



**TOWN OF GRANT-VALKARIA**  
1449 Valkaria Road  
Grant Valkaria, FL 32950  
Phone: 321-951-1380 ~ Fax: 321-956-5660  
**BUILDING PERMIT APPLICATION**

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

Permit No: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

**Type of work to be completed:**

- Residential     Commercial  
 Driveway/Culvert     Land Clearing     Fence     Shed     Right-of-Way  
 Temporary Sign     Revetment/Seawall     Other \_\_\_\_\_

Description of work to be completed: \_\_\_\_\_  
\_\_\_\_\_

**Property Information:**

Twp: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

Owners Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land Use: \_\_\_\_\_ Zoning: \_\_\_\_\_

**Contractor's Information:**

Qualifier's Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Mortgage Information:**

Mortgage Lenders Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee Simple Titleholder's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Value of Construction: \_\_\_\_\_**

A Certified Notice of Commencement is required to be file in this office for all work valued at \$2,500.00 or more.

ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE ABOVE STATEMENTS AND TOWN OF GRANT-VALKARIA CODES AND ZONING REGULATIONS AND MAY BE SUBJECT TO BREVARD COUNTY HEALTH DEPARTMENT APPROVAL. THIS PERMIT IS VOID IF CONSTRUCTION IS NOT STARTED WITHIN THIRTY DAYS. PERMIT VOID IF ZONING ORDINANCE IS VIOLATED.

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 and zoning in this jurisdiction. I understand that a separate permit must be obtained for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, etc.

OWNER 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.

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

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

\_\_\_\_\_  
SIGNATURE OF OWNER  
STATE OF FLORIDA  
COUNTY OF BREVARD  
Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
by \_\_\_\_\_  
who is personally known to me, or has produced  
\_\_\_\_\_ as  
identification and who did not take an oath.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR  
STATE OF FLORIDA  
COUNTY OF BREVARD  
Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
by \_\_\_\_\_  
who is personally known to me, or has produced  
\_\_\_\_\_ as  
identification and who did not take an oath.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Notary Public

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

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

Approved  Disapproved

By: \_\_\_\_\_  
Building Official/Town Administrator

Permit Fee: \_\_\_\_\_

**TOWN OF GRANT-VALKARIA, FLORIDA**  
**DISCLOSURE STATEMENT**

- 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 his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
- 4) I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
- 5) 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 that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
- 8) 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.
- 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 Florida Construction Industry Licensing Board at (850) 487-1395 or <https://www.myfloridalicense.com> for more information about licensed contractors.
- 11) I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: \_\_\_\_\_
- 12) I agree to notify Grant Valkaria at (321)951-1380 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.

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

Owner's Signature: \_\_\_\_\_

Printed Owners Name: \_\_\_\_\_

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

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me, or has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Signature of Notary Public

Print Name: \_\_\_\_\_  
Commission Number: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED hereby gives notice that improvements 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 the property:(legal description of property, and street address if available) \_\_\_\_\_
2. General Description of improvement: \_\_\_\_\_
3. Owner Information or Lessee information if the Lessee contracted for the improvement:
  - a. Name and Address: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
  - c. Name and address of fee simple title holder (if other than owner): \_\_\_\_\_
4. Contractor:
  - a. Name and Address: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
5. Surety:
  - a. Name and address: \_\_\_\_\_
  - b. Amount of Bond: \_\_\_\_\_ c. Phone Number: \_\_\_\_\_
6. Lender:
  - a. Name and Address: \_\_\_\_\_
  - b. Phone Number: \_\_\_\_\_
7. Persons with 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 Number: \_\_\_\_\_
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: a. Name and Address: \_\_\_\_\_
  - b. Phone Number of Person of entity designated by entity: \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

State of Florida  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Owner's Authorized  
Officer/Director/ Partner/Manager

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

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (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 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary -State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public

**Verification pursuant to Section 92.525, Florida Statutes**

**Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Natural Person Signing Above