

OFFICE USE ONLY:

Date: _____	Fee Due: _____	Receipt# _____	Permit # _____
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ALL INFO MUST BE COMPLETE & FILLED IN TO BE ACCEPTED



St. Lucie County Building and Zoning

2300 Virginia Avenue
 Ft. Pierce, FL 34982-5652
 772-462-1553

APPLICATION FOR ALUMINUM STRUCTURES PERMIT

PROJECT INFORMATION

- LOCATION/SITE ADDRESS: _____
- PROJECT NAME: _____ SITE PLAN NAME: _____
- PROPERTY TAX ID #: _____
- LEGAL DESCRIPTION (attach extra sheets if necessary): _____
- PLAT BOOK _____
- PAGE NO. _____
- BLOCK NO. _____
- LOT NO. _____
- PARCEL SIZE: ACRES/SQ FT. _____ LOT DIMENSIONS _____
- SETBACKS (ACTUAL) FRONT: _____ BACK: _____ RIGHT SIDE: _____ LEFT SIDE: _____
- TYPE OF STRUCTURE (CHECK ALL APPROPRIATE BOXES FOR EACH AND EVERY TYPE OF STRUCTURE)

TYPE OF CONSTRUCTION	N=New A= Addition R = Rebuild	SG = Slab on Grade SR = Raised Slab WD = Wood Deck	DIMENSIONS	SQUARE FEET OF CONSTRUCTION
<input type="checkbox"/> SCREEN ROOM		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> CARPORT/PATIO ROOF		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> HABITABLE GLASS ROOM		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> SUNROOM		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> SHED		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> POOL ENCLOSURE		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> M H ROOF OVER		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> ROOF SYSTEM OVER EXISTING ACCESSORY STRUCTURE		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> OTHER: _____		___ <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	X	
<input type="checkbox"/> POOL FENCE				Linear feet
TOTAL SQUARE FOOTAGE OF CONSTRUCTION				

12. **VALUE OF CONSTRUCTION:** \$ _____

The value of construction is used to determine the amount of permit fees to be assessed. St. Lucie County reserves the right to question and/or modify the indicated value of construction if it is demonstrated that the submitted figures are not consistent with similar types of construction activities. If the value is \$2500 or more, a RECORDED Notice of Commencement must be submitted PRIOR TO FIRST INSPECTION.

OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE (DAYTIME): (____) _____ EMAIL: _____

FILL IN NAME AND ADDRESS BELOW IF THE FEE SIMPLE TITLEHOLDER (PROPERTY OWNER) IS DIFFERENT FROM THE OWNER LISTED ABOVE:

FEE SIMPLE TITLEHOLDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE (DAYTIME): (____) _____

CONTRACTOR INFORMATION

STATE OF FLORIDA REG./CERT #: _____ ST. LUCIE COUNTY CERT #: _____

BUSINESS NAME: _____

QUALIFIER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE (DAYTIME): (____) _____ FAX NO. _____ email: _____

ARCHITECT/ENGINEER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE (DAYTIME): (____) _____

NOTE: IF APPLICABLE, SUBCONTRACTOR AGREEMENTS MUST BE ATTACHED TO APPLICATION FOR ROOFING, ELECTRIC, PLUMBING, AND HVAC**ZONING REQUIREMENTS**

All such structures will be subject to the requirements of the ST. LUCIE COUNTY LAND DEVELOPMENT CODE.

- 2 scaled plot plans showing lot size, dimensions of existing host structure, and proposed aluminum addition. All setbacks including front, side, rear and distance between adjacent property structures in MH Parks shall be indicated on the plot plan.
- 2 sets of color photos for all storm damaged areas to be reconstructed. One picture must include house address number for inspection verification. (not required for construction unrelated to storms)

OFFICE USE ONLY

SECTION		TOWNSHIP		RANGE		MAP NO.	
ZONING		LAND USE		LOT CVG %		Additional Permits Required	
REPORT CODE		BIMS FEE	\$	MISC FEES	\$	TOTAL FEES	\$

BUILDING & ZONING REVIEW

REVIEW	FRONT COUNTER	ZONING	SUPERVISOR	PLANS EXAMINER	VEGETATION	VALUE OF CONSTRUCTION USING ICC TABLE
DATE COMPLETE						
INITIALS						

PLAN REVIEW SPECIFICATION CHECKLIST

PLEASE PROVIDE ONE OF THE FOLLOWING:

- 2 Sets of Detailed Plans: Dated, Signed & Sealed by an Engineer or Architect holding a Florida State professional license.
- 2 Sets of Detailed Plans: Designed in accordance with the AAF Guide To Aluminum Construction in High Wind Areas.
- 2 Sets of Detailed Plans: Designed in accordance with any Approved Manual per fs-489.113.

(I) ANY PLANS SUBMITTED WITHOUT COMPLYING WITH THE FOLLOWING SHALL BE RETURNED WITHOUT APPROVAL. ALL PLANS MUST BE IN INK AND ANY NOTATIONS IN PENCIL WILL NOT BE CONSIDERED A PART OF A SUBMISSION.

- All plans must be legible and must be designed in Architect's Scale on pages which are 8 1/2" x 11" or larger.
- All relevant tables & details, if using a manual, must be properly highlighted and must match design checklists & drawings.
- The plan view must include all dimensions; the location of the host structure and all materials must be sized and identified thereon.
- All elevations must be shown, including 4th wall detail, dimensions and all material must be sized and identified.
- All primary and secondary carrier beams, spans, spacing, gauges must be shown [Example: 2" x 8" x .072"].
- All methods of fastening or other details which are relevant to the design must be identified on the Plans.
- All upright column heights, sizes, spacing and gauges must be shown as follows: [Example: 3" x 3" x .050"].
- All chair-rails, roof purlins, girts, channels, knee-bracing, k-bracing, cable bracing or any other required component must be sized and identified.
- All ridge beams and super gutter or fascia attachments must be identified.
- All roof pans or composite panels, with gauges and spans, must be sized and identified.
- All footing, slab and ISO pier designs must be on the plans, per the Architect / Engineer's plans & specifications.
- All light metal alloys which are utilized shall be designed in conformity with the Florida Building Code of 2007, Chapter 20, including 2006 revisions.
- Barrier railings, if utilized, shall have all materials, fasteners and height specified and shall have self-closing, self-catching gates with picket spacing.

(II) SITE CONSTRUCTED SHEDS, HAVING ANY ALUMINUM COMPONENT, SHALL MEET ALL OF THE ABOVE REQUIREMENTS AND THE FOLLOWING ADDITIONAL ITEMS:

- (A) 2 copies of the current product approval [i.e. N.O.A. or State of Florida approval] with the proposed "opening" or cladding component highlighted and with fasteners and design pressures, per FBC 1714, clearly identified.
- (B) 2 electric schematics, in accordance with the N.E.C., if applicable.
- (C) Design pressures, per ASCE-7, identified on the openings of all Plans.

(III) HABITABLE ROOMS/ADDITIONS DESIGNS SHALL MEET ALL OF THE ABOVE REQUIREMENTS, EXCEPT AAMA SPECIFICATIONS, AND CHAPTER 13 OF THE FLORIDA BUILDING CODE.

(IV) SUNROOMS (as defined in R202 and FBC 2002.6) MAY BE CONSTRUCTED, SO LONG AS THEY MEET ALL OF THE ABOVE REQUIREMENTS AND MUST BE IN STRICT COMPLIANCE WITH AAMA/NPEA/NSA2100.02 AND MEET THE FOLLOWING ADDITIONAL ITEMS:

- (1) The designer or engineer will state on all Plans, which Category of Design [3.1.2] will be used, inclusive of the definition.
- (2) If designing a Category 4 or Category 5 structure, as defined in the current Edition of 3.1.2.4 and 3.1.2.5, proper energy calculations and long form equipment sizing calculations shall be required, pursuant to Chapter 13 of the current State of Florida Building Code.

(V) MOBILE HOMES (FAC 15C-2.0081 - FAC 15C-2.0072): ALL STRUCTURES ADJACENT TO OR NEW ROOF SYSTEMS (Pan or Composite) OVER EXISTING ADJACENT STRUCTURES TO A MOBILE HOME SHALL REQUIRE:

- (a) A 4th wall or a current, signed original manufacturer's attachment approval letter which includes the model number, serial number and current owner's name and street address.
- (b) That the complete guide to H.U.D. specifications be strictly adhered to.
- (c) A Certified Florida Engineer may design the manner of attachment of the proposed structure to the host house but shall assume full responsibility for both structures' integrity by site specific documentation.

CERTIFICATION:

This application is hereby made in order to obtain a permit to do the work and installations as indicated, and to obtain a certificate of capacity, if applicable, for the permitted work.

NOTICE TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE TO APPLICANT: IN THE EVENT IT IS NOT YOUR RIGHT TITLE OR INTEREST THAT IS SUBJECT TO ATTACHMENT, THE APPLICANT DOES HEREBY MAKE A GOOD FAITH PROMISE TO DELIVER A COPY OF THE ATTACHED CONSTRUCTION LIEN LAW NOTICE TO THE PERSON WHOSE PROPERTY IS SUBJECT TO ATTACHMENT, AND DOES SO AS A CONDITION PRECEDENT TO THIS PERMIT

1. If utilizing the AAF Guide to Aluminum Construction in High Wind Zones, I the Contractor/Owner Builder hereby certify that the components being used, fasteners type and fastening pattern meet all the requirements for the designated wind zones established by the county and take full responsibility for complying with the submitted design of the structure being permitted.
2. I further certify that all the foregoing information is accurate, that no work or installation has commenced prior to the issuance of a permit and that all work shall be performed in compliance with all applicable laws regulating construction and zoning in this jurisdiction. I understand that separate permits may be required for ELECTRICAL, and HVAC, etc., not otherwise included with this building permit application.
3. I , the Contractor / Owner Builder, have verified that the existing foundation meets the requirements of the Engineer of Record and is in adequate condition to withstand the uplift and weight of the aluminum structure and said structure will not exceed the footprint of the structure that was in existence prior to removal by the storms.

OWNER OR CONTRACTOR SIGNATURE

CONTRACTOR SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me
me this ____ day of _____, 20____,
by _____,
who is personally known ____ to me, or who has
produced _____,
as identification.

The foregoing instrument was acknowledged before me
me this ____ day of _____, 20____,
by _____,
who is personally known ____ to me, or who has
produced _____,
as identification.

Signature of Notary (Seal)

Signature of Notary (Seal)

IMPORTANT NOTICES:

- TWO (2) SIGNATURES ARE REQUIRED. EACH SIGNATURE MUST BE NOTARIZED. IF APPLYING FOR THIS BUILDING PERMIT AS AN OWNER/BUILDER, THE OWNER MUST PERSONALLY APPEAR, IN THE OFFICE LISTED ON THE FRONT OF THE APPLICATION, TO SIGN THIS APPLICATION & THE OWNER/BLDR AFFIDAVIT.
- ALL SIGNATURES ON APPLICATION SUBMITTED SHALL BE ORIGINAL, SIGNED IN INK. COPIES, FAXES, OR STAMPED REPRODUCTIONS ARE PROHIBITED.
- WHEN A PERMIT IS AVAILABLE FOR ISSUANCE BUT IS NOT PICKED UP WITHIN THIRTY (30) DAYS AFTER NOTIFICATION OF AVAILABILITY, IT WILL BE VOIDED. IF THE APPLICATION IS RESUBMITTED, AN ADDITIONAL FEE WILL BE CHARGED.