie-in survey shall be required at the slab inspection.

Application is valid for 180 days.

Permit is extended for 6 months after each successful inspection. Permit expires after 1 year. Permit fee is non-refundable.

**Contractors must maintain, State License, PCCLB License, General Liability and Workman's Compensation Insurance.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
**Owner / Authorized Agent / Contractor** (circle one)

APPLICATION APPROVED BY: \_\_\_\_\_  
PERMIT OFFICER DATE



# ATTENTION

## Building Owners and Contractors

Because of serious health risks associated with asbestos exposure, the Pinellas County Air Quality Division, the State of Florida Department of Environmental Protection (FDEP), the U.S. Environmental Protection Agency (EPA), the U.S. Department of Labor (OSHA), and the Florida Department of Business and Professional Regulation (DBPR) have established regulations, which apply to building renovation, and demolition activities.

**Renovation\***: *disturbing building materials – interior, exterior, roofing*

- A written asbestos survey must be performed prior to interior and exterior renovation activities.
- A licensed asbestos consultant must perform the asbestos survey.
- A completed "Pinellas County Notification Form for Renovation Project" must be delivered to Pinellas County Air Quality Division **ten (10) working days prior** to the start of renovation activities; along with a copy of the written renovation asbestos survey (applicable fees apply).
- The asbestos survey report must be available on-site during any renovation activity (see Pinellas County Code).
- Prior to commencement of any renovation activity, all Asbestos-Containing Materials (ACM) that would be disturbed during the course of the renovation must be removed by a licensed asbestos contractor.

**Demolition\***: *removing load bearing structures - full demolition and selective demolition*

- A written asbestos survey for the purposes of the demolition must be performed in accordance with Pinellas County Code prior to demolition activities.
- A licensed asbestos consultant must perform the asbestos survey.
- A completed "Pinellas County Notification Form for Demolition Project" must be delivered to Pinellas County Air Quality Division **ten (10) working days prior** to the start of demolition activities; along with a copy of the written demolition asbestos survey (applicable fees apply).
- **All** Regulated Asbestos-Containing Materials (RACM) must be removed, by a licensed asbestos contractor, prior to commencement of any demolition activity.
- Demolition in Pinellas County may only be performed by a State of Florida/Pinellas County certified/licensed general contractor or a contractor with a specialty license for demolition from the Pinellas County Construction Licensing Board.

\* **Exemptions:** Under certain conditions, a single-family residential home, or an apartment building with four (4) dwellings or less, may be exempt from specific asbestos requirements such as notification or licensure. *Contact the Pinellas County Air Quality Division at 727-464-4422 to determine if your project or structure meets these exemptions.*

**Please Fill-In the Information Below**

*\*The Pinellas County Air Quality Division (727-464-4422) regulates ACM, projects and structures. More information, notification forms & fee schedules are on their website <http://www.pinellascounty.org/environment/airquality/default.htm>\**

**Attention Bldg. Dept.** - Please return this sheet to the Pinellas Co. Air Quality Division via fax (727-453-3548) or mail.

Check the Appropriate Box:  Renovation Activity  Demolition

Bldg. Dept. Permit No. \_\_\_\_\_ County/City: \_\_\_\_\_

Building Name: \_\_\_\_\_ City: \_\_\_\_\_

Building Street Address: \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Permit Applicant/Contractor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Asbestos Survey Performed By: \_\_\_\_\_

I, *(print name)* \_\_\_\_\_ understand the requirements stated above, and I further understand that there may be additional requirements within these rules, which may apply to me. I understand that any violations of these requirements can result in monetary penalties, license forfeiture, or suspension, and criminal prosecution to the owner/operator.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **What is the purpose of asbestos regulations?**

To protect public health by minimizing release of asbestos fibers during demolition and renovation activities.

### **What is the difference between demolishing a facility and renovating it?**

U.S. EPA regulations for asbestos, found in 40 CFR Part 61, Subpart M, state that you "demolish" a facility when you remove or wreck any "load-supporting structural member" of that facility, or perform any related operations. Demolition includes burning a facility. You "renovate" a facility when you alter any part of that facility in any other manner. This includes, but is not limited to, salvage/component removal, disaster response, and building maintenance.

### **Which asbestos regulations apply to me?**

**Florida Building Code, 104.1.10 Asbestos Notification Statement**, requires building permits to have an asbestos notification statement, which indicates to owners and their contractors the responsibility to comply with the Federal, State and local asbestos regulations.

**Pinellas County Code, Chapter 58, sec. 58-149(d)**, requires a written asbestos survey before demolition of a building, before any building renovations, or before maintenance on insulated equipment or building systems. A copy of the survey report must be available on-site during any renovation activity and must be included with the written notification for demolition operations. All Regulated Asbestos-Containing Materials (RACM) must be removed from a facility prior to commencement of demolition activities.

**Florida Code - Regulation Of Professions And Occupations Asbestos Abatement Chapter 469**, requires removal and handling, associated with asbestos-containing materials, be performed by a State of Florida, licensed asbestos contractor. Asbestos surveys must be performed by a State of Florida, licensed asbestos consultant. Asbestos abatement workers must be certified in accordance with Florida Department of Business and Professional Regulation (DBPR) requirements. A Florida certified roofing contractor may remove asbestos roofing if all such activities are performed under the direction of an on-site roofing supervisor trained according to requirements specified under 469.12. In addition, all employers who require employees to handle asbestos must comply with the U. S. Department of Labor (OSHA) regulations.

**The Construction Industry Asbestos Standard, 29 CFR 1926.1101, The General Industry Asbestos Standard, 29 CFR 1910.1001, and The U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)**, requires employers to provide information about the hazards of working with asbestos, provide proper respiratory protection, personnel monitoring, medical monitoring, engineering controls, proper training and proper record keeping for all employees that handle materials that may contain asbestos. Demolition of a building with asbestos-containing material (ACM) in place, such as floor tile, falls under the definition of removal of installed ACM. The removal of installed ACM is either Class I or Class II asbestos work, and all applicable requirements of 1926.1101 apply.

### **Who can I contact for more information about asbestos and asbestos containing materials?**

Pinellas County, Air Quality Division  
509 East Ave South, Ste. 138  
Clearwater, FL 33756  
Phone: 464-4422 Fax: 727 -453-3548

**Website:** <http://www.pinellascounty.org/environment/airquality/default.htm>

Attention Building Dept. - Please return page 1 of this form to the Pinellas County Air Quality Division via fax or mail.

## Asbestos Notification Statement

Attention Building and Structure Owners and Contractors

**By signing the "Application and Permit for Construction", you certify that you have complied, or will comply with all Federal State and County laws and regulations pertaining to asbestos. You further understand that any violations of these requirements can result in monetary penalties to the building owners, building lessees, and their respective contractors. Additional penalties for failing to comply with asbestos rules may include criminal prosecution under federal law and contractor license forfeiture/suspension under State law.**

Asbestos regulations require asbestos to be identified prior to beginning any demolition or renovation activities. A State licensed asbestos consultant must perform the survey. If asbestos is identified in the survey, and it is predicted that asbestos will be disturbed in any way, a State licensed asbestos contractor must remove it first. Additionally, for non-exempt buildings and structures written notification must be mailed or delivered to the Pinellas County Air Quality Division ten working days prior to facility load supporting members either being moved or removed (demolitions) and prior to asbestos removal projects.

### **Licensing Exemption:**

**Note: the following exemption exclusively applies to the owner of a single family residence, and not to any contractor or other hired individuals.**

You, as the owner and occupier of a single family residence, not for sale or lease, may undertake the moving, removal or disposal of asbestos-containing materials on your own residential building. To qualify for the licensing exemption, (subject to the limitations provide below) an owner must personally appear and sign the building permit application.

*State law requires asbestos removal 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 your own asbestos removal contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations, which apply to asbestos abatement projects. 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.*

**The statements included on this page are considered part of the City of Oldsmar Building Division Application and Permit for Construction**

For additional information about asbestos: <http://www.pinellascounty.org/environment/airquality/default.htm>

Pinellas County, Air Quality  
509 East Avenue South, Suite 138  
Clearwater, FL 33756



**Sub-Contractor Registration List**  
 City Of Oldsmar - Planning & Redevelopment  
 100 State Street West, Oldsmar, FL 34677-3655  
 Phone: (813) 749-1124 Fax: (813) 855-2730

**THIS FORM MUST BE SUBMITTED PRIOR TO PERMIT BEING ISSUED**

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

General Contractor/Primary Contractor: \_\_\_\_\_

General Contractor PCCLB License: \_\_\_\_\_ State License: \_\_\_\_\_

General Contractor Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Trade**

**Sub-Contractor Information**

<b>Building</b>	Contractor Name:		License #	
	Company Name:		Contact #	
<b>Electrical **</b>	Contractor Name:		License #	
	Company Name:		Contact #	
<b>Low Voltage Electrical **</b>	Contractor Name:		License #	
	Company Name:		Contact #	
<b>Mechanical</b>	Contractor Name:		License #	
	Company Name:		Contact #	
<b>Plumbing **</b>	Contractor Name:		License #	
	Company Name:		Contact #	
<b>Roofing</b>	Contractor Name:		License #	
	Company Name:		Contact #	

**Instructions:**

1. Must be submitted and signed by the Primary Contractor or authorized agent. (Notarized letter of authorization required for authorized agent)
2. Print clearly on form.
3. For information or questions call (813)749-1124
4. Application may be faxed or emailed to City at 813-855-2730 or planredev@myoldsmar.com

**Mechanical Job Total Valuation :** \_\_\_\_\_

**TECO Layout #:** \_\_\_\_\_

**Signature** \_\_\_\_\_

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

**Print Name** \_\_\_\_\_

\*\* Additional information required on page 2. Please provide a complete breakdown of Electrical & Plumbing Counts for project.

## Electrical Counts

NEW RESIDENTIAL (including closets): Room Count \_\_\_\_\_ x \$15.00 = \_\_\_\_\_ + \$ 50.00 = \_\_\_\_\_

NEW COMMERCIAL OR INDUSTRIAL: # per/amp service \_\_\_\_\_ x \$1.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

RESIDENTIAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$2.50 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

COMERICAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

LOW VOLTAGE: Fixture/outlet count \_\_\_\_\_ x \$2.50 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

COMMERCIAL LOW VOLTAGE: Fixture/outlet count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

### Electrical Fee Schedule

Base Fee, Residential and Commercial	\$50.00
Residential, New or Addition	Base fee plus \$15.00 per room
Residential, Alteration or Remodel	Base fee plus \$2.50 per fixture or outlet
Residential, Service Upgrade	\$50.00
Commercial, New, Addition or Service Upgrade	Base fee plus \$1.00 per Amp
Commercial, Alteration or Remodel	Base fee plus Amp upgrade plus \$3.00 per fixture or outlet
Swimming Pools	\$50.00
Signs	\$40.00
Temporary Power Pole	\$50.00
Fire Alarm	Permit is based on Total Value of project outlined in Building Permits

\*\*\*\*\*

## Plumbing Counts

### INSTALLATION TO BE COMPLETED—PLEASE INDICATE QUANTITY

<b>Lavatories:</b> _____	<b>Water Closet:</b> _____	<b>Sinks:</b> _____
<b>Urinals:</b> _____	<b>Bidet:</b> _____	<b>Bathtubs:</b> _____
<b>Showers:</b> _____	<b>Dishwasher:</b> _____	<b>Disposals:</b> _____
<b>Laundry Tubs:</b> _____	<b>Floor Sinks:</b> _____	<b>Washing Machine:</b> _____
<b>Drinking Fountain:</b> _____	<b>Water Heater:</b> _____	<b>Gas Fixtures:</b> _____
<b>Lift Station:</b> _____	<b>Floor Drains:</b> _____	<b>Water Softner:</b> _____
<b>Grease Traps:</b> _____	<b>Hose Bibs:</b> _____	<b>Lawn Irrigation:</b> _____

**Total Number of Fixtures to be installed:** \_\_\_\_\_

### Plumbing Fee Schedule

Base Fee:	\$50.00
Residential, New or Alteration:	Base fee plus \$5.00 per fixture
Commercial, New or Alteration: (In addition to the traditional plumbing or gas fixtures – water heaters, hose bibs, grease traps and floor drains each count as one fixture)	Base fee plus \$25.00 per fixture
Irrigation Systems:	\$35.00 per each connection to City's Reclaimed Water System
Water Heater or Water Conditioner including solar:	\$75.00
Water Service, Replacement:	\$40.00
Sewer Service Line, Replacement:	\$40.00

PROPERTY ADDRESS: \_\_\_\_\_

## 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 @ [www.floridabuilding.org](http://www.floridabuilding.org)

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
<b>A. SWINGING</b>			
<b>B. SLIDING</b>			
<b>C. SECTIONAL</b>			
<b>D. ROLL UP</b>			
<b>E. AUTOMATIC</b>			
<b>F. OTHER</b>			
<b>2. WINDOWS</b>			
<b>A. SINGLE HUNG</b>			
<b>B. HORIZONTAL SLIDER</b>			
<b>C. CASEMENT</b>			
<b>D. DOUBLE HUNG</b>			
<b>E. FIXED</b>			
<b>F. AWNING</b>			
<b>G. PASS THROUGH</b>			
<b>H. PROJECTED</b>			
<b>I. MULLION</b>			
<b>J. WIND BREAKER</b>			
<b>K. DUAL ACTION</b>			
<b>L. OTHER</b>			
<b>3. ROOFING PRODUCTS</b>			
<b>A. ASPHALT SHINGLES</b>			
<b>B. UNDERLAYMENTS</b>			
<b>C. ROOFING FASTENERS</b>			
<b>D. NON-STRUCTURAL METAL ROOFING</b>			
<b>E. WOOD SHINGLES/SHAKES</b>			
<b>F. ROOFING TILES</b>			
<b>G. ROOFING INSULATION</b>			
<b>H. WATERPROOFING</b>			
<b>I. BUILT UP ROOFING ROOF SYSTEMS</b>			
<b>J. MODIFIED BITUMEN</b>			
<b>K. SINGLE PLY ROOF SYSTEMS</b>			
<b>L. ROOFING SLATE</b>			
<b>M. CEMENTS-ADHESIVES-COATINGS</b>			
<b>N. LIQUID APPLIED ROOF SYSTEMS</b>			
<b>O. ROOF TILE ADHESIVE</b>			
<b>P. SPRAY APPLIED POLYURETHANE ROOF</b>			
<b>Q. OTHER</b>			



<b>Category/Subcategory</b>	<b>Manufacturer</b>	<b>Product Description</b>	<b>Approval Number (s)</b>
<b>4. PANEL WALL</b>			
<b>A. SIDING</b>			
<b>B. SOFFITS</b>			
<b>C. EIFS</b>			
<b>D. STOREFRONTS</b>			
<b>E. CURTAIN WALLS</b>			
<b>F. WALL LOUVER</b>			
<b>G. GLASS BLOCK</b>			
<b>H. MEMBRANE</b>			
<b>I. GREENHOUSE</b>			
<b>J. OTHER</b>			
<b>5. SHUTTERS</b>			
<b>A. ACCORDION</b>			
<b>B. BAHAMA</b>			
<b>C. STORM PANELS</b>			
<b>D. COLONIAL</b>			
<b>E. ROLL-UP</b>			
<b>F. EQUIPMENT</b>			
<b>G. OTHER</b>			
<b>6. SKYLIGHTS</b>			
<b>A. SKYLIGHT</b>			
<b>B. OTHER</b>			
<b>7. STRUCTURAL COMPONENTS</b>			
<b>A. WOOD CONNECTORS/ANCHORS</b>			
<b>B. TRUSS PLATES</b>			
<b>C. ENGINEERED LUMBER</b>			
<b>D. RAILING</b>			
<b>E. COOLERS-FREEZERS</b>			
<b>F. CONCRETE</b>			
<b>G. MATERIAL</b>			
<b>H. INSULATION FORMS</b>			
<b>I. PLASTICS</b>			
<b>J. DECK-ROOF</b>			
<b>K. WALL</b>			
<b>L. SHEDS</b>			
<b>M. OTHER</b>			
<b>8. NEW EXTERIOR ENVELOPE PRODUCTS</b>			
<b>A.</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) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

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APPLICANT SIGNATURE

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DATE

Permit Number \_\_\_\_\_  
Parcel ID Number \_\_\_\_\_

# NOTICE OF COMMENCEMENT

State of Florida  
County of Pinellas

THIS AREA IS RESERVED FOR CLERK OF THE COURT CERTIFICATION

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): \_\_\_\_\_

a) Street (job) Address: \_\_\_\_\_

2. General description of improvements: \_\_\_\_\_

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

a) Name and address: \_\_\_\_\_

b) Name and address of fee simple titleholder (if different than Owner listed above) \_\_\_\_\_

c) Interest in property: \_\_\_\_\_

4. Contractor Information

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

5. Surety (if applicable, a copy of the payment bond is attached)

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

c) Amount of Bond: \$ \_\_\_\_\_

6. Lender

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

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 and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

8.a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b) Phone Number of Person or entity designated by Owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_, 20

**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 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 Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

by \_\_\_\_\_ as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_, as \_\_\_\_\_

(Name of Person)

(type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known  Produced ID

Type of ID \_\_\_\_\_

Notary Signature \_\_\_\_\_

Print name \_\_\_\_\_

NOTARY STAMP



**CITY OF OLDSMAR  
RIGHT OF WAY UTILIZATION AUTHORIZATION**

APPLICATION DATE: \_\_\_\_\_

**A CERTIFIED COPY OF  
THIS AUTHORIZATION and PROVISION MUST BE AT SITE DURING CONSTRUCTION**

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Applicant Emergency Phone \_\_\_\_\_  
Emergency/Nighttime Phone \_\_\_\_\_

Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
License No. \_\_\_\_\_

**LOCATION AND ADDRESS OF WORK:**

\_\_\_\_\_

**Nature of Work:**

- |                                |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Electric Cable/Conduit/Pole | <input type="checkbox"/> | 7. Driveway Culvert      |                          |
| 2. Fiber Optic Cable           | <input type="checkbox"/> | 8. Television Cable/Pole | <input type="checkbox"/> |
| 3. Water Main                  | <input type="checkbox"/> | 9. Storm Sewer           | <input type="checkbox"/> |
| 4. Sanitary Sewer              | <input type="checkbox"/> | 10. Gas Main             | <input type="checkbox"/> |
| 5. Reclaimed Water             | <input type="checkbox"/> | 11. Driveway Apron       | <input type="checkbox"/> |
| 6. Telephone Conduit/Pole      | <input type="checkbox"/> | 12. Other _____          | <input type="checkbox"/> |

**Description of Work:**

\_\_\_\_\_

Sunshine State One Call Number: 1-800-432-4770

**NOTE: Utilities Division must be notified at 813-749.1226, forty-eight (48) hours prior to excavation for utility line locations.**

Starting Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**ALL WORK MUST BEGIN WITHIN THIRTY (30) DAYS OF PERMIT APPLICATION DATE!**

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE**

Culvert Required Yes  No  Size: \_\_\_\_\_ Length: \_\_\_\_\_ Material: \_\_\_\_\_  
Headwall: Yes  No   
Mitered End Sections: Yes  No

**Special Conditions:**

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date Approved



**CITY OF OLDSMAR  
RIGHT-OF-WAY UTILIZATION AUTHORIZATION PROVISIONS**

THIS AUTHORIZATION, issued this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by THE CITY OF OLDSMAR, FLORIDA, a municipal corporation of the State of Florida, whose mailing address is 100 State Street West, Oldsmar, Florida, 34677, and \_\_\_\_\_, hereinafter called the CONTRACTOR, under the hereinafter terms and conditions set forth:

**WITNESSETH:**

1. THE CITY OF OLDSMAR is the owner, possessor and user of a public right-of-way and easement recorded in the Public Records of Pinellas County, Florida, giving the CITY OF OLDSMAR the right by appropriate legal means, to restrict any occupancy or utilization of the established right-of-way and easement which would be or could become inconsistent with the safe and efficient operation and maintenance of the CITY OF OLDSMAR'S existing and future facilities located within the public right-of-way and easements;
2. CONTRACTOR now occupies and desires to occupy and utilize a portion of the public right-of-way and easements. CONTRACTOR shall attach hereto the utility plan sheets on which shall be shown the proposed system facilities to be constructed. Compliance with the locations and conditions shown on said plans shall be a requirement for active validity status of the Authorization. Construction of facilities not in compliance with the terms and conditions of the Authorization shall render the Authorization null and void.
3. THE CITY OF OLDSMAR interposes no objection to CONTRACTOR'S utilization of the designated portion of the public right-of-way and easements for so long as CONTRACTOR'S utilization's strictly complies with and conforms to the locations to be shown on maps provided by CONTRACTOR and approved by the CITY OF OLDSMAR.
4. CONTRACTOR shall determine and demonstrate to the CITY OF OLDSMAR that right-of-way and easements are available to install the CONTRACTOR facilities. CONTRACTOR shall obtain a legally sufficient easement or license from the present owner (s) of the fee simple title as required where public right-of-way and easements are insufficient for CONTRACTOR installation. CONTRACTOR shall furnish to the CITY OF OLDSMAR a copy of each such easement or license prior to CONTRACTOR commencing initial activities within the easement.
5. That all of CONTRACTOR operations, activities and equipment used within the public right-of-way and easement shall, at all times, be in strict compliance with applicable provisions of the National Electrical Safety Code (NESC) and the

Occupational Safety and Health Act of 1971 (OSHA). CONTRACTOR is further notified and hereby agrees to so notify any of CONTRACTOR'S employees, agents, contractors, representatives or other persons engaging in CONTRACTOR activities upon said public right-of-way and easements with CONTRACTOR'S knowledge and under CONTRACTOR supervision or control, that extreme caution is necessary around all of the CITY OF OLDSMAR facilities, structures, or related appurtenances, and in the event of any damages or injuries, CONTRACTOR shall immediately report the nature and extent thereof to the CITY OF OLDSMAR.

6. CONTRACTOR shall first obtain property authority, approval and/or authorization from all other appropriate governmental body or public agency having jurisdiction over any such installations at these locations. Contractor shall provide 48 hour advance notice to CITY OF OLDSMAR Public Works Department/Utilities Division at (813) 855-4612 before starting construction. Contractor shall utilize Florida underground utility notification system "Sunshine State One-Call" (1-800-432-4770).

7. CONTRACTOR shall field locate any utility marked by the CITY OF OLDSMAR to verify depth and exact location prior to digging by machine or boring.

8. THE CITY OF OLDSMAR shall not be liable for any damages to CONTRACTOR utilization howsoever resulting from the CITY OF OLDSMAR'S continued use and occupancy of the public right-of-way and easements; the CITY OF OLDSMAR, however, shall not willfully cause undue damage to CONTRACTOR'S utilization.

9. CONTRACTOR shall be responsible for restoration and clean-up of all grass, pavement, walk and driveway areas within the CITY OF OLDSMAR'S public right-of-way and easements. Restoration shall be in accordance with CITY OF OLDSMAR standards and specifications. Fences, gates and security facilities shall be maintained at all times during construction. Open trenches shall not be permitted. Construction under pavements shall be made by jacking and boring.

10. CONTRACTOR shall remove all above ground abandoned equipment and restore areas to original grade and condition as the work progresses.

11. Upon completion of construction operations, CONTRACTOR shall notify the CITY OF OLDSMAR Engineer for inspection of the public right-of-way and easements.

12. CONTRACTOR shall furnish the CITY OF OLDSMAR with a set of as-built drawings within thirty days of final construction.

13. THE CITY OF OLDSMAR does not guarantee that CONTRACTOR utilization will be completely compatible with the safe and efficient operation and maintenance of the CITY OF OLDSMAR'S existing and future facilities in the public right-of-way and easements and any remedial action required to resolve subsequent conflict will be at CONTRACTOR'S sole expense.

14. CONTRACTOR hereby expressly understands, covenants and agrees (a) that nothing contained in this Authorization or contemplated is intended to or shall increase the CITY OF OLDSMAR'S liability for personal injury or death or for any property

damage, (b) that the CITY OF OLDSMAR does not assume any such additional liability, (c) that liability arising out of the utilization and occupancy of the CITY OF OLDSMAR'S public right-of-way and easements by CONTRACTOR and CONTRACTOR employees, agents, contractors, invitees or any representative, is hereby assumed by CONTRACTOR and shall be at the sole and exclusive risk of CONTRACTOR, (d) that CONTRACTOR shall answer and satisfy to the CITY OF OLDSMAR'S satisfaction any and all complaints relative to CONTRACTOR'S utilization of the CITY OF OLDSMAR public right-of-way and easements, (e) that CONTRACTOR shall protect, defend, hold harmless and indemnify the CITY OF OLDSMAR from and against any and all actions, claims, damages, and/or loss, including costs and attorney's fees, occasioned by or growing out of any actual or claimed usage of condition of the CITY OF OLDSMAR'S public right-of-way an easements arising in any manner whatsoever, directly or indirectly, by reason of this Authorization for CONTRACTOR'S utilization thereof, and (f) that CONTRACTOR covenants not to interfere with the CITY OF OLDSMAR'S existing and future facilities in any manner whatsoever and shall fully indemnify the CITY OF OLDSMAR from any and all losses resulting from such interference.

15. All work must be performed in compliance with the CITY OF OLDSMAR'S hours of operation which are as follows: Monday through Friday 7:00 A.M. - 3:00 P.M. excluding Saturday, Sunday and holidays. The above hours shall be strictly adhered to unless an emergency situation arises, or approval in writing has been obtained from the CITY OF OLDSMAR, Technical Services Division.

**ACCEPTED AND ACKNOWLEDGED:**

CITY OF OLDSMAR, FLORIDA

CONTRACTOR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Senior Engineering Tech  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**APPLICATION FOR  
WATER/WASTEWATER SERVICE**  
CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1100 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_  
 PERMIT FEES DUE: \$ \_\_\_\_\_  
 RECEIPT NO: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Irrigation: \_\_\_\_\_ METER SIZE: \_\_\_\_\_

Legal Description: Sec. \_\_\_\_\_, Twnshp. 28, Rng. 16, Subdivision \_\_\_\_\_, Blk. \_\_\_\_\_, Lot \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner or Authorized Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**6th EDITION (2017) FLORIDA PLUMBING CODE APPLIES**

**IRRIGATION METERS ONLY:** Irrigation meters will be placed next to present meter only. Appointment cannot be made for installation. Homeowner will be responsible for installing systems to meter.

If commercial, complete the following:

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Person Responsible for Bill: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO BE COMPLETED BY THE CITY**

METER SIZE: \_\_\_\_\_ DATE: \_\_\_\_\_ WORK ORDER NO: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

Water Impact Fee: \_\_\_\_\_ Sewer Impact Fee: \_\_\_\_\_

Water Connection: \_\_\_\_\_ Sewer Connections: \_\_\_\_\_

Meter Installation: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

Approved by Utilities Superintendent: \_\_\_\_\_

Approved by Water Department Supervisor: \_\_\_\_\_

Meter number: \_\_\_\_\_ Installed: \_\_\_\_\_ Square Foot Bldg: \_\_\_\_\_

This building will be sprinkled: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Is there a fire hydrant on this property: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Number of ERU's: \_\_\_\_\_



**WATER AND SEWER IMPACT FEES**  
CITY OF OLDSMAR- BUILDING DIVISION  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1100 FAX: (813) 855-2730

**Sec. 70-478. Imposed.**

There is hereby imposed an Impact fee, based on the equitable portion of the cost of financing the extension of the city's sewer and water systems, on the equivalent single-family residential unit connection (ERC) responsible for creating the need for additional system financing. The obligation for payment of such fee shall occur at the time the first of the water permit, sewer permit or building permit is issued. The impact fee shall be as follows:

1. For each equivalent single-family residential unit:

Water service impact fees . . . . \$ 984.00

Sewer service impact fees. . . . \$1,390.00

2. For each nonresidential, commercial and industrial account: These accounts will pay an impact fee as a further set forth on a schedule of impact fees for nonresidential, commercial and industrial uses as is adopted by resolution of the city council from time to time and set forth in section 70-479. Such impact fee shall not be less than the amount charged for a single-family residential unit for each commercial or industrial use, unit or establishment. Matters of interpretation and definition shall be determined by the city manager or his designee.

For the purposes of determining impact fees, it shall be assumed that an equivalent residential connection (ERC) for water and sewer shall be 250 gallons per day. The assumed ERC gallon age has been based on statistical data establishing an average residential use, and it is recognized that the uses for some types of residential units may be greater or smaller than the average assumed for this calculation. The calculations based on flows for commercial, industrial and public facilities shall be converted to ERC's and the impact fee determined accordingly.

3. Any changes in the use of property which result in more intensive usage for nonresidential or commercial users subsequent to the payment of an initial impact fee shall be subject to an additional impact fee computed in accordance with the then existing criteria. If a building permit is issued for an existing nonresidential, commercial or industrial connection which will increase water or sewer demand, or if a building changes from residential to nonresidential occupancy, the impact fee for the old and new parts of the facility shall be computed as set forth in this section. The impact fee shall be determined, and any additional impact fee due shall be paid, prior to the commencement of such usage.
4. Any person desiring to receive a commitment from the city for capacity in the city wastewater treatment plant for development owned by such person in the city may receive a commitment from the city as to the availability of such capacity upon the approval of such capacity allocation by the city council and the payment of a reservation charge in the amount of the sewer service impact fee. Upon such approval of the city and the payment of such reservation charge as required, the applicant shall receive a priority status relative to other persons requesting such capacity and shall be entitled to connections to the city wastewater treatment plant in the order of such priority. If the city is unable to honor the capacity reservation for any reason whatsoever, the applicant shall be entitled to a refund, upon demand, of all



payments made under this section for the capacity reservation charge. In no event shall the failure of the city to honor the capacity reservation charge. In no event shall the failure of the city to honor the capacity reservation subject the city to any claim for damages, and the sole remedy of the applicant shall be limited to the return of the capacity reservation charge. The payment of such capacity reservation charge under this section shall constitute agreement with all the terms hereof.

**Sec. 70-479. Schedule of impact fees for nonresidential, commercial and industrial accounts.**

(a) A schedule of water and sewer service impact fees for nonresidential, commercial and industrial uses as required by subsection 70-478(2) is hereby adopted based on the fixture unit calculate method set forth below in Sec. 70-479(b). Such schedule of water and sewer service impact fees shall remain in effect until modified by further resolution of the city council. The minimum consumption for any use or establishment shall be one ERC.

(b) The fixture unit calculation to be used to determine impact fees under this section shall be as follows:

	Type	Number Proposed		Fixture unit value (each)		Fixture units
(1)	Bathroom group (water closet, lavatory, bathtub or shower stall):	_____				_____
	Private installation	_____	X	6	=	_____
	Public installation	_____	X	8	=	_____
(2)	Bathtub (with or without overhead shower):	_____				_____
	1 1/2inch minimum trap size	_____	X	2	=	_____
	2-inch minimum trap size	_____	X	3	=	_____
(3)	Bidet	_____	X	3	=	_____
(4)	Combination sink and tray	_____	X	3	=	_____
(5)	Combination sink and tray with food disposal unit	_____	X	4	=	_____
(6)	Dental unit or cuspidor	_____	X	1	=	_____
(7)	Dental lavatory	_____	X	1	=	_____
(8)	Drinking fountain	_____	X	0.5	=	_____
(9)	Dishwashing machine, domestic	_____	X	2	=	_____
(10)	Floor drainage ( <i>See table below</i> )	_____	X	_____*	=	_____
(11)	Kitchen sink, domestic	_____	X	2	=	_____

(12)	Kitchen with food waste grinder	_____	X	3	=	_____
(13)	Hand Sink or Lavatory 1 ¼" minimum trap	_____	X	1	=	_____
(14)	Hand Sink or Lavatory 1 ½" minimum trap	_____	X	2	=	_____
(15)	Lavatory, barbers/beauty parlor	_____	X	2	=	_____
(16)	Lavatory, surgeons	_____	X	2	=	_____
(17)	Laundry tray (1 or 2 compartments)	_____	X	2	=	_____
(18)	Shower stall or Bathtub domestic	_____	X	2	=	_____
(19)	Showers (group) per head	_____	X	3	=	_____
(20)	Surgeon's sinks	_____	X	3	=	_____
(21)	Clinical or Flushing rim sink (with valve)	_____	X	8	=	_____
(22)	Service or mop (trap-standard) sink	_____	X	3	=	_____
(23)	Service sink, (P.trap)	_____	X	2	=	_____
(24)	Pot scullery, sinks, garbage can, washer, etc.	_____	X	4	=	_____
(25)	Urinal, pedestal, siphon jet, blowout	_____	X	8	=	_____
(26)	Urinal wall lip	_____	X	4	=	_____
(27)	Urinal, stall, washout	_____	X	4	=	_____
(28)	Urinal Trough (each 2 ft section)	_____	X	2	=	_____
(29)	Washing machine (residential)	_____	X	2	=	_____
(30)	Washing machine, (commercial) <b>(See table below)</b>	_____	X	_____*	=	_____
(31)	Wash sink, (circular or multiple)each set of faucets	_____	X	2	=	_____
(32)	Water closet, private installation	_____	X	4	=	_____
(33)	Water closet, public installation	_____	X	6	=	_____

(12)	Kitchen with food waste grinder	_____	X	3	=	_____
(13)	Hand Sink or Lavatory 1 ¼" minimum trap	_____	X	1	=	_____
(14)	Hand Sink or Lavatory 1 ½" minimum trap	_____	X	2	=	_____
(15)	Lavatory, barbers/beauty parlor	_____	X	2	=	_____
(16)	Lavatory, surgeons	_____	X	2	=	_____
(17)	Laundry tray (1 or 2 compartments)	_____	X	2	=	_____
(18)	Shower stall or Bathtub domestic	_____	X	2	=	_____
(19)	Showers (group) per head	_____	X	3	=	_____
(20)	Surgeon's sinks	_____	X	3	=	_____
(21)	Clinical or Flushing rim sink (with valve)	_____	X	8	=	_____
(22)	Service or mop (trap-standard) sink	_____	X	3	=	_____
(23)	Service sink, (P.trap)	_____	X	2	=	_____
(24)	Pot scullery, sinks, garbage can, washer, etc.	_____	X	4	=	_____
(25)	Urinal, pedestal, siphon jet, blowout	_____	X	8	=	_____
(26)	Urinal wall lip	_____	X	4	=	_____
(27)	Urinal, stall, washout	_____	X	4	=	_____
(28)	Urinal Trough (each 2 ft section)	_____	X	2	=	_____
(29)	Washing machine (residential)	_____	X	2	=	_____
(30)	Washing machine, (commercial) <b>(See table below)</b>	_____	X	_____*	=	_____
(31)	Wash sink, (circular or multiple)each set of faucets	_____	X	2	=	_____
(32)	Water closet, private installation	_____	X	4	=	_____
(33)	Water closet, public installation	_____	X	6	=	_____

**TOTAL NUMBER OF NEW FIXTURE UNITS** \_\_\_\_\_

\* Select fixture drain or trap size below and enter fixture value above in Fixture Units value

Fixture drain or trap size (inches)	Fixture unit value
1 ¼	1
1 ½	2
2	3
2 ½	4
3	5
4	6

**PROVIDE FIXTURES TO BE REMOVED IN TABLE THAT ARE EXISTING IN TABLE BELOW**

Type	Number Proposed		Fixture unit value (each)		Fixture units
	_____	X		=	_____
	_____	X		=	_____
	_____	X		=	_____
	_____	X		=	_____

**TOTAL CREDITS (Fixtures to be removed)** \_\_\_\_\_

**FINAL TOTAL (Number of Fixture Units for Calculation)** \_\_\_\_\_



**24-48 HOUR NOTICE IS REQUIRED FROM CONTRACTOR TO PROCESS APPLICATION ONCE ALL FINAL INSPECTIONS HAVE BEEN COMPLETED**

**CITY OF OLDSMAR  
100 STATE STREET WEST  
OLDSMAR, FL 34677  
PHONE: 813-749-1100  
FAX: 813-855-2730**

**APPLICATION FOR  
CERTIFICATE OF OCCUPANCY**

**Building Permit No.** \_\_\_\_\_

I, \_\_\_\_\_ Hereby certify that the following is a complete list of all licensed Sub-Contractors who furnished labor and materials on the construction of:

Building Address: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Sprinklered  Yes  No Design Occupant Load \_\_\_\_\_ Persons

General Contractor \_\_\_\_\_ Utilities Contractor \_\_\_\_\_

Engineer/Surveyor \_\_\_\_\_ Roofing Contractor \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Mechanical Contractor \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Fire Protection Contractor \_\_\_\_\_

**THIS LIST MUST BE COMPLETED AND ACCURATE. ALL SUBCONTRACTORS SHALL BE STATE AND COUNTY LICENSED.** Final electrical, plumbing, roofing and mechanical inspections must be made and approved. No building shall be occupied or a change made in occupancy or the nature of the use of a building or part of a building until after the Building Official, Technical Services and \*Fire Department have signed the application for certificate of occupancy. Said certificate shall not be issued until all required inspections in accordance with Article III of the Land Development Code and the Florida Building Code, 6th EDITION (2017), have been performed and all outstanding fees have been paid.

Signature of Applicant: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE STRUCTURE LOCATED AT:

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

BUILDING PERMIT NO \_\_\_\_\_ HAS BEEN COMPLETED ACCORDING TO ALL REQUIREMENTS OF THE CITY OF OLDSMAR AND PERMISSION IS HEREBY GRANTED TO OCCUPY SAID STRUCTURE IN COMPLIANCE WITH ALL APPLICABLE CODES.

DATE: \_\_\_\_\_ BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_ TECHNICAL SERVICES: \_\_\_\_\_

DATE: \_\_\_\_\_ \*FIRE OFFICIAL: \_\_\_\_\_

\*REQUIRED FOR COMMERCIAL PROPERTIES ONLY



# City of Oldsmar

*To provide leadership, innovation, environmental stewardship and excellent services in partnership with the community*

Planning & Redevelopment Department ~ 100 State St. West ~ Oldsmar, FL 34677 ~ (813) 749-1100 ~ Fax (813) 855-2730

## CERTIFICATE OF OCCUPANCY CHECKLIST

The following items must be completed before a Certificate of Occupancy can be issued:

### Site:

1. All landscaping to be installed and completed per plans and City Codes.
2. Accessible (Handicapped) parking signage and other required accessible elements must be completed and/or installed.
3. Property must be graded for positive drainage from building.
4. All construction trailers, building materials, and debris of any kind to be removed from site.
5. Neighboring and surrounding sites and properties are to be cleared of construction materials and/or debris.
6. All construction and development signs are to be removed.
7. All banners and temporary signs are to be removed.
- 8. All city sidewalks that abut the project or were damaged by the construction must be replaced if they are broken or cracked.**

### Building:

1. If a special inspector has performed inspections, the Inspection Firm is to submit a signed and sealed code compliance letter certifying the inspections performed.
2. Fire Sprinkler and/or alarm and emergency lighting must be tested and passed by the Fire Marshal.
3. Building address and/or numbers to be installed including suite and the apartment numbers.
4. Screens to be on all openings as required.
5. All rated doors to be installed and labeled, with closers.
6. Soil treatment certification (horizontal and vertical), insulation certification and energy code certification to be provided.
7. The Design Engineer and the fabricator are to provide letters certifying that welds have been approved by the engineer and by the fabricator. Individual welder's certifications are also to be provided.
8. Elevators are required to have a State elevator inspection. Provide copies of the inspection certificate.

### Outside Agencies:

1. Provide Health Department release for water and sewer, certifying that the water for the project has pass the necessary bacteriological and pressure tests.
2. A Certificate of Completion is to be furnished by the design engineer, stating that the paving and drainage was installed in accordance with the plans and specifications.
3. Provide a Certificate of Completion from the Project Engineer, certifying the installation of the underground utilities.
4. Provide a copy of the final approval from FDOT for any driveways and work done on State Roads.
5. Provide that temporary water has been paid for and meter returned.

**General:**

1. Job is completely finished per the reviewed plans and specifications on file. This includes **all final inspections being required and passed** by all contractors and subcontractors, including fire, underground utilities, etc.
2. Engineering, Planning and Building Divisions to recheck and confirm compliance with all relevant ordinances, resolutions, variances, special exceptions, site plan approvals, etc.
3. Required record drawing to be submitted with ample time allowed for review.
4. Final survey is required to show all building dimensions, setback dimensions, elevations of floor, patios and sidewalks, berms and swales, delineation of drainage system and direction of drainage, location of utilities and easements. (provided in .pdf format if larger than 11 x 17)
5. Permanent signs must be installed, inspected and final inspection passed.
6. All required letters are to be signed and sealed. IF the letter is not from a Florida Licensed Design Professional, the letter must be signed and notarized.
7. The owner or tenant of any buildings, offices, apartments, stores, etc. must apply for relevant occupational license.
8. Submit signed copies of the energy calculations and the EPL Performance Card.
9. If site is in a flood zone, provide a signed and sealed copy of the elevation certificate.

Your attention and cooperation in assuring that all requirements are completed prior to requesting the Certificate of Occupancy will expedite the issuance of the certificate.

**I HAVE READ AND UNDERSTAND THE TERMS ABOVE AND WILL COMPLY WITH THE REQUIREMENTS.**

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Print Name