



# Fence / Driveway / Sheds (under 150SF) Checklist

Please include the following items in the order shown below. For questions on required items, please call 904-297-7050 or email [building@greencovesprings.com](mailto:building@greencovesprings.com).

**Incomplete permit application packets will not be placed in the review cycle until they are complete.**

	<u>Zoning Permit Application</u>	Complete all information in the spaces provided. If information requested does not apply, insert "N/A"; if Fence, must include Fence Style and Height. Per City Code Section <a href="#">117-788(c)(4)(f)</a> , the finished side of the fence must be facing outward when constructed.
	<u>LDR Compliance Application</u>	Complete all information in the spaces provided. If information requested does not apply, insert "N/A"
	<u>Owner/Builder Disclosure</u>	<b>Applicable to Owner/Builders Only</b> An Owner/Builder Disclosure Statement is a legally binding oath required by Florida Statute, which you are required to sign before a Building employee in order to be issued a building permit in your name. The Disclosure Statement affirms your certification of compliance with the limitations imposed upon you by Florida Statute <a href="#">489.503(6)</a> in order to be exempt from professional licensure requirements as an Owner/Builder.
	<u>Notice of Commencement</u>	<b>Required when job cost exceeds \$5,000 (\$15,000 for mechanical)</b> Florida Statute <a href="#">713.13(1)(a)</a> : Except for an improvement that is exempt pursuant to s. 713.02(5), an owner or the owner's authorized agent before actually commencing to improve any real property, or recommencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with s. 713.23, shall record a notice of commencement in the clerk's office and forthwith post either a certified copy thereof or a notarized statement that the notice of commencement has been filed for recording along with a copy thereof.
	<u>Warranty Deed</u>	
	<u>HOA/ARB Approval</u>	<b>Required for residences in Magnolia Point or Magnolia West</b>
	<u>Boundary Survey / Site Plan</u> (Two [2] copies)	Surveys/Signed & Sealed Site Plans must include the following: <ol style="list-style-type: none"> <li>1. Current Flood Zone</li> <li>2. Easements</li> <li>3. Dimensions of structures</li> <li>4. Setbacks from all structures to the property lines</li> <li>5. Include patios, driveways, walkways (materials and surface treatments)</li> <li>6. Floor Area Ratio (a figure determined by dividing the gross floor area of all buildings on a lot by the area of that lot)</li> <li>7. Proposed driveway with dimensions or proposed fence/shed location. Sheds must meet setbacks for zoning district.</li> </ol>
	<u>Construction Drawings</u>	For sheds only, a set of plans with the anchoring plan must be submitted.

## STAFF ONLY:

<u>Planning Approval</u>	<u>Building Approval</u>
Date Requested: Date Completed:	Date Requested: Date Completed:



## CITY OF GREEN COVE SPRINGS

## ZONING PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields

Fence  
Driveway  
Shed under 150SF

<b>OFFICIAL USE ONLY</b>	DATE REC'D ____ / ____ / ____	DATE APPROVED ____ / ____ / ____	PERMIT # _____
		<b>TOTAL PERMIT FEE \$</b> _____	
<b>PROJECT IDENTIFICATION</b>		<b>PROPERTY OWNERSHIP DETAILS</b>	
Residential      Commercial		NAME _____	
PROJECT NAME _____		MAILING ADDRESS _____	
PROJECT CONTACT _____		OWNER CONTACT PHONE (_____) _____	
PROJECT CONTACT PHONE (_____) _____		OWNER E-MAIL ADDRESS _____	
<b>BUILDING PERMIT ADDRESS</b> (This is the physical address of the actual work location.)			
ADDRESS _____		LOT NO. _____	BLOCK _____
PARCEL # _____		SUBDIVISION _____	
<b>LICENSED CONTRACTOR</b>		<b>FLORIDA DESIGN PROFESSIONAL</b>	
COMPANY NAME _____		COMPANY NAME _____	
LICENSE NAME _____		LICENSE NAME _____	
LICENSE NUMBER _____		LICENSE NUMBER _____	
ADDRESS _____		ADDRESS _____	
PHONE _____	FAX _____	PHONE _____	FAX _____
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____	
<b>FEES SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)</b>		<b>BONDING COMPANY</b>	<b>MORTGAGE LENDER</b>
NAME _____		NAME _____	NAME _____
ADDRESS _____		ADDRESS _____	ADDRESS _____
<b>SETBACKS</b>	<b>JOB COST</b>	<b>Square Footage of Improvements</b>	
Front _____	\$ _____	Heated/Cooled _____ S.F.	_____
Rear _____		Total Under Roof _____ S.F.	_____
Side _____		Construction Type _____	
<b>BRIEF DESCRIPTION OF WORK</b>			
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. I will not occupy or use the referenced building, or any part thereof, until all inspections are finalized and prior to obtaining a certificate of occupancy or completion issued by the building official, as required by law.			
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 THE FIRST INSPECTION.			
<b>OWNER or AGENT</b> (If Agent, Power of Attorney or Agency Letter Required)		<b>CONTRACTOR</b> (Qualifier only)	
Signed: _____ Date: _____		Signed: _____ Date: _____	
Before me this _____ day of _____ 20_____ in the County of Clay, State of Florida, has personally appeared		Before me this _____ day of _____ 20_____ in the County of Clay, State of Florida, has personally appeared	
herein by himself/herself and affirms all statements and declarations herein are true and accurate.		herein by himself/herself and affirms all statements and declarations herein are true and accurate.	
Notary Public at Large		Notary Public at Large	
State of Florida, County of Clay		State of Florida, County of Clay	
Personally Known or Produced Identification      ID Type _____		Personally Known or Produced Identification      ID Type _____	



# City of Green Cove Springs

## Application for Certificate of Land Development Regulations (LDR) Compliance

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

#### **A. PROCESS:**

1. Zoning Approval (Certificate of LDR Compliance).
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax License, as required for type of development activity).
3. Pay Local Business Tax License Fee, if applicable.

**B. PERMIT/LICENSE TYPE (CHECK ALL THAT APPLY):**

- Local Business Tax
- Commercial Addition/Remodel
- Pool/Spa Install
- Storage Shed
- Commercial New
- Residential Addition/Remodel
- Garage
- Sign
- Residential New
- Fence
- Screen Enclosure
- Other: \_\_\_\_\_

### **C. PROJECT:**

1. Project/Business Name (if applicable): \_\_\_\_\_
2. Current Occupant: \_\_\_\_\_
3. Address of Subject Property: \_\_\_\_\_
4. Parcel ID Number(s): \_\_\_\_\_
5. Subdivision: Unit: Block: Lot: \_\_\_\_\_
6. Existing Use of Property: \_\_\_\_\_
7. Proposed Use of Property: \_\_\_\_\_
8. Type of Construction Proposed: \_\_\_\_\_
9. Number of Existing Structures on the Property: \_\_\_\_\_
10. Number of Striped Parking Spaces on Site: \_\_\_\_\_
11. Gross Square Footage of Building, Pool, etc.: \_\_\_\_\_
12. Unit/Suite Square Footage: \_\_\_\_\_
13. Property Acreage: \_\_\_\_\_
14. Building Height (at peak): \_\_\_\_\_

**D. APPLICANT**

1. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (904) \_\_\_\_\_ FAX: (904) \_\_\_\_\_ e-mail: \_\_\_\_\_

**I/We certify and acknowledge that:**

1. Prior to receiving a final certificate of occupancy I/We must comply with the current Florida Building Code through the Development Services Department and obtain any necessary permits.
2. I/We must comply with the requirements of the City of Green Cove Springs.
3. I/We must obtain a Local Business Tax License, if required.
4. I/We must meet parking standards and any use specific standards for the zoning district.
5. Falsifying information may result in the LDR Compliance Permit being revoked.

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

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*  
State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_  
as identification.

NOTARY SEAL \_\_\_\_\_

**Office Use Only:**

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

FLUM: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Max. Lot Coverage: \_\_\_\_\_ Lot Coverage Proposed: \_\_\_\_\_

Max. Height Allowed: \_\_\_\_\_ Height of Structures Proposed: \_\_\_\_\_

Setbacks: F \_\_\_\_\_ R \_\_\_\_\_ SR \_\_\_\_\_ SL \_\_\_\_\_ Not Applicable: \_\_\_\_\_

# of Parking Spaces Required: \_\_\_\_\_ # of Parking Provided: \_\_\_\_\_

Enclosed Garage: \_\_\_\_\_

Accessory Use Height: \_\_\_\_\_

Max. Fence Height Allowed: \_\_\_\_\_ Height of Fence Proposed: \_\_\_\_\_

Architectural Review Board Approval Required:  Yes  No If yes, Date of Approval: \_\_\_\_\_

Accessory Use:  Yes  No If yes, requirements met: \_\_\_\_\_

Previous Site Plan Approval:  Yes  No If yes, Date of Approval: \_\_\_\_\_

Home Occupation:  Yes  No If yes, Date of Approval: \_\_\_\_\_

Alcoholic Beverage License Required:  Yes  No Application been submitted? \_\_\_\_\_

FEMA Flood Zone: \_\_\_\_\_ BFE \_\_\_\_\_ FFE \_\_\_\_\_

Located in Wellfield Protection Zone:  Yes  No

Comments/Conditions of Approval: \_\_\_\_\_



## Owner - Builder Disclosure Statement

### City of Green Cove Springs

#### **Florida Statutes, Chapter 489, Part I, Section 489.103 (7)**

1. I, \_\_\_\_\_, understand that state law requires construction to be provided 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. Exemptions for Owner-Builder Permits in lieu of licensed contractor as stipulated in Florida Statutes 489.103 (7) \_\_\_\_\_ Initial.
2. 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 have 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 and registered with the City of Green Cove Springs. \_\_\_\_\_ Initial.
3. 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 (Rental Property). If a building or residence that I have built or substantially improved by myself is sold or leased within one (1) year after the construction is complete, the law will presume that I built to substantially improve it for sale or lease, which violates the exemption. \_\_\_\_\_ Initial.
4. I understand that, as the Owner-Builder, I must provide direct, onsite supervision of the construction. \_\_\_\_\_ Initial.
5. 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 licenses required by law and by city ordinance. \_\_\_\_\_ Initial.
6. I understand that it is frequent practices 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 employees while working on my property. My homeowner's insurance may not provide coverages for these 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. \_\_\_\_\_ Initial.
7. 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. \_\_\_\_\_ Initial.

8. 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-Builder as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.  **Initial**.

9. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service (IRS), the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Construction Industry Licensing Board at 850-487-1395 or [www.myfloridalicense.com](http://www.myfloridalicense.com) for more information about licensed contractors.  **Initial**.

10. I am aware of, and consent to, Owner-Builder building permits 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.  **Initial**.

11. I agree to notify the City of Green Cove Springs Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.  **Initial**.

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 Worker's Compensation coverage.

The City of Green Cove Springs Building Department staff cannot instruct you on how to complete your project.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the Building Department. A copy of the property owner's driver's license, or other form of government issued verification, and the notarized signature of the property owner is required when the permit is issued. I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

**Construction Address:** \_\_\_\_\_

**Signature of Owner/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.

Type of identification produced \_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NOTICE OF COMMENCEMENT**

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

State of Florida, County of Clay

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 and street address): \_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner information:
  - a. Name and address: \_\_\_\_\_
  - b. Interest in property: \_\_\_\_\_
  - c. Name and address of fee simple titleholder (if other than Owner): \_\_\_\_\_
4. Contractor's Name, address and Phone number: \_\_\_\_\_
5. Surety: Name, address, Phone: \_\_\_\_\_ Amount of Bond: \$ \_\_\_\_\_
6. Lender's Name, address and Phone number: \_\_\_\_\_
7. a. 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) Florida Statutes (Name, Address & Phone numbers): \_\_\_\_\_
8. a. In addition to himself, 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: \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date is 1 year from 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 1, 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.**

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

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

Notary Signature: \_\_\_\_\_ Seal: \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced ID \_\_\_\_\_

Type of Identification produced: \_\_\_\_\_

Verification pursuant to Section 92.525, Florida Statutes