WINDOW AND DOOR PERMIT CHECKLIST

Required Permit Applications:

- ☐ Building Permit

Permit Review Stops (Internal Use):

- ☐ Building
- ☐ Zoning (Commercial submittals only)
- ☐ Fire (Commercial submittals only)

Minimum Plan Submittal:

- ☐ One (1) digital submittal of Palm Beach County's Uniform Permit Applciation (per discipline)
- ☐ One (1) digital submittal of a Florida Product Approval(s) or Miami-Dade County Notice of Acceptance (product approvals) obtained from point of purchase (please circle the appropriate information instead of highlighting)
- ☐ One (1) Certified Copy Notice of Commencement if the job cost is over $2,500.00
- ☐ Design wind pressures as per ASCE-7-Chart (link below). Chart applies to only One & Two family dwellings and Multiple Single Family Dwellings (Townhouses) with a mean roof height <=30 feet, otherwise designer of record must supply the wind pressures.

  https://discover.pbcgov.org/pzb/building/BCAB/BCAB_Proprietary_Wind_Load_Chart_for_Alterations_Level_I.pdf
- ☐ Energy Calculations required for new additions, renovation over 30% of assessed value and new residential construction.
- ☐ Each permit application for a window and door replacement "retrofit", shall be accompanied with a floor plan labelling each opening and shall show the secondary means of egress from bedrooms.
- ☐ Each permit application for a window and door replacement "retrofit", shall be accompanied with a window and door schedule.

Other Requirements:

- ☐ One (1) Certified Copy Notice of Commencement if the job cost is over $2,500.00
- ☐ Windows and Doors must be impact resistant unless shuttered.
- ☐ Windows in bedrooms must meet emergency egress requirements as per FRC-310 (in buildings of new construction).
- ☐ Wndow and Door Buck and Mull tube Affidavit.

☐ OWNER / BUILDER AFFIDAVIT, in accordance with F.S. 489.103(7): DISCLOSURE STATEMENT (Property owners must reside at the residence and shall NOT list the property for sale, lease or rent within a year. Owners of a Condo unit must use a licensed contractor(s) for all scopes of work).

*Please note that this checklist is not intended to be all-inclusive. Due to changes in codes, regulations, and ordinances, other requirements may apply

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

July 2013 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ **Permit Type:** _____
Accepted By: _____ **Application Date:** _____
Application #: _____

1

KIND of PERMIT (CHECK ONE):

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT** - **If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.**

2

PROPERTY OWNER: _____

TENANT: _____

ADDRESS: _____ **UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

3

TRADE (CHECK ONE):

☐ **STRUCTURAL** ☐ **ROOFING** ☐ **ELECTRICAL**
☐ **MECHANICAL** ☐ **PLUMBING** ☐ **FIRE** ☐ **GAS**
☐ **OTHER:** _____

PRIMARY PERMIT #: _____

4

PROJECT NAME: _____

PCN: __ __-__ __-__ __-__ __-__ __-__ __ __-__ __ __ __

LEGAL DESCRIPTION: _____

ADDRESS: _____

CITY: _____

5

FURTHER WORK DESCRIPTION: _____

Type of Work: ☐ **New** ☐ **Addition** ☐ **Alteration** ☐ **Repair** ☐ **Demo** ☐ **Temporary** ☐ **Other**

VALUE: _____ (SEE FEE SCHEDULE) **PERMIT FEE:** _____ (AS APPLIES) **NET S.F (for SFD's):** _____ (AS APPLIES)

6

☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☐ **CONTRACTOR (CERT. HOLDER):** _____ **License #:** _____

DBA (COMPANY NAME): _____ **Contact Person:** _____

ADDRESS: _____ **STE:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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.

7

_____

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, 20_____, **by**

_____

(Name of person making statement).

_____

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ **OR Produced Identification** _____

Type of Identification Produced _____

8

_____

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF $ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF $ VALUE STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day**

of _____, 20_____ , **by**

_____

(Name of person making statement).

_____

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ **OR Produced Identification** _____

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS $2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < $7500). PLEASE ADDRESS ALL ITEMS.

9

Fee Simple Titleholder's Name (If other than owner): _____

_____

Fee Simple Titleholder's Address (If other than owner): _____

_____

City: _____ State:_____ Zip: _____

☐ **Same as Owner**

10

Bonding Company: _____

_____

Bonding Company Address: _____

_____

City: _____ State:_____ Zip: _____

☐ **Not Applicable**

11

Architect/Engineer's Name: _____

_____

Architect/Engineer's Name Address: _____

_____

City: _____ State:_____ Zip: _____

☐ **Not Applicable**

12

Mortgage Lender's Name: _____

_____

Mortgage Lender's Address: _____

_____

City: _____ State:_____ Zip: _____

☐ **Not Applicable**

WARNING TO OWNER:

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN $2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN $7500), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

OFFICE USE ONLY BELOW THIS LINE

13

CODE EDITION/NOTES: _____

_____

_____

_____

_____

14

USE (CHECK ONE):

☐ **1 & 2 FAMILY** ☐ **TOWNHOUSE** ☐ **CONDOMINIUM**

☐ **MULTI-FAMILY** ☐ **COMMERCIAL** ☐ **INDUSTRIAL**

☐ **AGRICULTURAL - BLDG CODE EXEMPT** ☐ **OTHER: _____**

_____

☐ **USE CHANGE: _____**

_____

15

APPROVED BY:_____ DATE:_____

Permit Officer

AUTHORIZED FOR CERTIFICATE OF OCCUPANCY: _____DATE:_____

Building Official or Designee

AUTHORIZED FOR CERTIFICATE OF COMPLETION: _____ DATE:_____

Building Official or Designee

BCAB

Building Code Advisory Board of Palm Beach County

TECHNICAL ADVISORY

Issued on 06-17-19

Revised 03-16-21

By The Building Code Advisory Board

Subject: Proprietary Wind Load Chart for Alterations Level I

This Technical Advisory is intended to provide a proprietary wind load chart for use in all jurisdictions within Palm Beach County. We believe the voluntary use of this chart will help to promote uniformity between the various municipalities, eliminate the need for "sealed engineering" and provide ease of access for contractors/owner builders. Furthermore, it is intended this chart be used only within the following stated limitations:

Limitations:

- Replacement/installation of components & cladding (i.e., windows, doors, garage doors, shutters, reroofing as cited in the 2020 FBC(*Existing*) Chapter 7 Alterations I
- Chart applies to only One & Two family dwellings and Multiple Single Family Dwellings (Townhouses) with a mean roof height <=30 feet
- Wind 170mph, Exposure C, Kd = .85, Kzt = 1.0

Please Note:

1. In no way should it be construed that this technical bulletin negates any requirement for a design professional as stated in 2020 Amendments to the FBC 107.3.4
2. Any structure outside the aforementioned limitations will require a worst-case design pressure chart (signed & sealed) prepared by a Florida P.E. or Architect.

In review of this subject, the Board has rendered the following opinion:

- Voluntary use of the attached chart is acceptable in all jurisdictions within Palm Beach County as long as its use is constrained to the aforementioned limitations.

For The Building Code Advisory Board

Edward J. Lynch, Sr.

Edward Lynch, Chair

SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worse-case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the roof height is less than 30 feet, but not exactly 15, 20, or 25 feet,you will need to go to the next higher roof height. If your roof is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations.

MEAN ROOF HEIGHT = 15 FEET

Flat Roof		Gable Roof				Hip Roof		
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	15.4/38.0	Positive 23.2		Positive 23.2	Positive 34.7	Positive 28.3		Positive 28.3
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-60.5	1, 2e	-70.1	-54	-63.7	1	-63.7	-50.8
1'	-34.8	2n & 2r	-102	-86.2	-70.1	2e	-89.4	-70.1
2	-79.8	3e	-102	-86.2	-86.7	2r	-83	-70.1
3*	-109	3r	-102	-102	-70.1	3	-89.4	-70.1

MEAN ROOF HEIGHT = 20 FEET

Flat Roof		Gable Roof				Hip Roof		
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	16.4/40.3	Positive 24.6		Positive 24.6	Positive 36.9	Positive 30.1		Positive 30.1
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-64.2	1, 2e	-74.5	-57.4	-67.7	1	-67.6	-54
1'	-36.9	2n & 2r	-109	-91.5	-74.5	2e	-95	-74.5
2	-84.8	3e	-109	-91.5	-92.1	2r	-88.1	-74.5
3*	-116	3r	-129	-108	-74.5	3	-95	-74.5

MEAN ROOF HEIGHT = 25 FEET

Flat Roof		Gable Roof				Hip Roof		
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.2/42.3	Positive 25.8		Positive 25.8	Positive 38.7	Positive 31.5		Positive 31.5
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-67.3	1, 2e	-78.1	-60.2	-70.9	1	-70.9	-58.6
1'	-38.7	2n & 2r	-114	-96	-78.1	2e	-99.6	-78.1
2	-88.8	3e	-114	-96	-96.6	2r	-92.4	-78.1
3*	-121	3r	-135	-113	-78.1	3	-99.6	-78.1

MEAN ROOF HEIGHT = 30 FEET

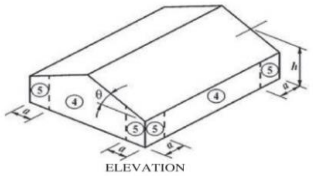
Flat Roof		Gable Roof				Hip Roof		
		1.51 to 4:12		4.1 to 6:12	6.1 to 12:12	1.51 to 4:12		4.1 to 6:12
Positive*	17.9/43.9	Positive 26.8		Positive 26.8	Positive 40.2	Positive 32.8		Positive 32.8
Zone		Zone	Roof	Roof	Roof	Zone	Roof	Roof
1	-70	1, 2e	-81.1	-62.6	-73.7	1	-73.7	-58.8
1'	-40.2	2n & 2r	-118	-99.8	-81.1	2e	-103	-81.1
2	-92.3	3e	-118	-99.8	-100	2r	-96	-81.1
3*	-126	3r	-141	-118	-81.1	3	-103	-81.1

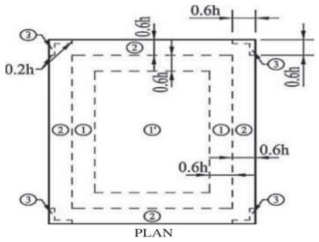
If Parapet >= 3Ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown.

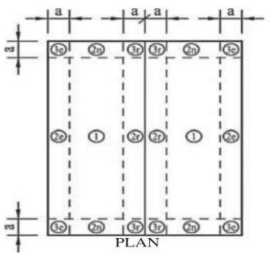
Per ASCE 7-16 Part 1 and FBC (2020) For Detached One-and-Two family dwellings and Multiple Single-Family Dwellings (Townhouses) with Mean Roof Height ≤ 30 feet. Wind V_{ult} 170 mph (3- second gust) / Exposure C** / Kd = 0.85 / Kzt = 1.0 / Pressures are in PSF / Not for use in Coastal (Exposure 'D' areas). *Using Allowable Stress Design methodology (O = 0.6w) / **Exposure Category C or D shall be determined according to **Chapter 16 Florida Building Code** or **Chapter 3 Florida Residential Code.**

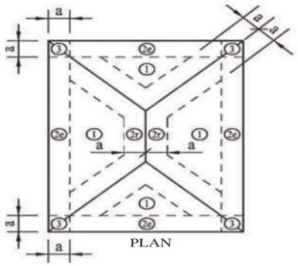
ROOF AND WALL ZONE CHART DIAGRAMS

Wall Pressure Chart	Flat Roof Uplift Chart	Gable Roof Uplift Chart	Hip Roof Uplift Chart









Instructions on how to use these charts: Determine Mean Roof Height, h, which which is top of roof for flat roofs or the mean roof height for pitched roofs. Find your least horizontal dimension for your building, not including an overhang if it occurs. Calculate the value of, a, = 10% of least horizontal dimension or 0.4*h, whichever is smaller, but no less than either 4% of least horizontal dimension or 3 feet. If your roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your Mean Roof Height is higher than 30 feet, these charts do not apply. Review the diagram which illustrate the walland the roof zones and determine the wind zone in which the component is located. Determine the tributary area of the component. If the tributary area falls in between values, use the value of the smaller tributary area. Select the positive and negative wind pressures corresponding to the wall or roof zone where your component is located. Door pressures shown are for the most common door sizes and are worst case for heights <= 30 Feet.

WALL PRESSURE FOR ALL ROOF TYPES

Mean Roof Height	15 Feet						20 Feet					
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500
Wall Positive Pressure	38	36.2	34.9	34	32.3	28.3	40.3	38.5	37	36.1	34.3	30.1
Zone 4 Negative Pressure	-41.2	-39.5	-38.1	-37.2	-35.5	-31.5	-43.7	-41.9	-40.5	-39.5	-37.7	-33.5
Zone 5 Negative Pressure	-50.8	-47.4	-44.6	-42.9	-39.5	-31.5	-54	-50.4	-47.4	-45.6	-41.9	-33.5
Mean Roof Height	**25 Feet**						**30 Feet**					
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500
Wall Positive Pressure	-42.3	40.4	38.8	37.8	35.9	31.5	43.9	41.9	40.3	39.3	37.3	32.8
Zone 4 Negative Pressure	-45.8	-43.9	-42.4	-41.4	-39.5	-35.1	-47.6	-45.7	-44.1	-43.1	-41.1	-36.5
Zone 5 Negative Pressure	-56.6	-52.8	-49.7	-47.8	-43.9	-35.1	-58.8	-54.7	-51.7	-49.6	-45.7	-36.5

GARAGE/ DOOR PRESSURES

<= 30 Feet			
Effective Wind Area		Positive	Negative
Width	Height		
8	8	38.6	-48.2
10	10	37.4	-45.7
14	14	35.4	-41.8
9	7	38.7	-48.3
16	7	37	-45
3	7	41.8	-54.6
6	7	39.8	-50.6

UNIFORM RETROFIT WINDOW & DOOR SCHEDULE

PAGE____OF____

NAME:_____ SITE ADDRESS:_____ CONTACT #:_____

1	2	3		4		5		6		7		8		9		10	
OPENING LOCATION ID	PRODUCT ACCEPTANCE NUMBER	PRODUCT APPROVAL PRESSURE RATING		REQUIRED DESIGN PRESSURE		OPENING SIZES		ZONE LOCATION		Impact Glazing		OPENING HAS EXISTING SHUTTERS		NEW SHUTTERS REQUIRED		MULLION TUBES REQUIRED	
		(+) PSF	(-) PSF	(+) PSF	(-) PSF	WIDTH X HEIGHT IN INCHES	AREA IN SQ FEET	4 INTER	5 END	YES	NO	YES	NO	YES	NO	YES	NO
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											

IDENTIFY OPENINGS ALPHABETICALLY OR NUMERICALLY ON ELEVATION SHEETS.

IDENTIFY VERTICALLY STACKED GLASS IN THE SAME OPENINGS FROM BOTTOM TO TOP WITH SUB NUMBERS (Example: A, A1, A2, ETC.).

AFTER RECORDING – RETURN TO:

PERMIT NUMBER: _____

NOTICE OF COMMENCEMENT

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** (Legal description of the property & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION _____ **BLOCK**_____ **TRACT**_____ **LOT**_____ **BLDG**_____ **UNIT**_____

_____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

_____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR'S NAME:** _____

Contractor's address: _____ b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached):

a. Name and address: _____

b. Phone number: _____ c. Amount of bond: $_____

6. a. **LENDER'S NAME:** _____

Lender's address: _____ b. 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 and address: _____

b. Phone numbers of designated persons: _____

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)

State of _____

County of _____

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

by _____, 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 _____ or Produced Identification_____ Type of Identification Produced _____

Notary

_____

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Retrofit of Windows, Doors, Existing Building, Alteration Level I

Retrofit of Windows, Doors,

1. All Window, Sliding Glass Door and Door Inspections are required to have inspections performed prior to the concealment of the attachments.

Exception: Window or door buck, and mull bar inspections shall have a Licensed Contractor, Registered Architect, or Professional Engineer provide a Window and Door buck and Mull Tube Installation Affidavit at Final Inspection.

- **110.1.3 Affidavit for inspection.** With specific prior approval of, and in a format acceptable to the building official**, an affidavit for certification of inspection may be accepted from the permit qualifier**; **when** accompanied **by extensive photographic evidence of sufficient detail to demonstrate code compliance.** The photographic evidence shall be comprehensive in the display of the installation and/or construction and job location identifiers. The affidavit and accompanying photographs shall be provided to the inspector onsite, at the next scheduled inspection. If the photographs are found to be insufficient by the building official to demonstrate compliance with this code and/or the permitted document, or clearly display location identifiers, or are missing, the inspector shall require the contractor to obtain the services of a Registered Florida Professional Engineer to inspect and certify the installation and/or construction.

2. A Florida Professional Engineer or Architect may modify the buck or fasteners as specified in a Notice of Acceptance. Such modification must be documented with a signed and sealed letter or drawing.

Note: 1013.8 Window sills. In Occupancy Groups R-2 and R-3, one- and two-family and multiple-family dwellings, **where the opening of the sill portion of an operable window is located more than 72 inches (1829 mm) above the finished grade or other surface below,** the lowest part of the clear opening of the window shall be at a height not less than 36 inches (915 mm) above the finished floor surface of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4-inch-diameter (102 mm) sphere where such openings are located within 36 inches (915 mm) of the finished floor.

Town of Lake Park
Building Division
535 Park Ave.
Lake Park, FL 33403
O: 561-881-3300 F: 561-881-3323

INSTALLATION AFFIDAVIT WINDOW & DOOR (replacement)

Re: Permit No. _____

From: _____ (Contractor)

_____ (Contractor's Address)

_____ (Owner/s Name)

_____ (Property Address)

CERTIFICATION SELECTION: (Please check all that apply)
☐ Certification of Window Buck and Door Buck Installation
☐ Certification of Mull Tube Installation
☐ Other _____(glass block, etc)

I, _____, am a licensed contractor (license No. _____) and do hereby certify that all work (as indicated above) has been performed and installed at the above address in accordance with the Florida Building Code, Existing Building, as amended, and Manufacturer's Installation Instructions/NOA/ Product Approvals submitted.

_____ _____
Signature of Qualifier Date

STATE OF FLORIDA, COUNTY OF PALM BEACH
The foregoing instrument was acknowledged before me this _____(date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath. (SEAL)
Signature of person taking acknowledgement _____
Name of officer taking acknowledgement--typed, printed or stamped _____
Title or rank _____ Serial number _____

OWNER/BUILDER AFFIDAVIT

To qualify for exemption from contractor licensing requirements, **an owner must personally appear and sign the building permit application** and satisfy local permitting agency requirements proving that the owner has a complete understanding of the owner's obligations under the law as specified in the disclosure statement below. If any person violates the requirements of the subsection cited below, the local permitting agency shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

OWNER/BUILDER DISCLOSURE STATEMENT
SECTION 489.103, FLORIDA STATUTES

1. 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. 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. 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 the contractor's name instead of my own. 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. 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 one (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. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

6. 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. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit which 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. 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. 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.

(CONTINUED ON OTHER SIDE)

OWNER/BUILDER AFFIDAVIT (CONTINUED)

10. 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 Construction Industry Licensing Board by calling 561-233-5525 or visiting their website, http://www.pbcgov.com/pzb/Contractors, for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the property address stated below.

12. I agree to notify the Town of Lake Park Building Division immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

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.

To apply for an owner-builder permit, this form must be completed and submitted with the building permit application package.

Property Address _____

Property Owner _____
(Signature)

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____ (month), _____ (year),

by _____ (printed name of signer).

Notary's signature _____ (SEAL)

Notary's name, printed, typed or stamped

Personally known _____ OR produced identification _____

Type of identification produced _____