

JACKSON COUNTY BUILDING SERVICES
New Single-Family Dwelling, Additions, & Duplex Building
Permit Application Check List

The following procedure is required to expedite the permit application and inspection process for New Single-Family Residence.

The plan review process by Building Services is to be sure that all code requirements are met. Therefore, a completed application package will be required prior to review and issuance of a permit.

1. **Complete a Residential Development Order.** Be sure to attach a copy of the recorded land deed to the Development Order. This process takes approximately 3 to 5 days and cost \$50.00. This must be approved through planning and zoning before permit will be issued. Any questions call 850-482-9637.
Note: If your home is being built in the city limits, this step is not required, but you must obtain a development order from the Municipality Town Hall.
2. **Building Permit Application.** A current Building Permit Application form is to be completed and submitted for all construction projects. Please use the appropriate form.
3. **Septic Tank Permit or Sewer Tap Receipt.** A copy of the Septic Tank Construction Permit or pump out statement for existing Septic Tank approval from Environmental Health (850) 482-9227, or the paid sewer tap receipt. F.S. 381.0065(4)
4. **Plans**
 - a. All residential projects require two complete sets of building plans and construction details to include foundation plans.
 - b. Plans must include location of any electrical, mechanical, and plumbing connections to the building. They must also include Elevation (front, rear, and end view) wall section, door & window sizes (bath door must be 2'x 8' & bedroom windows 3'x 5')
 - c. Square footage calculations: heated & cooled area, porches, garage, and total square footage.
 - d. Truss design drawings (per R802.10.1)
 - e. Include stair detail for any home 2-story or higher.
5. **Energy Form.** Completed energy form signed by the person preparing the form and owner or contractor. Blank forms are located at the Building Inspection Department for your convenience.
6. **FLORIDA PRODUCT APPROVAL FORM**
7. **Notice of Commencement.** The recorded Notice of Commencement is required if the project's cost is \$2,500 or more. Blank forms are located at the Building Inspection Department for your convenience. The form is to be completed, notarized, and recorded with the Clerk of Courts located at the Court House. The recorded copy of the Notice of Commencement is to be submitted to the Building Services Office before any inspections will be made **and** a copy must be posted on the job site.
8. **Termite Treatment.** Written verification of termite treatment method used to include area treated, chemical used, number of gallons, product used, linear feet treated, date treated, time, applicator, and stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area) must be provided to this department before a Certificate of Occupancy will be issued.

Permit, Inspection Card, Recorded Notice of Commencement and Approved Drawings

All the above items shall be posted on the job **before any new construction may commence. Permit board shall be installed so that it may be viewed from the street.** Permits, prints, and inspection card shall be protected from the elements. (See attached sketch of required permit board.) Failure to meet these requirements will result in inspection not being done by Building Services.

Adequate sanitary facilities for the convenience of all workmen shall be provided.

Inspection Procedure

Prior to any inspection being made, proper permits (building, plumbing, electrical and mechanical) must be issued, posted, and all fees paid. All inspections must be called in by **2:30 P.M.** for following day inspections. **THERE WILL BE NO EXCEPTIONS.** If any emergency exists, the Building Official may grant same day inspection. Specific time inspections will be given consideration if inspectors routing will allow.

YOU MUST HAVE THE PERMIT NUMBER AND TYPE OF INSPECTION WHEN CALLING FOR INSPECTION.

It is the permit holder's responsibility to call Building Services when each inspection phase is ready. **Do not proceed with work until inspection is made and approved.**

Reinspections

Any inspection requests called in and not ready when inspector gets to site or inspections that fail will need reinspection. Reinspection requests will be handled the same as first inspection request, with the exception you will identify it as a reinspection. The reinspection fee will be \$40.00 for the 1st reinspection, \$80.00 for the second, \$120.00 for the third and any additional reinspections.

SITE SHOULD BE SAFE AT ALL TIMES!!!

JACKSON COUNTY BUILDING SERVICES

INSPECTIONS

THERE ARE NO SET TIMES FOR INSPECTIONS, DO NOT PROCEED WITH WORK UNTIL INSPECTION IS MADE AND APPROVED.

The following inspections are required:

1. TEMPORARY SERVICE (if needed)
 - (a) Permit posted

2. FOOTING
 - (a) Trenches clean and clear of debris & roots
 - (b) Steel in place, (vertical supports if required)
 - (c) Any forms in place
 - (d) Toilet Facilities for Workers (Sec. 311 Florida Plumbing Code)
 - (e) Notice of Commencement on permit board

****Need to be sure all other needed permits are purchased...plumbing, electrical, & mechanical**

3. UNDER SLAB
 - (a) Plumbing rough-in
 - (b) Any under-slab electric conduit
 - (c) Air Conditioning chase if applicable

4. FLOOR SLAB
 - (a) Wire and Steel in place
 - (b) Vapor barrier
 - (c) Soil treatment (treatment sticker to be on permit board)
 - (d) Forming complete

5. CONCRETE BLOCK BUILDING
 - (a) Tie-beam ready to pour
 - (b) All steel in place and tied
 - (c) All forms in place and properly braced
 - (d) Ladder on site

6. ROOF & SIDING NAIL OFF (**ladder on site**)

7. FRAMING (DO NOT COVER)

8. STRAPPING (DO NOT COVER)

9. ROUGH-IN
 - (a) Plumbing top out (tests for water lines shall apply)
 - (b) Mechanical rough-in complete
 - (c) Electrical rough-in complete with panel set (breakers do not need to be installed at this inspection)
 - (d) If using Brick, Brick ties will be looked at.

10. INSULATION INSPECTION
11. PERMANENT POWER
911 address must be posted.
11. FINAL/CERTIFICATE OF OCCUPANCY
 - a. Building is complete, all trim, paint, etc.
 - b. Plumbing is complete, fixtures set
 - c. Electric is complete, all fixtures set, panel complete and breakers installed
 - d. **Copy of FINAL APPROVAL on Septic Tank must be completed and a copy on file before we will do our Final Inspection.**
 - e. **Certificate of Final Termite Treatment**
 - f. **Blower Door Test Results (for all residences permitted on or after July 1, 2017).**
 - g. Everything complete, ready to move in, nothing in building with exception of major appliances and floor covering. After the completion of the final inspection, you will receive a Certificate of Occupancy (C/O) that can be picked up at the Building Services Office between the hours of 7:30 AM and 4:00 PM. The C/O is issued only after the authorization of the Building Official.

A building or structure may not be occupied, and a municipality, political subdivision, or any state or federal agency **may not authorize occupancy until the department approves the final installation of the onsite sewage treatment and disposal system. F.S. 381.0065(4)

THE BUILDING MAY NOT BE OCCUPIED UNTIL THE BUILDING OFFICIAL HAS ISSUED CERTIFICATE OF OCCUPANCY. F.B.C. 106.1

***Make sure you have the permit number prior to making inspection request.**

***Please call day before to schedule inspection request.**

*** Be sure to schedule your inspection through the permit office to ensure it gets put on the books for the next day.**

***Do not call for a Final C/O inspection unless you have everything completed in Number 11 of Inspections.**

It is the responsibility of the permit holder to notify the permit office when the job is ready for each inspection. **Do not proceed with work until you are sure that the inspection was made and approved.**

To keep permit active be sure to have an inspection **at least** every 6 months.

FILE CHECK LIST FOR NEW RESIDENCE

- Site plan (location)
- Approved Development Order
- Completed Permit Application
- 2 Sets of Detailed Plans
- 2 Sets of Truss Details
- Florida Product Approval Form
- Copy of Septic Tank Permit (From: Environmental Health Dept.)
- Energy Efficiency Report
- Filed Copy of Notice of Commencement (Jackson County Clerk of Court)
- Disclosures Signed for Homeowners Pulling Permits to include below:
 - Electrical/Plumbing/Mechanical
 - Construction Disclosure

I have acknowledged by signing below that all items listed above are included.

Signature

Date

NO PLANS WILL BE ACCEPTED WITHOUT ALL OF THE ABOVE DOCUMENTS.

*** NO EXCEPTIONS ***

Notes: _____

**JACKSON COUNTY BUILDING SERVICES
PERMIT APPLICATION**

If this is related to another permit number, please provide the MasterPermit Number: _____

OWNER INFORMATION	GENERAL INFORMATION
Owner Name:	Type of Construction: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Project Address:	Cost of Construction: _____ Square Footage: _____
City,State,Zip:	Name of Power Company:
Owner Phone Number:	CLASS OF WORK
Parcel ID #:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alterations
Email:	<input type="checkbox"/> Other – List Type: _____
CONTRACTOR INFORMATION	PERMIT TYPE
Contractor License #:	<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical
Comp Card # if Applicable:	ATTACH COUNT SHEET FOR COMMERCIAL
License Holder Name:	ELECTRICAL, MECHANICAL, AND PLUMBING
Company Name:	PURPOSE OF BUILDING
Address:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Foundation
City,State,Zip:	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Generator
Phone:	<input type="checkbox"/> Modular <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Solar <input type="checkbox"/> Roofing
Email:	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fire Suppression
ENGINEER/ARCHITECT INFORMATION	ROOFING (RE-ROOF ONLY)
Engineer/Architect Name:	ATTACH ROOF INSPECTION AFFIDAVIT
Address:	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile
Phone:	Number of Squares: _____ Slope: _____ /12
Email:	Deck Material: _____
Florida License #:	Underlayment: _____
NOTES	Built-Up Roofs Only
	Type Roof Deck: _____
	Base Ply: _____
	Roof Contract Value: _____

I understand that separate permits must be obtained for other items (i.e. electrical, plumbing, roofing, etc.), unless specifically covered by this permit. In signing this application, I am responsible for the supervision and completion of the construction in accordance with the plans and specifications and for compliance with all federal, state, and county laws applicable.

Florida Statutes, 489.103 (7)

Owners of property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors, when building or improving farm outbuildings or one-family or two-family residences on such property for the occupancy or use of such owners and not offered for sale or lease, or building or improving commercial buildings, at a cost not to exceed \$75,000, on such property for the occupancy or use of such owners and not offered for sale or lease. In an action brought under this part, proof of the sale or lease, or offering for sale or lease, of any such structure by the owner-builder within 1 year after completion of same creates a presumption that the construction was undertaken for purposes of sale or lease. This subsection does not exempt any person who is employed by or has a contract with such owner and who acts in the capacity of a contractor. The owner may not delegate the owner's responsibility to directly supervise all work to any other person unless that person is registered or certified under this part and the work being performed is within the scope of that person's license. For the purposes of this subsection, the term "owners of property" include the owner of a mobile home situated on a leased lot. To qualify for exemption under this subsection, an owner must personally appear and sign the building permit application.

I REPRESENT, WARRANT, AND CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

Signature of Owner/Agent/Contractor

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____,

(Notary Seal)

Personally Known _____ or Produced Identification _____
Type of Identification _____

Notary Public Signature

Permit Number: _____
Folio/Parcel ID #: _____
Prepared by: _____

Return to: _____

NOTICE OF COMMENCEMENT

State of Florida, County of _____
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 or Lessee information if the Lessee contracted for the improvement**
Name _____
Address _____
Interest in Property _____
Name and address of fee simple titleholder (if different from Owner listed above)
Name _____
Address _____
4. **Contractor**
Name _____ Telephone Number _____
Address _____
5. **Surety** (if applicable, a copy of the payment bond is attached)
Name _____ Telephone Number _____
Address _____ Amount of Bond \$ _____
6. **Lender**
Name _____ Telephone Number _____
Address _____
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
Name _____ Telephone Number _____
Address _____
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
Name _____ Telephone Number _____
Address _____
9. **Expiration date of notice of commencement** (the expiration date will be 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 or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

State of Florida, County of _____
The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____.

(Notary Seal)

Notary Public Signature

Personally Known _____ or Produced Identification _____
Type of Identification _____

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____

Permit Number: _____

For Staff Use Only

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Design/Pressure +/-	Wind Borne Debris Protection	Approval Number(s)
A. EXTERIOR DOORS					
1.	Swinging				
2.	Sliding				
3.	Sectional				
4.	Roll Up				
5.	Automatic				
6.	Other				
B. WINDOWS					
1.	Single Hung				
2.	Horizontal slider				
3.	Casement				
4.	Double Hung				
5.	Fixed				
6.	Awning				
7.	Pass-through				
8.	Projected				
9.	Mullion				
10.	Wind Breaker				
11.	Dual Action				
12.	Other				
C. PANEL WALL					
1.	Siding				
2.	Soffits				
3.	EIFS				
4.	Storefronts				
5.	Curtain walls				
6.	Wall louver				
7.	Glass block				
8.	Membrane				
9.	Greenhouse				
10.	Other				

Category/Subcategory (Cont.)		Manufacturer	Product Description	Design/Pressure +/-	Wind Borne Debris Protection	Approval Number(s)
D. ROOFING PRODUCTS						
1.	Asphalt shingles					
2.	Underlayments					
3.	Roofing Fasteners					
4.	Non-structural Metal RF					
5.	Built-Up Roofing					
6.	Modified Bitumen					
7.	Single Ply Roofing Sys					
8.	Roofing Tiles					
9.	Roofing Insulation					
10.	Waterproofing					
11.	Wood shingles/shakes					
12.	Roofing Slate					
13.	Liquid Applied Roof Sys					
14.	Cements-Adhesives-Coating					
15.	Roof Tile Adhesive					
16.	Spray Applied Polyurethane Roof					
17.	Other					
E. SHUTTERS						
1.	Accordion					
2.	Bahama					
3.	Storm Panels					
4.	Colonial					
5.	Roll-up					
6.	Equipment					
7.	Other					
F. SKYLIGHTS						
1.	Skylight					
2.	Other					
G. STRUCTURAL COMPONENTS						
1.	Wood Connector/Anchor					
2.	Truss Plates					
3.	Engineered					
4.	Railing					
5.	Coolers-Freezers					
6.	Concrete Admixtures					
7.	Material					

Category/Subcategory (Cont.)		Manufacturer	Product Description	Design/Pressure +/-	Wind Borne Debris Protection	Approval Number(s)
8.	Insulation Forms					
9.	Plastics					
10.	Deck-Roof					
11.	Wall					
12.	Sheathing					
13.	Sheds					
14.	Other					
H. NEW EXTERIOR ENVELOPE PRODUCTS						
1.						
2.						

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) Copy of the product approval, 2) The performance characteristics which the product was tested and certified to comply with and 3) A copy of the applicable manufacturer's installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature

Print Name

Date

*Jackson County Building Services
4979 Healthy Way, Suite B
Marianna, FL 32446
Telephone: (850)482-9805
Fax: (850)718-0029*

**BLOWER DOOR TESTING AND MECHANICAL VENTILATION
Effective July 1, 2017**

Florida Energy Conservation Building Code R101.4 States:

Effective July 1st, 2017; New Construction on residential buildings or dwelling units shall have mandatory Blower Door Testing performed by an Approved 3rd Party Agency.

Individuals with the following certifications can conduct the test

1. Individuals defined under FS 553.993 (5) or (7)
 - a) Energy Auditor or Energy Rater
 - b) Currently Certified through RESNET or BUILDING PERFORMANCE INSTITUTE
2. Individuals licensed under FS 489.105(3)(f),(g)or(i):
 - a) Class A Air Conditioning Contractor
 - b) Class B Air Conditioning Contractor
 - c) Mechanical Contractor
3. Professional Engineer
4. Individuals who have obtained blower door training certification from a recognized agency.

Blower Door Testing reports performed by 3rd Party Agency shall be signed by a qualified individual and submitted to the building department prior to issuance of Certificate of Occupancy.

To be an approved 3rd Party Agency, you must:

- a) Register with the Building Department, showing proof of licensure and/or certification as shown above.
- b) Provide proof of liability insurance
- c) Proof of workman's compensation insurance or exemption
- d) Proof of Business Tax Receipt for the agency.

There is no fee for this registration

*Jackson County Building Services
4979 Healthy Way, Suite B
Marianna, FL 32446
Telephone: (850)482-9805
Fax: (850)718-0029*

BLOWER DOOR TEST FORM

Date: _____	Permit #: _____
Contractor: _____	
Job Address: _____	
Construction: (<input type="checkbox"/>) New Construction – Complete (<input type="checkbox"/>) Existing – After Addition	
CFM (50) = _____ Test Date: _____	
Volume = _____	
ACH (50) = CFM (50) x 60 / Volume = _____	
(<input type="checkbox"/>) Pass (<input type="checkbox"/>) Fail	

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, and 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), Florida Statutes or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

I hereby certify that the above House Infiltration results demonstrate compliance with FBC Energy Conservation requirements in accordance with the current Florida Building Code.

Signature: _____

Printed Name: _____

License/Certification #: _____

Company Name: _____

Address: _____

City _____ State _____ Zip _____

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____.

(Notary Seal)

Notary Public Signature

Personally Known _____ or Produced Identification _____
Type of Identification _____