



RESIDENTIAL CONSTRUCTION STARTED or COMPLETED WITHOUT A BUILDING PERMIT

It has been reported that building construction has taken place on your property without the required permits. If this is the case, then an "after-the-fact" building permit and required inspection approvals will need to be obtained to bring your property into compliance. Please use the following information and attachments as a guide to assemble the application documents that are necessary to be submitted to this office for review to obtain the required building permits.

(Note: All plans and documents are required to be legible.)

- An application for a building permit for **all work included in the Violation Notice** will need to be submitted to the Building Department. State Law allows owners to act as their own contractor if the property is used only for the owner's own use and occupancy. If this is the situation, the owner can apply for the permit. If the property appears in someone else's name, is a rental property or is not occupied by the owner etc..., a contractor licensed to do business in the County of Volusia will need to apply for the permit. Appropriate license subcontractors will need to be named. Please see the attached "**Volusia County Residential Permit Application**" for required details and information. Questions concerning application requirements should be directed to the Permit Technicians at the following numbers:
**Daytona Beach...254-4680 *DeLand...736-5929 *New Smyrna Beach...423-3376*
- An originally signed and sealed boundary survey and plot plans in duplicate showing changes to the building footprint or site will be required to be submitted with the building permit application for Zoning approval. These documents shall be legible. If the property is not located on a County maintained right of way, evidence of legal access will need to be provided. Please see the attached "**Residential Plan Review Check Sheet 2007 Florida Building Code**" for details. Contact phone numbers for Zoning setbacks and land use are as follows:
**Daytona Beach...254-4685 *DeLand...943-7059 *New Smyrna Beach...424-6815*
- Two duplicate sets of construction plans accurately depicting the project and marked "**as-built**" by the designer of record (Florida registered architect or engineer) will be required to be submitted with the building permit application. Please see the attached "**Residential Plan Review Check Sheet 2007 Florida Building Code**" for details. Basic questions concerning construction plan requirements should be directed to the Permit Technicians at the following numbers:
**Daytona Beach...254-4680 *DeLand... 736-5929 *New Smyrna Beach...423-3376*
Building code or technical questions should be directed to the Plans Examiner at the following Number: DeLand....386-626-6591
- **Habitable areas** are required to be heated. If the construction includes space that is heated or cooled directly or indirectly, energy compliance forms from the State of Florida are required to be completed. Please see attached form **1100B-08**. This is the most commonly used form for additions & alterations. **3 copies of completed energy forms** will be required to be submitted with the building permit application. Questions concerning the energy form requirements should be directed to the Permit Technicians at the following numbers:
**Daytona Beach...254-4680 *DeLand... 736-5929 *New Smyrna Beach...423-3376*

(Over)

03/2010

- If the **property lies in flood zone "A"** per the Flood Insurance Rate Maps (FIRM) and the

additions or alterations to the existing structure constitute a substantial improvement (construction value is greater than 50% of the existing value of the structure), a preconstruction or as-built elevation certificate will be required. This certificate (FEMA form only) is to be submitted with the building permit application to verify the lowest floor is at the proper elevation. Detached structures for habitable space, workshops, garages and storage structures greater than 400 square feet need to comply with floor level requirements as well. Please see the attached "**Flood Zone Information and Requirements.**" Basic questions concerning flood zone requirements should be directed to the Permit Technicians at the following numbers:

**Daytona Beach...254-4680 *DeLand... 736-5929 *New Smyrna Beach...423-3376*

- If the property contains **wetlands** (areas that are saturated by water at a frequency and a duration sufficient to support a prevalence of vegetation typically adapted for life in saturated soils), a wetland site plan and site review will be required. Questions concerning wetland requirements should be directed to **Environmental Management** at the following numbers:

**Daytona Beach...254-4612 *DeLand... 736-5927 *New Smyrna Beach...423-3303*

- Remodeling, expansion, or additions that involve 1 or more bedrooms or more than 100 square feet of building area (habitable or non-habitable) require septic system approval from the **Volusia County Health Department**. If your property is served by a septic system, an Existing System Approval letter will need to be applied for and a copy of the receipt will be required to be submitted with the building permit application. Contact phone numbers for the Volusia County Health Department are as follows:

**Daytona Beach....274-0694 *DeLand.....822-6250 *New Smyrna Beach...424-2061*

- ***If work has been covered without required inspection approvals, certification affidavits on County forms will be required to be completed.*** Depending on the work completed, these affidavits will need to be completed by the designer of record, electrical contractor, plumbing contractor, heating and air contractor and insulation contractor. All contractors completing affidavits need to be licensed to do business in the County of Volusia. Please see attached "**Affidavit**" forms. Questions regarding inspection approvals and required certification affidavits are to be directed to the Chief Building Inspector at the following numbers:

**Daytona Beach...257-6000 Ext.5739 *DeLand... 822-5739 Ext 2581*

**New Smyrna Beach...423-3300 Ext. 5739*

- Projects that lie **seaward of the Coastal Construction Control Line** will require a permit from the State of Florida, Department of Environmental Protection (DEP). Questions concerning State requirements should be directed to the Bureau Engineer at the following number:

**Bureau of Beaches & Coastal Systems, Tallahassee, FL...(850) 921-7780*

The above information and attachments provided are intended for general use only and are not entirely inclusive. Upon successful submission, plans and documents will be review for compliance with applicable laws, codes and ordinances. If you are unfamiliar with these requirements, it may be necessary to enlist the aid of a licensed contractor. The contractor of record will be notified of any deficiencies noted during the permit and plan review process.



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720

(386) 736-5929 Fax (386) 943-7096

MINOR RESIDENTIAL PERMIT SUBMITTAL CHECKLIST

Directions: Place a checkmark by all items that are included in the package, and a N/A by those items not needed
Two complete permit packages are required & all items must be addressed and in proper order

Contractor or Owner/Builder _____

Jobsite Address (Complete) _____

| <u>Submitted</u> | <u>Received</u> | |
|------------------|-----------------|--|
| [] | [] | Completed Application (Front & Back) must include name & license number of subcontractors ** Owner/Builder must personally appear in office & sign application ** |
| [] | [] | Owner/Builder Disclosure Statement (Owner/Builder Permits only) |
| [] | [] | Private Provider Documents , if applicable |
| [] | [] | Notice of Commencement Affidavit with a copy of the Notice of Commencement that has been filed with the Clerk of the Circuit Court, or the Recorded/Certified Notice of Commencement |
| [] | [] | Agent Authorization Letter |
| [] | [] | Existing Septic System Approval Letter, Septic Tank Permit, Septic Receipt or Sewer Receipt listing jobsite address |
| [] | [] | Water Receipt, Well Permit Receipt, or Well Permit listing jobsite address |
| [] | [] | Energy Forms with complete jobsite address, signed & dated, (3 copies) |
| [] | [] | Affidavit of Drainage Control form (signed by owner & notarized) |
| [] | [] | Elevation Certificate (Required if building is located in a 100 year Flood Hazard area) |
| [] | [] | Storm Water Application, (S.W.I.M.) with 2 <u>scaled</u> copies of stormwater & vegetation plans, if applicable |
| [] | [] | Crown of the Road Variance Application with 2 <u>scaled</u> site plans showing existing & proposed elevations & drainage patterns, if applicable |
| [] | [] | Recorded Warranty Deed if property has transferred within the last 6 months, if applicable |
| [] | [] | 1 Original Sealed Boundary Survey with Flood Zone Certification to Federal Flood Insurance Rate maps, dated April 15, 2002 |
| [] | [] | 2 copies of Survey for Zoning (Show <i>to scale, existing & proposed</i> site improvements, with location of septic & well, if applicable) |
| [] | [] | 3 copies of Site plans for Boathouse, if applicable |
| [] | [] | 1 copy for Tree review , if applicable |
| [] | [] | 2 copies for Driveway review, if adding an additional driveway and <u>connecting to a county road</u> (Show driveway & apron dimensions) |
| [] | [] | DOT permit (Dept. of Transportation), <i>if adding an additional driveway</i> and <u>connecting to a state road</u> |
| [] | [] | 1 copy if Wetlands on site |
| [] | [] | Truss plans, if applicable, signed, sealed & dated (2 sets) |
| [] | [] | Two sets of Construction Plans (Designed by a <i>Florida registered architect or engineer, if applicable</i> to meet the requirements of 2007 Florida Building Code, section R301.2, signed, sealed & dated or comply with Chapter 3 Exceptions) Or/& 2 copies scope of work , if applicable, Or/& 2 copies of floor plan layout , if applicable ** (Extra set of Plans are needed if Wetlands approval is required) |

I hereby acknowledge that the above mentioned plan requirements are hereby submitted with my permit application. I fully understand that if the minimum requirements (documents & plans) have not been met, the review, processing & issuing of my permit will be delayed. I further understand that I must submit plans in accordance with the requirements of the **2007 Florida Building Code**.

Signature _____
(Contractor, Authorized Agent, or Owner/Builder)

Date _____



RESIDENTIAL & MOBILE HOME PERMIT APPLICATION

EFFECTIVE CODE IS 2007 FBC

NON-REFUNDABLE APPLICATION FEES DUE AT TIME OF SUBMITTAL
APPLICATIONS IN PENCIL WILL NOT BE ACCEPTED

DATE ROW ID# PMT#

TAX PARCEL NUMBER
Tax Parcel Number Owner/Leaseholder's Name
Address City State Zip
Day Phone #: Cell Phone #:
E-Mail Address Fax #:
Fee Simple Titleholder Address

ADDRESS OF PROJECT:
Number Street Name Legal Description
City Suite/Lot
County Zip

WORK PROPOSED:
Residential: Addition Alteration Combination New Renovation
Repair Replacement
Mobile Home Mobile Home Replacement New Used
M. H. Attachments? Yes No (Describe)
Accessory Structure: Addition Alteration Combination New Renovation
Repair Replacement
Demolition Electrical Fence Fire Gas
Generator Mechanical Pool Plumbing Solar
Re-Roof Other (explain)
Permit to Complete? After the Fact Permit?
Existing Residence on Site? Natural Disaster?
Permanent Structure? Primary Occupancy
of Dwelling Units # of Stories
Kitchen in Structure? Ground Floor Habitable?
Primary Use Area (Sq Ft) Garage Area (Sq Ft)
Other Area (Sq Ft)
Will the lowest floor level be 12" above any adjacent roads? Yes No
TYPE OF ROOF: Shingle *Metal *Tile * Other
Sloped Low Sloped Combination
* These roof types require a licensed roofer (except for owner/builders)

Worksheet on back must be filled out completely

CONTRACTOR INFORMATION:
License Holder License # Company Name
Phone #: Mobile #: Fax #:
Address E-Mail Address for business use:
Preferred Method of Contact: E-Mail Fax Telephone Preferred Pick up location: Daytona Beach DeLand
Private Provider Review: Yes No Private Provider Inspections: Yes No

SUBCONTRACTORS: Enter name & license number for each subcontractor
ELEC PLUMB HVAC ROOF
LICENSE # LICENSE # LICENSE # LICENSE #
ARCH ENG OTHER OTHER
LICENSE # LICENSE # LICENSE # LICENSE #

Indicate if this property: [] Owner/Contractor-Residence for own use & occupancy - or [] is the Residential unit rental / lease property
Owner/Contractors must name a licensed M.H. installer as a subcontractor. Owner/Bldr must personally appear in office & sign application.

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.
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. 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. If you intend to obtain financing, consult with your lender or an attorney before commencing work or recording your Notice of Commencement.

Signature of Owner (or Authorized Agent - for contractor permits only)
STATE OF FLORIDA COUNTY OF
Affirmed and subscribed before me this day of
by
who is personally known to me or who has produced
as identification (type of ID)

Signature of Contractor (or Authorized Agent)
STATE OF FLORIDA COUNTY OF
Affirmed and subscribed before me this day of
by
who is personally known to me or who has produced
as identification (type of ID)

Signature of Notary Public State of Florida
Print, Type or Stamp Name of Notary
Seal:

Signature of Notary Public State of Florida
Print, Type or Stamp Name of Notary
Seal:

RESIDENTIAL WORKSHEET (PLEASE TYPE OR PRINT CLEARLY)

| | | |
|--|--|---|
| TIED / RELATED PERMIT NUMBERS: | | |
| TREE _____ | USE _____ | WETLAND _____ |
| WELL PERMIT # _____ | SEPTIC PERMIT # _____ | OTHER _____ |
| DECLARED PROJECT COST: (Include labor & materials) \$ _____ .00 | | |
| ELECTRICAL INFORMATION: | | |
| <input type="checkbox"/> Existing Service? | <input type="checkbox"/> Upgrade Service? | <input type="checkbox"/> Limited Use? Temp Pole: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> New Service? | <input type="checkbox"/> Disconnect/Reconnect? | <input type="checkbox"/> Temporary Underground? Electric Company: _____ |
| Service Size: OLD Amps _____ | Volts _____ | Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/> NEW Amps _____ Volts _____ Phase 1PH <input type="checkbox"/> 3PH <input type="checkbox"/> |
| MECHANICAL (HVAC): Declared HVAC Costs _____ .00 | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Duct Work? | Equipment Location: Inside <input type="checkbox"/> Outside <input type="checkbox"/> |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Ventilation? | <input type="checkbox"/> Building Built & Uncond Prior to 03/15/79? |
| <input type="checkbox"/> Oil | <input type="checkbox"/> General? | <input type="checkbox"/> Roof Top Equipment? |
| <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Equipment? | <input type="checkbox"/> Heating System Involved? _____ |
| <input type="checkbox"/> AC | Type of Equipment: _____ | Type of Heating System _____ |
| | | # of BTUs _____ |
| | | <input type="checkbox"/> Cooling System Involved? |
| | | Type of Cooling System _____ |
| | | # of Tons _____ |
| PLUMBING & UTILITY INFORMATION: Plumbing Required? Yes <input type="checkbox"/> No <input type="checkbox"/> (Provide Proof of Water and Sewer/Septic Connections) | | |
| # of Plumbing Fixtures _____ | Well Connection _____ | <input type="checkbox"/> Connection? Heater Type _____ |
| Sewer/Septic Connection _____ | <input type="checkbox"/> Piping? | <input type="checkbox"/> Backflow Preventer? Work: <input type="checkbox"/> Above Ground? <input type="checkbox"/> Underground? <input type="checkbox"/> Part of Fire Protection? |
| Utility Connection _____ | <input type="checkbox"/> Water Heater? | <input type="checkbox"/> General? Water Source _____ |
| Water Company _____ | Sewer Source _____ | Sewer Company _____ |

| | | |
|---|---|--|
| GAS: Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | FLOOD ZONE: | TREE CLEARING INFORMATION: |
| Type of Gas: _____ | If the building is located in a 100 year Flood Hazard area (A, AE, AH, V), a FEMA Flood Certification form is required. Flood Zone X _____ V _____ A _____ BASE FLOOD ELEV (A or V) _____ Min Floor Elev _____ .00 | One Site Plan required showing the area to be cleared & location of tree protection barrier. |
| Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> | | Lot size: Square Feet _____ |
| # of Tanks: _____ | | Frontage _____ ft |
| Installation Remote from Structure? _____ | | Depth _____ ft |
| Connection to: _____ | | |
| # of Gas Outlets _____ | | |

USE PERMIT INFORMATION: Two Site Plans (one site plan for SFR & MH) required showing width of drive at property line & edge of road.

Driveway? Yes No Road Material: Limerock Marl Paved Rock Shell Unpaved Rd

Connected to Road Type: City County Private State Number of Culvert Pipes _____ Size _____

| | | |
|--|--|---|
| DEMO: | FENCE: | GENERATOR: |
| Scope of Demolition | Electric gates? Yes <input type="checkbox"/> No <input type="checkbox"/> | Fuel Source |
| <input type="checkbox"/> Demolition for Addition/Alteration? | Structural Fence? Yes <input type="checkbox"/> No <input type="checkbox"/> | Tank Installation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Demolish to Comply? | Fence Material | # of Gas Connections |
| Type of Structure | Height of Fence | Tank Location: Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> |
| Sq Ft | Fence 2 Material | Connection To |
| Well Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/> | Height of Fence 2 | |
| Septic Abandonment? Yes <input type="checkbox"/> No <input type="checkbox"/> | Pool Fence? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|---|---|
| POOL: (Please complete the Electrical section above) | SOLAR: |
| Pool Type | Heating System? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pool & Deck Area (total sq ft) | Cooling System? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Outer Safety Feature | Water Heater? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Interior Safety Feature | Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Heater Type | Piping? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Spa? Yes <input type="checkbox"/> No <input type="checkbox"/> | General? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Declared Pool Cost \$ | Panel Location: Ground Mount _____ Rooftop _____ |
| Declared Safety Feature Cost \$ | Total Improvement Area >250 Sq Ft? Yes <input type="checkbox"/> No <input type="checkbox"/> |

RE-ROOF:

| | | |
|--|--|---|
| Minor Repair? Yes <input type="checkbox"/> No <input type="checkbox"/> | Skylight Replacement? Yes <input type="checkbox"/> No <input type="checkbox"/> | # of Squares Roof 2 (100 sq ft=1) _____ |
| Roof Over Existing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Slope of Roof 1 _____ | Slope of Roof 3 (if applicable) _____ |
| # of Layers _____ | # of Squares Roof 1 (100 sq ft=1) _____ | Roof Material 3 _____ |
| Roof Top Equip? Yes <input type="checkbox"/> No <input type="checkbox"/> | Slope of Roof 2 (if applicable) _____ | # of Squares Roof 3 (100 sq ft=1) _____ |
| Structural Change? Yes <input type="checkbox"/> No <input type="checkbox"/> | Roof Material 2 _____ | |

Bonding Company Name _____ Address _____

Mortgage Lender's Name _____ Address _____

Arch/Eng'r's Name _____ Address _____

APPROVED BY _____ (PERMIT OFFICER)

GATE CODE: _____

***No lined or graph paper will be accepted**

NOTICE OF COMMENCEMENT

State of Florida
County of Volusia

Permit No _____

Tax Parcel Number _____

The UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement

1. Description of Property: (Legal description of the property, and street address if available.)

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)

FOR CLERK'S OFFICE USE ONLY

4. Contractor:
Name and address

- a. Phone number _____
Fax number _____

5. Surety: Name and address

- a. Phone number () _____
Fax number () _____
- b. Amount of bond \$ _____ .00

6. Lender: Name and address

- a. Phone number () _____
Fax 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 number () _____
Fax number () _____

8. 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

- a. Phone number () _____
- b. Fax number () _____

9. Expiration date of Notice of Commencement (the expiration date is 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Print Name of Owner

State of Florida County of _____

Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

Notarial Seal

VOLUSIA COUNTY
AFFIDAVIT OF DRAINAGE CONTROL FOR RESIDENTIAL
AND MINOR COMMERCIAL CONSTRUCTION

I OWNER/SITE INFORMATION:

- 1. Name of Owner _____
- 2. Address of Owner _____
- 3. Phone No: Home _____ Office _____
- 4. Parcel Number for site _____

| |
|--------------------------------|
| BP# _____ (Office Use Only) |
|--------------------------------|

II CERTIFICATE OF COMPLIANCE:

The undersigned owner of the above described property, being fully aware of the provisions of Section 104.1.7 Chapter 22, Code of Ordinances, as amended, hereby certifies that development of the above described property will not result in:

- 1. Flooding of adjacent lands.
- 2. Blockage of existing drainage systems, natural or manmade.
- 3. The destruction of existing drainage systems, natural or manmade.
- 4. Erosion of fill or disturbed materials onto adjacent lands or environmentally sensitive areas (as determined by the environmental control officer).
- 5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
- 6. Flooding of proposed structure during a 100-year-frequency storm or construction to an elevation less than that indicated on the floodprone maps as are available in the growth management department.
- 7. Inadequate on-site drainage in the vicinity of the proposed structure.

IV RELEASE AND AUTHORIZATION:

- 1. The undersigned hereby releases and holds harmless the County of Volusia and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
- 2. The undersigned hereby grants unto authorized agents and/or employees of the County of Volusia the right to enter upon said property for inspection and enforcement activities. Volusia County reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed & sealed engineered drainage plans.

Signed

Printed Name

State of Florida
County of _____

Sworn to and Subscribed before me, this _____ day of _____, 20____ by _____,
who is personally known to me or has produced _____ as identification.
(Type of ID)

Signature of Notary Public, State of Florida

Print, Type or Stamp Name of Notary

Notarial Seal

Effective March 1, 2009

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION
FORM 1100B-08 Residential Component Prescriptive Method B ALL CLIMATE ZONES

Compliance with Method B of Chapter 11 of the *Florida Building Code, Residential*, or Subchapter 13-6 of the *Florida Building Code, Building*, may be demonstrated by the use of Form 1100B for single- and multiple-family residences of three stories or less in height, additions to existing residential buildings, renovations to existing residential buildings, new heating, cooling, and water heating systems in existing buildings, and site-added components of manufactured homes and manufactured buildings. To comply, a building must meet or exceed all of the energy efficiency requirements on Table 11B-1 and all applicable mandatory requirements summarized in Table 11B-2 of this form. If a building does not comply with this method, it may still comply under Method A of Chapter 11 or Subchapter 13-6 of the applicable code.

| | | | |
|---------------------------------------|-------|--|--|
| PROJECT NAME: AND ADDRESS: | _____ | BUILDER: | _____ |
| | _____ | PERMITTING OFFICE: | _____ |
| OWNER: | _____ | PERMIT NO.: [] [] [] [] [] [] [] [] [] [] | JURISDICTION NO.: [] [] [] [] [] [] [] [] [] [] |

1. New construction including additions which incorporate any of the following features cannot comply using this method: skylights or other nonvertical roof glass, glass areas in excess of 16 percent of conditioned floor area, and electric resistance heat (See Notes to Table 11B-1 on page 2).
2. Fill in all the applicable spaces of the "To Be Installed" column on Table 11B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
3. Complete page 1 based on the "To Be Installed" column information.
4. Read "Minimum Requirements for All Packages", Table 11B-2 and check each box to indicate your intent to comply with all applicable items.
5. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

| | Please Print | CK |
|---|-----------------------------------|-------|
| 1. New construction, addition, or existing building | 1. _____ | _____ |
| 2. Single-family detached or multiple-family attached | 2. _____ | _____ |
| 3. If multiple-family—No. of units covered by this submission | 3. _____ | _____ |
| 4. Is this a worst case? (yes/no) | 4. _____ | _____ |
| 5. Conditioned floor area (sq. ft.) | 5. _____ | _____ |
| 6. Glass type and area: | 6a. _____ | _____ |
| a. U-factor | 6b. _____ | _____ |
| b. SHGC | 6c. _____ sq. ft. | _____ |
| c. Glass area | | |
| 7. Percentage of glass to floor area | 7. _____ % | _____ |
| 8. Floor type, area or perimeter, and insulation: | 8a. R = _____ lin. ft. | _____ |
| a. Slab-on-grade (R-value) | 8b. R = _____ sq. ft. | _____ |
| b. Wood, raised (R-value) | 8c. R = _____ sq. ft. | _____ |
| c. Wood, common (R-value) | 8d. R = _____ sq. ft. | _____ |
| d. Concrete, raised (R-value) | 8e. R = _____ sq. ft. | _____ |
| e. Concrete, common (R-value) | | |
| 9. Wall type, area and insulation: | 9a-1. R = _____ sq. ft. | _____ |
| a. Exterior: | 9a-2. R = _____ sq. ft. | _____ |
| 1. Masonry (Insulation R-value) | 9b-1. R = _____ sq. ft. | _____ |
| 2. Wood frame (Insulation R-value) | 9b-2. R = _____ sq. ft. | _____ |
| b. Adjacent: | | |
| 1. Masonry (Insulation R-value) | | |
| 2. Wood frame (Insulation R-value) | | |
| 10. Ceiling type, area and insulation: | 10a. R = _____ sq. ft. | _____ |
| a. Under attic (Insulation R-value) | 10b. R = _____ sq. ft. | _____ |
| b. Single assembly (Insulation R-value) | | |
| 11. Air distribution system: Duct insulation, location | 11a. R = _____ | _____ |
| Test report required if duct in unconditioned space | 11b. Test report attached? Yes No | _____ |
| 12. Cooling system: | 12a. Type: _____ | _____ |
| (Types: central, room unit, package terminal A.C., gas, none) | 12b. SEER/EER: _____ | _____ |
| | 12c. Capacity: _____ | _____ |
| 13. Heating system: | 13a. Type: _____ | _____ |
| (Types: heat pump, elec. strip, nat. gas, LP-Gas, gas h.p., room or PTAC, none) | 13b. HSPF/COP/AFUE: _____ | _____ |
| | 13c. Capacity: _____ | _____ |
| 14. Programmable thermostat installed on HVAC systems: | 14. Yes No | _____ |
| 15. Hot water system: | 15a. Type: _____ | _____ |
| (Types: elec., nat. gas, LP-gas, solar, heat rec., ded. heat pump, other, none) | 15b. EF: _____ | _____ |

| | |
|---|--|
| I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: _____ DATE: _____ I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____ | Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____ |
|---|--|

* TABLE 11B-1

MINIMUM REQUIREMENTS (See Note 1)

All Climate Zones

| BUILDING COMPONENT | PERFORMANCE CRITERIA | INSTALLED VALUES: |
|---|---|--|
| Windows (see Note 2): | U-Factor = 0.65 SHGC = 0.35 % of CFA <= 16% | U-Factor = SHGC = % of CFA = |
| Exterior door type | Wood or Insulated | Type: |
| Walls – Ext. and Adj. (see Note 3): Frame | R-13 | R-Value = |
| Mass (see Note 3) Interior of wall: | R-6 | R-Value = |
| Exterior of wall: | R-4 | R-Value = |
| Electric resistance heat (See Note 10) | Not allowed | |
| Ceilings (see Notes 3 & 4) | R=30 | R-Value = |
| Floors: Slab-on-grade | No requirement | R-Value = |
| Over unconditioned spaces (see Note 3) | R-13 | R-Value = |
| Hot water systems (storage type) Electric (see Note 5): | 40 gal: EF = 0.92 50 gal: EF = 0.90 | Gallons = EF = |
| Gas fired (see Note 6): | 40 gal: EF = 0.59 50 gal: EF = 0.58 | Gallons = EF = |
| Air conditioning systems (see Note 7) | SEER = 13.0 | SEER = |
| Heat pump systems (see Note 8) | SEER = 13.0 HSPF = 7.7 | SEER = HSPF = |
| Gas furnaces | AFUE = 78% | AFUE = |
| Oil furnaces | AFUE = 78% | AFUE = |
| Programmable thermostat (see Note 10) | Must be installed on all HVAC systems. | Installed? Yes No |
| Ductwork: (see Note 9) Unconditioned space ^a Conditioned space Unvented attic assembly per R806.4 with insulation at the roof plane | R-6, TESTED NA R-4.2 | Location: Unconditioned space R-Value = Test report: Conditioned space R-Value = (No test report required) |
| Air Handler location: Unconditioned attic ^a or garage Conditioned space or Unvented attic assembly per R806.4 with insulation at the roof plane | Requires test report No duct test required | Location: Test report: |

- (1) Each component present in the As-Built home must meet or exceed each of the applicable performance criteria in order to comply with this code using this method; otherwise Method A compliance must be used.
- (2) Windows and doors qualifying as glazed fenestration areas must comply with both the maximum U-Factor and the maximum SHGC (Solar Heat Gain Coefficient) criteria and have a maximum total window area equal to or less than 16% of the conditioned floor area (CFA), otherwise Method A must be used for compliance. **Exceptions:** 1. Additions of 600 square feet (56 m²) or less may have maximum glass to CFA of 50 percent. 2. Renovations with new windows under ≥ 2 foot overhang whose lower edge does not extend further than 8 feet from the overhang may have tinted glazing or double-pane clear glazing. Replacement skylights installed in renovations shall be doublepaned or single paned with a diffuser.
- (3) R-Values are for insulation material only as applied in accordance with manufacturers' installation instructions. For mass walls, the "interior of wall" requirement (R-6) must be met except if at least 50% of the R-4 insulation value required for the "exterior of wall" is installed exterior of, or integral to, the wall.
- (4) Attic knee walls shall be insulated to same level as ceilings and shall have a positive means of maintaining insulation in place. Such means may include rigid insulation board or air barrier sheet materials adequately fastened to the attic sides of knee wall framing materials.
- (5) For other electric storage volumes, minimum EF = 0.97 - (0.00132 * volume).
- (6) For other natural gas storage volumes, minimum EF = 0.67 - (0.0019 * volume).
- (7) For all conventional units with capacities greater than 30,000 Btu/hr. For Small-Duct, High-Velocity units, Space Constrained units, and units with capacities less than 30,000 Btu/hr see Table 13-607.AB.3.2A of the *Florida Building Code, Building*, or Table N1107.AB.3.2A of the *Florida Building Code, Residential*.
- (8) For all conventional units with capacities greater than 30,000 Btu/hr. For Small-Duct, High-Velocity units, Space Constrained units, and units with capacities less than 30,000 Btu/hr see Table 13-607.AB.3.2B of the *Florida Building Code, Building*, or Table N1107.AB.3.2B of the *Florida Building Code, Residential*.
- (9) All ducts and air handlers shall be either located in conditioned space or tested by a Class 1 BERS rater to be "substantially" leak free. "Substantially leak free" shall mean distribution system air leakage to outdoors no greater than 3 cfm per 100 square feet of conditioned floor area at a pressure differential of 25 Pascal (0.10 in. wc.) across the entire air distribution system, including the manufacturer's air handler enclosure. **Exception:** New or replacement ducts installed onto an existing air distribution system as part of an addition or renovation. Such ducts shall either be insulated to R-6 or be installed in conditioned space.
- (10) The prohibition on electric resistance heat and the requirement for programmable thermostats do not apply to additions, renovations, and new heating systems installed in existing buildings.

| COMPONENTS | SECTION | REQUIREMENTS | CHECK |
|---|----------------|---|-------|
| Exterior Joints & Cracks | N1106.AB.1.2 | To be caulked, gasketed, weather-stripped or otherwise sealed. | |
| Exterior Windows & Doors | N1106.AB.1.1 | Max .3 cfm/sq.ft. window area; .5 cfm/sq.ft. door area. | |
| Sole & Top Plates | N1106.AB.1.2.1 | Sole plates and penetrations through top plates of exterior walls must be sealed. | |
| Recessed Lighting | N1106.AB.1.2.4 | Type IC rated with no penetrations (two alternatives allowed). | |
| Multistory Houses | N1106.AB.1.2.5 | Air barrier on perimeter of floor cavity between floors. | |
| Exhaust Fans | N1106.AB.1.3 | Exhaust fans vented to unconditioned space shall have dampers, except for combustion devices with integral exhaust ductwork. | |
| Water Heaters | N1112.AB.3 | Comply with efficiency requirements in Table N1112.AB.3. Switch or clearly marked circuit breaker electric or cutoff (gas) must be provided. External or built-in heat trap required for vertical pipe risers. | |
| Swimming Pools & Spas | N1112.AB.2.3.4 | Spas & heated pools must have covers (except solar heated). Noncommercial pools must have a pump timer. Gas spa & pool heaters must have minimum thermal efficiency of 78%. Heat pump pool heaters shall have a minimum COP of 4.0. | |
| Hot Water Pipes | N1112.AB.5 | Insulation is required for hot water circulating systems (including heat recovery units). | |
| Shower Heads | N1112.AB.2.4 | Water flow must be restricted to no more than 2.5 gallons per minute at 80 psig. | |
| HVAC Duct Construction, Insulation & Installation | N1110.AB | All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section N1110.AB. Ducts in attics must be insulated to a minimum of R-6. | |
| HVAC Controls | N1107.AB.2 | Separate readily accessible manual or automatic thermostat for each system. | |



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720

(386) 736-5929 Fax (386) 943-7096

To: County of Volusia
Building Activity

Re: Permit # _____

ARCHITECT/ENGINEER AFFIDAVIT
Florida Registered

Before me, the undersigned authority, personally appeared _____
(Architect or Engineer)

License Number _____, who being first duly sworn, deposes and says:

I did personally inspect and examine the _____
constructed at _____

Based upon my examination, I have determined that the construction was done according to the plans, specifications and design and meets the requirements of the 2007 Florida Building Code and amendments thereto, specifically, the Wind Load Requirements found in Sections R301.2 or 1609.

Further affiant saith not.

Affiant – Signed and Sealed

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____

Notary Public, State of Florida signature

(Print, type or stamp name)

Personally known _____ or
Produced Identification _____
Type of Identification produced _____

Commission No.: _____



To: County of Volusia
Building & Zoning Department

Re: Permit # _____

GENERAL AFFIDAVIT

Before me, the undersigned authority, personally appeared _____,
License Number _____, who being first duly sworn, deposes and says:

I am licensed as a _____. On or about _____
I did personally inspect and examine the _____ work done
at _____. Based upon that examination, I have
determined that the _____ work was done
according to the _____ code and amendments in effect in Volusia County
as of this date.

Further affiant saith not.

Affiant

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____, by

Notary Public, State of Florida

(Print, Type or Stamp Name of Notary)
Commission No: _____

Personally known _____ or
Produced Identification _____
Type of Identification Produced _____



**Growth and Resource Management
Building
Residential Plan Review Checklist
2007 Florida Building Code**

Revised
5/01/2009

| | | |
|-----------------------|-----------------------------------|--------------|
| PERMIT NUMBER: | PLANS EXAMINER'S INITIALS: | DATE: |
|-----------------------|-----------------------------------|--------------|

ALL PLANS AND PLAN DOCUMENTATION ARE REQUIRED TO BE LEGIBLE AND SUBMITTED IN DUPLICATE. MINIMUM SCALE (1/4" = 1'), LETTERING, CLARITY, AND CONTRAST ARE TO BE SUITABLE TO BE RETAINED AS PART OF THE REQUIRED PERMANENT PERMIT RECORD. NOTE: SINGLE LINE DRAWINGS, GRAPH PAPER, FREE HAND SKETCHES, PENCIL DRAWINGS, ETC... CANNOT BE ACCEPTED FOR PERMITTING.

TITLE, SCOPE AND PURPOSE (R101)
 Applies to the construction, alteration, movement, enlargement, replacement, repair, equipment, use and occupancy, location, removal and demolition of detached one- and two-family dwellings and multiple single-family dwellings (townhouses) not more than three stories above grade in height with a separate means of egress and their accessory structures ≤ 3000SF.
COMMENTS:

| BUILDING PLANNING (R301) | | | | | | | |
|---------------------------------|------------------------|------------------------|------------|------------|--------------------|--------------------|---|
| LOCAL DESIGN CRITERIA | | | | | | | |
| WIND SPEED | EXPOSURE CATEGORY | SUBJECT TO DAMAGE FROM | | | | WINTER DESIGN TEMP | FLOOD HAZARDS |
| 120 MPH | B, C or C+20% capacity | Weathering | Frost line | Termite | Decay | 35 degrees | Per Volusia County Firm, Index Date Feb. 19, 2003 and/or Raised seal survey w/flood zone determination. |
| | | Negligible | N/A | Very Heavy | Moderate to Severe | | |

LOCATION ON LOT (R302)

- ◆ Zoning approved plot plans indicating setback/separation, septic tank location or septic permit application; (900.03 VCZO, R 101.2.1, 106.3.5 FBC-B)
COMMENTS:
- ◆ Sealed survey w/ original signature; flood zone determination, pre-construction elevation certificate if applicable; (900.03 VCZO, 703 VCLDC)
COMMENTS:
- ◆ Exterior walls. Construction, projections, openings and penetrations of exterior walls of dwellings and accessory buildings shall comply with Table R302.1. Projections beyond the exterior wall shall not extend more than 12 inches into the areas where openings are prohibited. (R302)
COMMENTS:

| ROOM PLANNING REQUIREMENTS (R303 through R305) | | | | | | |
|--|--|-------|-----------------|-----------------|-----------------|----------------------|
| Use | Area (ft ²) | Width | Average ceiling | Minimum ceiling | Natural * light | Natural ventilation* |
| Living | 120 | 7'-0" | 7'-0" | 5'-0" | 8% floor area | 4% floor area |
| Dining | 70 | 7'-0" | 7'-0" | 5'-0" | 8% floor area | 4% floor area |
| Kitchen | N.A. | N.A. | 7'-0" | 5'-0" | 8% floor area | 4% floor area |
| Bedroom | 70 | 7'-0" | 7'-0" | 5'-0" | 8% floor area | 4% floor area |
| Bathroom | N.A. | N.A. | 7'-0" | 5'-0"† | 3 square feet | 1 1/2 square feet |
| See Sections R303.1 & R303.3 for mechanical ventilation and artificial light † 6'-8" min. over plumbing fixtures. | | | | | | |
| ◆ | Light, ventilation and heating for habitable rooms, adjoining rooms and bathrooms. (R303.1, 303.2, 303.3, 303.8) COMMENTS: | | | | | |

| ROOM PLANNING REQUIREMENTS (R303 through R305) CONTINUED | |
|---|--|
| ◆ | Outdoor intake openings, exhaust openings and outside opening protection. (R303.4, R303.5) COMMENTS: |
| ◆ | Interior and exterior stairways provided with a means to illuminate the stairs, including the landings and treads. Interior stairways shall be provided with an artificial light source and wall switch located in the immediate vicinity of each landing of a stairway of 6 or more risers. (R303.6) COMMENTS: |
| ◆ | Required glazed openings open directly onto a street or public alley, or a yard or court or comply w/ roofed porches or sunroom exceptions (R303.7) COMMENTS: |
| ◆ | Minimum room areas, dimensions and ceiling heights (R304.1, R304.2, R304.3, 305) COMMENTS: |

| SANITATION (R306 & R307) | |
|-------------------------------------|---|
| ◆ | Dwelling unit provided with toilet facilities (water closet, lavatory, and a bathtub or shower) and kitchen area (provided with a sink) (R306.1, R306.2) COMMENTS: |
| ◆ | Plumbing fixtures connected to a sanitary sewer or to an approved private sewage disposal system and an. (R306.3) COMMENTS: |
| ◆ | Water supply to fixtures: All plumbing fixtures connected to an approved water supply. Kitchen sinks, lavatories, bathtubs, showers, bidets, laundry tubs and washing machine outlets provided with hot and cold water. (R306.4) COMMENTS: |
| ◆ | Fixtures spaced as per Figure R307.1. (R307) COMMENTS: |

| GLAZING (R308) | |
|-----------------------|---|
| ◆ | Human impact loads, hazardous locations (R308.3, R308.4) COMMENTS: |
| ◆ | Skylights and sloped glazing (R308.6) COMMENTS: |

| GARAGES AND CARPORTS (R309) | |
|------------------------------------|---|
| ◆ | No opening between garage and sleeping room, duct and other penetrations protected. (R309.1, R309.1.1, R309.1.2) COMMENTS: |
| ◆ | Garage-dwelling separation; 1/2" gypsum board on garage side, except 5/8" Type X required below habitable rooms, 1 3/8" solid wood doors, 20-minute fire-rated doors. Detached garages < 3' from dwelling require protection. (R309.1, R309.2) COMMENTS: |
| ◆ | Floor surface noncombustible; sloped floor (R309.3) COMMENTS: |

| GARAGES AND CARPORTS (R309) CONTINUED | |
|---------------------------------------|--|
| ◆ | Carport: open two sides; noncombustible floors; sloped floor (R309.4) COMMENTS: |

| EGRESS (R310 through R312) | |
|----------------------------|--|
| ◆ | Basement and sleeping room window for emergency escape: opening 5.7 square feet (grade floor, 5 square feet), 24" net clear height, 20" net clear width; maximum sill height = 44". Emergency escape and rescue openings shall open directly into a public way, or to a yard or court that opens to a public way (screen enclosure exception). (R310.1 through R310.1.4) COMMENTS: |
| ◆ | Enclosed accessible space under stairs have walls, under stair surface and any soffits protected on the enclosed side with ½-inch (13 mm) gypsum board. (R311.2.2) COMMENTS: |
| ◆ | Exit access or hallway ≥ 3' (R311.3) COMMENTS: |
| ◆ | One exit from each dwelling unit (door ≥ (3'0" × 6'8")), floor or landing on each side of each exterior door (<i>Where a stairway of two or fewer risers is located on the exterior side of a door, a landing is not required for the exterior side of the door, provided the door is in-swinging.</i>), (R311.4.1, R311.4.2, R311.4.3) COMMENTS: |
| ◆ | Stairways; minimum width = 3'0"; maximum stair rise = 7 3/4"; minimum tread depth = 9 inches plus 1 inch nosing; nosing not required for minimum 10 inch tread depth; minimum headroom = 6'8" (R311.5) COMMENTS: |
| ◆ | Landings for stairways: floor or landing at the top and bottom of each stairway (<i>A door at the top of a stair shall be permitted to open directly at a stair, provided the door does not swing over the stair.</i>), Width of each landing shall not be less than the stairway served. Every landing has a minimum dimension of 36 inches in the direction of travel. (R311.5.4) COMMENTS: |
| ◆ | Special stairways (R311.5.8) COMMENTS: |
| ◆ | Ramp slope (1:12 maximum, 1:8 if technically infeasible), ramp handrails; one required if slope > 1:12 (R311.6) COMMENTS: |
| ◆ | Handrails; required on one side of stair for stairs with 4 or more risers, handrail height = 34" to 38"; Type I or Type II grip (R311.5.6 through R311.5.6.3) COMMENTS: |
| ◆ | Guards; required for porches, balconies, open sides of stairs, ramps or raised floor surfaces > 30" above floor; 34" minimum guard height at open side of stair or ramp; 36" minimum guard height at porches, balconies, landings; opening limitations. (R312.1, R312.2) COMMENTS: |

| SMOKE and CARBON MONOXIDE ALARMS (R313) | |
|---|---|
| ◆ | UL 217, location and interconnection or household system per NFPA 72, power source, CO alarm within 10' of sleeping rooms (attached garage, fuel burning heater, appliance or fireplace (R313) COMMENTS: |

SMOKE ALARMS (R313) CONTINUED

- ◆ Alterations, repairs and additions - When interior alterations, repairs or additions (enclosed space) requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be provided with smoke alarms located as required for new dwellings; the smoke alarms shall be interconnected and hard wired (R313.2.1, 313.3)
COMMENTS:

FOAM PLASTIC, WALL AND CEILING FINISH, INSULATION (R314, R315, R316)

- ◆ Surface burning, thermal barrier, specific approval, Flame spread, Smoke-developed index (R314.2 – R316.5)
COMMENTS:

DWELLING UNIT SEPARATION (R317)

- ◆ Two-family dwellings: 1-hour fire-resistance rating, supporting construction (R317.1) COMMENTS:
- ◆ Townhouse 2 hour exception, continuity, parapet, townhouse structural independence, rated penetrations (R317.2)
COMMENTS:

DECAY AND TERMITE AREAS (R319 & R320)

- ◆ Protection required, protection against termites (*pre-treat shown on plans*); (R319.1, R320.1)
COMMENTS:

ACCESSIBILITY (R322)

- ◆ Accessible dwelling units applicable (R322.1)
COMMENTS:

FOUNDATIONS, FOOTINGS, Foundation Walls (R401, R403, R404)

- ◆ Fill soil, questionable soils, soil bearing value (R401.2, R401.4, T R401.4.1)
COMMENTS:
- ◆ Footing width, 12" below grade, adjacent to slopes (403.1, 403.1.4, 403.1.7)
COMMENTS:
- ◆ Masonry and concrete foundation walls (R404.1.1, R404.1.2)
COMMENTS:

UNDER-FLOOR SPACE (R408)

- ◆ Ventilation, openings, unvented crawl space, access, debris removal, finished grade (R408.1 – R408.6)
COMMENTS:

| STRUCTURAL REQUIREMENTS (CHAPTERS 5,6,8,9,10) | |
|--|--|
| ◆ | Design by Florida registered architect or engineer (ASCE 7 or 1609 FBC-B) or FBC-R accepted prescriptive compliance method (R301.2.1.1, R301.1.3) COMMENTS: |
| ◆ | Basic wind speed (120 mph); (R301.2.1.5 FBC-R and more specifically, Chapter 22, Code of Ordinances, County of Volusia, Florida which establishes exact wind speed lines) COMMENTS: |
| ◆ | Wind exposure category (B for mainland, C for barrier islands and buildings located within 1500' of an inland body of water with a fetch of 1 mile or more (Note: If within 600' of such bodies of water (i.e. Lake George, Lake Monroe, Lake Harney, Lake Dias, Lake Ashby, Tomoka Basin) roof sheathing and roof to wall connectors are to have values increased 20%); (R301.2.1.4) COMMENTS: |
| ◆ | Structures impacted by CCCL (see attachment for checklist); (R301.2.5, 3109 FBC-B) COMMENTS: |
| ◆ | Components and cladding; design wind pressures in terms of PSF, to be used for the design of exterior component and cladding materials (doors, windows, garage doors, skylights etc...) not specifically designed by the registered design professional (R 301.2, T 301.2(2)) COMMENTS: |
| ◆ | Wind-borne debris protection; specifications for impact resistant glazing and/or design specifications for shutters, structural panel exception; (R 301.2.1.2) COMMENTS: |
| ◆ | Floor plan; (R 101.2.1, 106.3.5 FBC-B) COMMENTS: |
| ◆ | Elevation views; all four; (R 101.2.1, 106.3.5 FBC-B) COMMENTS: |
| ◆ | Lumber grade and species (R 502, 602, 802) COMMENTS: |
| ◆ | Roof framing plan (conventional) or truss package engineering (120 mph wind speed, building height, proper exposure category, loads @ open porches); (R 101.2.1, 106.3.5 FBC-B, R 301.2, 802) COMMENTS: |
| ◆ | Permanent truss bracing details; (R 502.1.3.2) COMMENTS: |
| ◆ | Gable bracing detail; (R 101.2.1, 106.3.5 FBC-B, R301.2, R802.1.6.3) COMMENTS: |

STRUCTURAL REQUIREMENTS (CHAPTERS 5,6,8,9,10) CONTINUED

| | |
|---|--|
| ◆ | Valley framing plan/detail including connection details; (R 101.2.1, 106.3.5 FBC-B, R301.2) COMMENTS: |
| ◆ | Floor framing plan (conventional) or truss package engineering; (R 101.2.1, 106.3.5 FBC-B, R301.2, 502.11) COMMENTS: |
| ◆ | Connector schedule/table (R301.2, 802.1.6.5) COMMENTS: |
| ◆ | Foundation plan including interior bearing footings, footing dowels/vertical reinforced downpour locations (R 101.2.1, 106.3.5 FBC-B) COMMENTS: |
| ◆ | Lintel information; masonry, concrete, steel, wood; (R 101.2.1, 106.3.5 FBC-B, R 502.2, 602.2.8) COMMENTS: |
| ◆ | Structural wall section(s) from foundation through roof assembly for each different type of construction; (R 101.2.1, 106.3.5 FBC-B, R301.2) <i>I.E.: EXTERIOR BEARING WALLS, INTERIOR BEARING WALLS, EXTERIOR NON-BEARING WALLS, COLUMNS AT PORCHES & ENTRY, AND 2ND STORY FRAME WALL BEARING ON BEAM/GIRDER</i> COMMENTS: |
| ◆ | Nailing pattern(s) for wall & roof sheathing; (R 101.2.1, 106.3.5 FBC-B, R301.2) COMMENTS: |
| ◆ | Tile & metal roofing (R 101.2.1, 106.3.5 FBC-B, R 905, Rule 9B-72) COMMENTS: |
| ◆ | Arch window framing details, buck attachment details for fenestration products requiring 2x bucks; (R 101.2.1, 106.3.5 FBC-B, R301.2) COMMENTS: |
| ◆ | Frame to block connection detail; (R 101.2.1, 106.3.5 FBC-B, R301.2) COMMENTS: |

| STRUCTURAL REQUIREMENTS (CHAPTERS 5,6,8,9,10) CONTINUED | |
|--|--|
| ◆ | Fireplace detail/section (masonry) or chimney box construction (<i>pre-fab</i>) outside air for both; (R 101.2.1, 106.3.5 FBC-B, R 301.2, 1001, 1002, 1003, 1004, 1005) COMMENTS: |
| INSULATING CONCRETE FORM WALL CONSTRUCTION (R611) | |
| ◆ | General design, applicability limits (R611.1, R611.2) COMMENTS: |
| MASONRY CONSTRUCTION (R606 through R610) | |
| ◆ | General requirements (R606 – R610) COMMENTS: |
| EXTERIOR WALL COVERING (R703) | |
| ◆ | Weather-resistant envelopment, drained wall assembly, stucco, flashing (R703.1, 703.2, 703.6, R703.7, R703.8) COMMENTS: |
| ROOF VENTILATION (R806) | |
| ◆ | Ventilation requirements; (R 806.1, 806.2) COMMENTS: |
| ATTIC ACCESS (R807) | |
| ◆ | Access to <i>all</i> areas; (R 807.1) COMMENTS: |
| ENERGY EFFICIENCY (CHAPTER 11) | |
| ◆ | Energy forms, EPL Display Card;(N 1100.2, N1100.3, N1100.6) <i>Note: Review for gross errors only</i> COMMENTS: |
| ◆ | HVAC sizing calculations (ACCA Manual J or N or ASHRAE Cooling and Heating Manual, Second Edition) (N1107.ABC.1) <i>Note: Review for gross errors only</i> COMMENTS: |
| MECHANICAL (Chapters 12-23) | |
| ◆ | Plans to show location(s) heating unit, air handler, compressor, dishwasher, refrigerator, exhaust fans, dryer & vent, range & hood; (R 101.2.1, 106.1.1 FBC-B, M 1301.1) COMMENTS: |
| ◆ | Exhaust systems, duct systems, combustion air (Chapters 15,16,17) COMMENTS: |
| ◆ | Chimney and vent location and terminations (Chapter 10 and Chapter 18) COMMENTS: |

| MECHANICAL (Chapters 12-23) CONTINUED | |
|--|--|
| ◆ | Solar systems (Chapter 23) COMMENTS: |
| ◆ | Penetrations of fire-resistance rated assemblies (R317.3) COMMENTS: |

| FUEL-GAS (Chapter 24) | |
|------------------------------|--|
| ◆ | Application, general regulations, appliance location, air requirements, installation, clearances, electrical and electrical bonding (G2401.1, G2404, G2407, G2408, G2409, G2410, G2411) COMMENTS: |
| ◆ | Pipe sizing, materials, installation, support, valves, controls, connections, venting, misc. appliances (G2413, G2414, G2415, G2419, G2420, G2421, G2422, G2425, G2428, G2423, G2429-G2453) COMMENTS: |

| PLUMBING (Chapters 25-32) | |
|----------------------------------|--|
| ◆ | Plumbing fixtures, water heater (Chapters 27, 28) COMMENTS: |
| ◆ | Fixture traps (P3201) COMMENTS: |
| ◆ | Penetrations of fire-resistance rated assemblies (R317.3) COMMENTS: |

| ELECTRICAL (Chapters 33-42) | |
|------------------------------------|---|
| ◆ | Penetrations of fire-resistance rated assemblies (E3302.2) COMMENTS: |
| ◆ | Service equipment and location (E3501, E3506) COMMENTS: |
| ◆ | Required lighting and receptacle outlets (E3801, E3803) COMMENTS: |
| ◆ | Devices and lighting fixtures (Chapter 39) COMMENTS: |

| CONSTRUCTION SEAWARD OF CCCL (3109 FBC-B) | |
|--|--|
| ◆ | Exposure C design pressures (<i>including components & cladding</i>); (Table R301.2(3) or T1609.6D) COMMENTS: |
| ◆ | Copy of approved, State of Florida, DEP environmental permit from the Bureau of Beaches and Coastal Systems COMMENTS: |
| ◆ | 100 Year Storm Elevation (<i>lowest structural member in accordance with elevation established per DEP environmental permit or DEP report "One-Hundred-Year Storm Elevation Requirements for Habitable Structures Located Seaward of a Coastal Construction Control Line"</i>) NOTE: 100 YEAR STORM SURGE ELEVATION VARIES; COUNTYWIDE SCOUR ELEVATION 3.6' NGVD (3109.3) COMMENTS: |
| ◆ | Pile foundation design details (1808, 3109.4) NOTE: CHECK REINFORCEMENT, DEPTH BELOW SCOUR ELEVATION, RATIO NOT TO BE LESS THAN 8:1 FOR INDIVIDUAL PILES COMMENTS: |
| ◆ | Walls below the 100 year storm elevation (max 20% non break-away, frangible wall design) (3109.4.2) COMMENTS: |

CCCL PERMIT PREPARATION:

- CERT inspection needs to be inserted prior to grade beam/foundation inspection for certification from architect/engineer stating that piling installation has been completed in accordance w/plans & specifications. Explanatory note needs added to Permit Conditions.
- SURV inspection needs to be inserted in sequence prior to the next inspection after the lowest horizontal structural member would be installed for certification by a Florida registered surveyor of the elevation @ the bottom of that member. Explanatory note needs to be added to Permit Conditions.
- CCCL Elevation Certificate needs the 100 Year Storm Elevation entered into Section B, item 1. Certificate along w/notice to be included in the DEP package mailed to applicant.
- DEP letter needs to be prepared and routed to Zoning & ENVMG (if appropriate).

Plan Review Information Sheet (2007 FBC RESIDENTIAL, 2008 NEC)

GENERAL REQUIREMENTS

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| ◆ | CONSTRUCTION IN A FLOOD HAZARD ZONE: AS-BUILT ELEVATION CERTIFICATE REQUIRED PRIOR TO NEXT INSPECTION, FINAL ELEVATION CERTIFICATE REQUIRED PRIOR TO FINAL INSPECTION (FEMA FORM ONLY) |
| ◆ | FACTORY BUILT FIREPLACE SPECIFICATIONS TO BE ON SITE FOR BOTH FRAMING & FINAL INSPECTIONS |
| ◆ | TEMPORARY ELECTRIC SERVICE INSPECTIONS NOT SCHEDULED WITH A REQUIRED INSPECTION ARE SUBJECT TO AN ADDITIONAL INSPECTION FEE |
| ◆ | BUILDING ADDRESS NUMBERS TO BE INSTALLED PRIOR TO FINAL INSPECTION (ORDINANCE 83-2) |
| ◆ | CERTIFICATE OF FINAL TREATMENT TO BE SUBMITTED TO OFFICE PRIOR TO FINAL INSPECTION (R 320.1) |

PLEASE REVIEW ALL ITEM NUMBERS REDLINED ON PLANS AND RELATED CODE SECTIONS TO ENSURE COMPLIANCE.

2007 FLORIDA BUILDING CODE - RESIDENTIAL

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| 1B | SMOKE DETECTORS | R313.1, R313.2 |
| 2B | EXIT DOOR - SIDE SWING 3'0"x6'8"; (DOUBLE MINIMUM 32" CLEAR OPENING (SINGLE LEAF)) | R311.4.1-.3 R311.4.4 |
| 3B | EMERGENCY ESCAPE - SLEEPING ROOM WINDOW (MAXIMUM 44" SILL HEIGHT, NET CLEAR OPENING: MINIMUM 20" WIDE, 24" HIGH, 5 SF 1ST FLOOR, 5.7 2 ND & 3 RD FLOORS) | R310.1 |
| 4B | STAIRS (TREADS & RISERS) | R311.5.3.1, R311.5.3.2 |
| 5B | STAIRS (HANDRAILS) | R311.5.6 |
| 6B | GUARDRAILS (DECKS, LANDINGS, BALCONIES ETC...) | R312.1, R312.2 |
| 7B | ACCESSIBILITY - TOILET ROOMS AT GRADE LEVEL (DOOR MINIMUM 29" CLEAR OPENING) | R322.1.1 |
| 8B | TOILET ROOM VENTILATION | R303.3, M1506.1-3, T1506.3 |
| 9B | ENERGY EFFICIENCY - AIR INFILTRATION (15# FELT IS NOT AN APPROVED METHOD) | 13-806.1.ABC.1.2.1 EXCEPT |
| 10B | BRICK VENEER - SUPPORT ON WOOD, FLASHING, WEEP HOLES, TERMITE REQUIREMENTS | R703.7, R704 |
| 11B | ROOF ASSEMBLY - PRODUCT APPROVAL (UNDERLAYMENT: ASTM D 226, TYPE 1 or 4869, TYPE 1, SHINGLES: ASTM D 225 or 3462, FASTENERS ASTM D 3161 OR PA 107-95) | R905.2.2-.5, R905.2.7.2, R905.2.8.1 |
| 12B | FOUNDATION (MINIMUM 12" BELOW GRADE) | R403.1.4 |
| 13B | MASONRY CHIMNEYS & FIREPLACES, EXTERIOR AIR SUPPLY FACTORY BUILT CHIMNEYS & FIREPLACES, EXTERIOR SUPPLY | R1001, R1003, R1005 R1002, R1004, R1005 |
| 14B | WOOD SIDING, SHEATHING & STRUCTURAL ELEMENTS, STUCCO OVER WOOD FRAMING (MINIMUM 6" ABOVE GRADE, MINIMUM 6" CLEARANCE STUCCO TO GRADE) | R703.5, R704 |
| 15B | ATTIC ACCESS (PRIMARY: MINIMUM 20" X 36"; SECONDARY: MINIMUM 2'X2') | R807.1 |
| 16B | ATTIC VENTILATION | R806.2 |
| 17B | GLAZING - HAZARDOUS LOCATIONS (DOORS, NEAR DOORS, NEAR WALKING SURFACES, RAILINGS, NEAR POOLS) | R308.4.1-.4, .6-.11 |
| 18B | GLAZING - HAZARDOUS LOCATIONS (DOORS & WALLS OF ENCLOSURES FOR HOT TUBS, WHIRLPOOLS, SAUNAS, STEAM ROOMS, BATHTUBS, & SHOWERS) | R308.4.5 |
| 19B | DRAFTSTOPPING - FLOOR/CEILING ASSMEBLIES (MAXIMUM 1000 SF AREAS) | R502.12 |
| 20B | PERMANENT TRUSS BRACING | R502.11.2 |

2008 NATIONAL ELECTRIC CODE

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| 1E | ELECTRICAL OUTLETS - GENERAL PROVISIONS FOR DWELLING UNITS | 210.52 |
| 2E | LIGHTING OUTLETS - GENERAL REQUIREMENTS | 210.70 |
| 3E | GROUND-FAULT CIRCUIT-INTERRUPTER (BATHROOMS TO BE ON SEPARATE CIRCUIT) | 210.8, 210.11, 3401.7 FBC |
| 4E | ARC-FAULT CIRCUIT INTERRUPTER | 210.12 |
| 5E | LIGHT SWITCHES-READILY ACCESSIBLE | 404.8 |
| 6E | LIGHTING FIXTURES IN CLOSETS - PROPER CLEARANCES | 410.8 |
| 7E | SPAS AND HOT TUBS | 680 PART IV |

2007 FLORIDA BUILDING CODE - RESIDENTIAL (MECHANICAL)

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| 1M | APPLIANCES IN ATTIC (ACCESS, SERVICE SPACE, ELECTRICAL, AUXILLARY DRAIN PANS, SECONDARY DRAIN SYSTEM, & AIR HANDLER (FBC requirements & notice)) | M1305.1.3, M1305.1.3.1 M1305.1.3.2 |
| 2M | BALANCED RETURN AIR, RETURN AIR PLENUMS (NO COMBUSTIBLES) | M1602.4 |
| 3M | EXHAUST DUCTING - BATHROOM, DRYER, RANGE HOOD (PROPER TERMINATION) | M1506, M1501, M1502 |
| 4M | CARBON MONOXIDE ALARM WITHIN 10' OF SLEEPING ROOMS (DETACHED GARAGE, FUEL BURNING HEATER, APPLIANCE OR FIREPLACE; PERMITTED AFTER 7/1/2008) | R313.4, 913.1 FBC-B |

2007 FLORIDA BUILDING CODE - RESIDENTIAL (PLUMBING)

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| 1P | WHIRLPOOL BATH PUMP ACCESS (FOR REPAIR OR REPLACING) | P2720.1 |
| 2P | SHOWER TEMPERATURE CONTROL DEVICES | P2708.3 |
| 3P | WATER HEATER THERMAL EXPANSION | P2803.1 |
| 4P | WELL PUMPS, MINIMUM WELL PUMP SIZE, PRESSURE TANKS & PIPING | 612.1, T612.1, 612.2, 612.3 |

FOR INFORMATIONAL PURPOSES ONLY. THIS DOES NOT GRANT PERMISSION TO VIOLATE ANY APPLICABLE LAW, CODE OR ORDINANCE.