



INDIAN RIVER COUNTY/ CITY OF VERO BEACH  
BUILDING DIVISION

1801 27th Street, Vero Beach, FL 32960 772-226-1260

## **Residential Addition/Alteration Permit Checklist**

- Completed Indian River County/City of Vero Beach **Residential Addition/Alteration** permit application.
- Structures in COVB Jurisdiction will need to visit <https://www.covb.org/DocumentCenter/View/358/Site-Plan-Application-Minor-SFR-or-Duplex-2013-PDF> and complete additional COVB Planning application.
- Alteration/Addition permits require approved and completed review by the Planning and Public Works Dept. having jurisdiction. If site has a septic system or well an Environmental Health Dept. will also be required.
- Sub-contractor Agreement/Affidavits are required for each trade that either the Prime Contractor or the Owner/Builder is going to self-perform.
- Sub-Contractor Agreement/Affidavits are required for each sub-contractor prior to their first inspection.
- Four (4) Sets of Signed and Sealed Plans from a Florida Licensed Design Professional (18" x 24" Minimum Size). Refer to Plan Specifications for minimum plan specification requirements.
- Six (6) certified boundary and topographic surveys. These surveys should include plot plan details; if not three (3) separate plot plans are required. Not required for Alterations that do not increase overall footprint of structure.
- Three (3) completed Energy Code Calculation Forms including Manual J, S and D. Not required for Alterations that do not increase overall footprint of structure or if alteration value is less than 30% of the value of the structure.
- One (1) complete truss package with uplifts and three (3) truss manufacturer truss layout plans. Not required for Alterations that do not increase overall footprint of structure.
- One (1) signed and sealed Soils Investigation Report from a Florida Licensed Design Professional for all Waterfront properties. Not required for Alterations that do not increase overall footprint of structure.
- Three (3) signed and sealed I.R.C. Product Approval Affidavit Form from a Florida Licensed Design Professional.
- Submit a recorded Notice of Commencement to the Building Division prior to the first inspections. Forms can also be found on-line at [www.ircgov.com/communitydevelopment/](http://www.ircgov.com/communitydevelopment/)
- See Planning Technician for Impact Fee calculation. Impact fees can only be paid by cash or check.
- Unity of Title must be submitted if house will be located on more than one lot (County Only)
- Lots larger than ¼ acre in size require a Tree Removal Permit Application or Exemption Form to be submitted
- Oceanfront Property: Department of Natural Resources Permit Approval for Projects Located Seaward of the Coastal Construction Control Line. Projects in Turtle Protection Zone are subject to specific review. Un-platted property must have deed submitted. State Road Right-of-Way- Property abutting State Roads Require Permit from Department of Transportation. State Roads: A1A; 17th Street- FEC R/R to A1A; State Road 60; I-95; 27th Avenue- State Road 60 to South County Line.
- Utility Information: Check <https://www.covb.org/187/Septic-Tank-Effluent-Pump-STEP-System> for COVB Utilities Availability. Go onto <http://indianriver.clearvillageinc.com/citizenportal/defaultutilities.aspx> for I.R.C. Utilities Availability.
- Applicants are advised that Building Permit Applications are considered incomplete until all other IRC/COVB Departments and other Governmental agency reviews are completed and approved. The Building Permit Application will be routed to other departments, even if considered incomplete, in order to expedite the review process. The Building Permit Application review and approval time clock does not start until the application is deemed a Complete Application.

*Additional documents may be requested at any time during the permitting process.  
For Permitting and Submittal Questions please contact the Building Division at 772-226-1260.*

Revised  
3/2/2023



**INDIAN RIVER COUNTY/CITY OF VERO BEACH  
BUILDING DIVISION**

1801 27<sup>th</sup> Street, Vero Beach, FL 32960 772- 226-1260

**BUILDING PERMIT APPLICATION  
INDIAN RIVER COUNTY / CITY OF VERO BEACH**

PARCEL NUMBER: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

JOB VALUE: \_\_\_\_\_ (Permit Fee=0.4334% of ICC Building Valuation over \$46,146.75. Minimum Permit Fee = \$200.00)

TOTAL SQUARE FOOTAGE UNDER-ROOF: \_\_\_\_\_ SQUARE FOOTAGE UNDER AIR: \_\_\_\_\_

If Addition Permit Indicate Existing Square Footage Under Air: \_\_\_\_\_ Additional Square Footage Under Air Proposed: \_\_\_\_\_

# of BEDROOMS: \_\_\_\_\_ # of BATHROOMS: \_\_\_\_\_ # of GARAGES: \_\_\_\_\_  
(Detached Garages require Separate Permit)

WATER SERVICE:  COUNTY  CITY  WELL SEWER SERVICE:  COUNTY  CITY  SEPTIC

JOB DESCRIPTION:

\_\_\_\_\_

SINGLE-FAMILY  DUPLEX  NEW  ADDITION  ALTERATION  
 NO MECHANICAL, ELECTRICAL OR PLUMBING-STRUCTURAL ONLY

	NAME & ADDRESS	CONTACT INFORMATION
OWNER	_____	Name: _____
	_____	E-MAIL: _____
	_____	DAYTIME PHONE NUMBER: _____ Fax: _____
TITLE HOLDER (If Other Than Owner)	_____	Name: _____
	_____	E-MAIL: _____
	_____	DAYTIME PHONE NUMBER: _____ Fax : _____
CONTRACTOR	_____	Name: _____
	_____	E-MAIL: _____
	License # _____ Comp. Card # _____	DAYTIME PHONE NUMBER: _____  Fax: _____
ARCHITECT	_____	E-MAIL: _____
	_____	DAYTIME PHONE NUMBER: _____
ENGINEER	_____	E-MAIL: _____
	_____	DAYTIME PHONE NUMBER: _____



INDIAN RIVER COUNTY/ CITY OF VERO BEACH BUILDING DIVISION

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, insurance, and worker's compensation. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONER, ETC. Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the Engineering Department prior to the issuance of Certificate of Completion. IN APPLYING FOR THIS PERMIT, I HEREBY ATTEST THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF ALL THAT IS REQUIRED BY THE FLORIDA BUILDING CODE AND ALL LAWS AND REGULATIONS PERTAINING TO PERFORMING AND COMPLETING THIS TYPE OF WORK.

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.

Owner Signature

Contractor Signature

Acknowledgement for Person in an Individual Capacity

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 \_\_\_\_\_

who is  personally known or  produced identification Type of ID Produced \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_ Signature of Notary \_\_\_\_\_ Notary Seal

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 \_\_\_\_\_

who is  personally known or  produced identification Type of ID Produced \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_ Signature of Notary \_\_\_\_\_ Notary Seal

Acknowledgement for Person in a Representative Capacity

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 \_\_\_\_\_ (Name of Person) as \_\_\_\_\_ ( Explain

Representative Capacity) for \_\_\_\_\_ (Name of Party on Behalf of Whom Instrument was Executed).

who is  personally known or  produced identification Type of ID Produced \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_ Signature of Notary \_\_\_\_\_ Notary Seal

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 \_\_\_\_\_ (Name of Person) as \_\_\_\_\_ ( Explain Representative

Capacity) for \_\_\_\_\_ (Name of Party on Behalf of Whom Instrument was Executed).

who is  personally known or  produced identification Type of ID Produced \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_ Signature of Notary \_\_\_\_\_ Notary Seal



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**PLAN SPECIFICATIONS**

This information is intended to be a guideline, and does not necessarily indicate all details required to determine code compliance. (Minimum required for Building Department and Engineering Division review)

SIZE: 24" X 36" PRINTS RECOMMENDED

**PLOT PLAN:** (Must include the following, may be included on the Boundary and Topographic Survey)

- \_\_\_ All Existing and Proposed Improvements, including grading elevations
- \_\_\_ All streets and rights-of-way abutting the site
- \_\_\_ North Arrow and Graphic Scale
- \_\_\_ Minimum scale: 1"= 30'
- \_\_\_ Minimum Font Size: 1/8"
- \_\_\_ Driveway, location, width and material
- \_\_\_ Location of any existing structures, including pipes
- \_\_\_ Well and septic location/top of drainfield elevation (check Health Department requirements)
- \_\_\_ Building dimensions
- \_\_\_ Set back dimensions from all property lines, at 90 degrees from property line
- \_\_\_ All easements
- \_\_\_ Pad elevation for all mechanical equipment servicing the building
- \_\_\_ Porch, Deck, Pool

**FLOOR PLAN:** (Drawn to 1/4" Scale - Must Include the Following)

- \_\_\_ Exterior and interior dimensions
- \_\_\_ All window, door and miscellaneous openings with sizes shown
- \_\_\_ Plumbing fixtures and all fixed items - cabinets, counters, etc.
- \_\_\_ Partitions
- \_\_\_ Location of electrical outlets, fixtures, switches, main service panel, and proposed meter location
- \_\_\_ Attic access panel location(s)
- \_\_\_ A/C and heat equipment location. Show ducts and register sizes and locations
- \_\_\_ Wind load certifications for windows and doors - including garage door - with attachment details.
- \_\_\_ All floor elevation changes
- \_\_\_ **IMPORTANT:** Smoke detector and emergency egress window locations

**TYPICAL WALL SECTIONS:** (Drawn to 1/2" or 3/4" Scale - Must Include the Following)

- \_\_\_ Footing type and sizes indicated
- \_\_\_ Vertical details (frame or block wall)
- \_\_\_ Truss anchoring detail
- \_\_\_ Truss, roof sheathing, type of roof covering (shingles, etc.)
- \_\_\_ Vapor barrier, 3-1/2" minimum slab thickness shown - Indicate termite protection method
- \_\_\_ Stucco details per ASTM C-1063 including but not limited to: control joint location, weep screed location, attachment requirements, secondary water barrier and dissimilar material joint around windows and doors



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**SUB-CONTRACTOR AFFIDAVIT REQUIREMENTS**

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The following trades require Sub-Contractor Agreement Forms to be submitted and approved prior to requesting any related inspections

**Trades:**

Mechanical	Burglar Alarm
Electrical	Concrete
Plumbing	Masonry
Roofing*	Carpentry
Insulation	Drywall
Irrigation	Garage Door
Fuel/Gas**	

**Conditions:**

If the required affidavit forms are not received and approved prior to the inspection request the inspection request cannot be scheduled.

If there is a Sub-Contractor change for the project a new affidavit form along with Change of Contractor Form is required for the new Sub-Contractor and must also be submitted and approved prior to any related inspections.

If the Sub-Contractor's license status changes to "Inactive" for any reason, related inspections cannot be scheduled. Changes could include but are not limited to license, liability insurance or worker's compensation expiration.

**Notes:**

\*Roof coverings other than asphalt shingles, wood shingles or wood shakes require a licensed roofing contractor

\*\* Piping installation only, tank installation requires a separate permit.



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PRIME CONTRACTOR AGREEMENT/AFFIDAVIT

IRC Certificate Number: \_\_\_\_\_ State of Florida Certificate Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Job Address: \_\_\_\_\_

\_\_\_\_\_ will be conducting the work for the following trades:
(Company/Individual name)

- checkbox concrete, checkbox drywall, checkbox aluminum (in-fill only), checkbox masonry, checkbox insulation, checkbox garage door, checkbox carpentry, checkbox roofing\*, checkbox other

It is understood that, if there is any change of status regarding our participation with the above-mentioned project, I will immediately advise the Indian River County Building Division by personally filing a Change of Contractor.

\*Roof coverings other than asphalt shingles, wood shingles or wood shakes require a licensed roofing contractor.

PRIME CONTRACTOR QUALIFIER SIGNATURE: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 2 columns: Acknowledgement for Person in an Individual Capacity, Acknowledgement for Person in a Representative Capacity. Each column contains fields for State of Florida, County, acknowledgment method, date, name, capacity, notary name, signature, and seal.



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SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

IRC Certificate Number: State of Florida Certificate Number:

Permit Number: Job Address:

- will be conducting the work for the following trade(s) for
(Company/Individual Name) (Prime Contractor)
concrete electric aluminum (in-fill only) other
masonry insulation mechanical garage door
carpentry roofing irrigation fuel gas
drywall plumbing burglar alarm/low voltage

It is understood that, if there is any change of status regarding our participation with the above-mentioned project, I will immediately advise the Indian River County Building Division by personally filing a Change of Contractor.

SUB-CONTRACTOR QUALIFIER

PRIME CONTRACTOR QUALIFIER
(Main Permit Holder Information Required)

Signature:

Signature:

Printed Name: Date:

Printed Name: Date:

Acknowledgement for Person in an Individual Capacity

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 who is personally known or produced identification Type of ID Produced Printed Name of Notary Signature of Notary Notary Seal

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Acknowledgement for Person in a Representative Capacity

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 (Name of Person) as ( Explain Representative Capacity) for (Name of Party on Behalf of Whom Instrument was Executed). who is personally known or produced identification Type of ID Produced Printed Name of Notary Signature of Notary Notary Seal

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 (Name of Person) as ( Explain Representative Capacity) for (Name of Party on Behalf of Whom Instrument was Executed). who is personally known or produced identification Type of ID Produced Printed Name of Notary Signature of Notary Notary Seal



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### Product Approval Affidavit Form

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. Product approval information can be obtained at the following sources:

[https://www.floridabuilding.org/pr/pr\\_app\\_srch.aspx](https://www.floridabuilding.org/pr/pr_app_srch.aspx) or [http://www.miamidade.gov/building/pc-search\\_app.asp](http://www.miamidade.gov/building/pc-search_app.asp) or directly from the manufacturer.

This form can be incorporated on the plans or submitted as a separate form. In the event any of the listed products in this form change during construction revisions to this form will be required. The following information must be available on the jobsite for inspections:

1. This entire product approval form, stamped as "Reviewed" by Indian River County Plans Examiner.
2. Miami-Dade NOA or Florida product approval referenced in the product approval form.
3. A copy of the manufacture's installation instructions, details and requirements for each product.

Permit Number: \_\_\_\_\_ Address: \_\_\_\_\_ Contractor/Applicant: \_\_\_\_\_

Category/Subcategory	Approval Number(s)	Manufacturer	Model Number	Building Design Pressures (+PSF) (-PSF)	Product Design Pressures (+PSF) (-PSF)
<b>A. EXTERIOR DOORS</b>					
1. Swinging					
2. Sliding					
3. Sectional					
4. Roll up garage					
5. Automatic					
6. Other					
<b>B. WINDOWS</b>					
1. Single hung					
2. Horizontal slider					
3. Casement					
4. Double hung					
5. Fixed					
6. Awning					
7. Pass-through					
8. Projected					
9. Mullion					
10. Other					
<b>C. PANEL WALL</b>					
1. Siding					
2. Soffits					
3. EIFS					
4. Storefronts					
5. Curtain walls					
6. Wall louver					
7. Glass block					
8. Other					



<b>D. ROOFING PRODUCTS</b>					
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. Roof tile adhesive					
10. Roofing insulation					
11. Wood shingles/shakes					
12. Roofing slate					
13. Liquid applied roof sys					
14. Cements-adhesives-coatings					
15. Spray applied polyurethane roof					
16. Other					
<b>E. SHUTTERS</b>					
1. Accordion					
2. Bahama					
3. Storm panels					
4. Colonial					
5. Roll-up					
6. Others					
<b>F. SKYLIGHTS</b>					
1. Skylight					
2. Other					
<b>G. OTHER</b>					
1. Spray Foam Insulation					
2. Liquid Applied Flashing					

I have reviewed the above components or cladding and I have approved their use in this structure. These products provide adequate resistance to the wind loads and forces specified by current code provisions.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Design Prof: \_\_\_\_\_ Cert. No. \_\_\_\_\_

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

## NOTICE TO CONTRACTORS

### RE: NOTICE OF COMMENCEMENT

**WARNING: DO NOT RECORD THE NOTICE OF COMMENCEMENT UNTIL AFTER THE FINANCING PACKAGE HAS BEEN RECORDED**

**WARNING: PLEASE NOTE SECTION 713.13(1)(g) BELOW.**

#### Florida State Statutes

##### 713.13 Notice of commencement.—

(1)(a) Except for an improvement that is exempt pursuant to s. 713.02(5), an owner or the owner's authorized agent before actually commencing to improve any real property, or recommencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with s. 713.23, shall record a notice of commencement in the clerk's office and forthwith post either a certified copy thereof or a notarized statement that the notice of commencement has been filed for recording along with a copy thereof. The notice of commencement shall contain the following information:

##### **Section 713.13(1)(g):**

(g) The owner must sign the notice of commencement and no one else may be permitted to sign in his or her stead.

##### **Section 713.135(1)(d):**

If the direct contract is greater than \$2,500, the applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded notice of commencement or a notarized statement that the notice of commencement has been filed for recording, along with a copy thereof. In the absence of the filing of a certified copy of the recorded notice of commencement, the issuing authority or a private provider performing inspection services may not perform or approve subsequent inspections until the applicant files by mail, facsimile, hand delivery, or any other means such certified copy with the issuing authority. The certified copy of the notice of commencement must contain the name and address of the owner, the name and address of the contractor, and the location or address of the property being improved. The issuing authority shall verify that the name and address of the owner, the name of the contractor, and the location or address of the property being improved which is contained in the certified copy of the notice of commencement is consistent with the information in the building permit application. The issuing authority shall provide the recording information on the certified copy of the recorded notice of commencement to any person upon request. This subsection does not require the recording of a notice of commencement prior to the issuance of a building permit.

**NOTICE OF COMMENCEMENT** TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 OR WHEN HEATING OR AIR CONDITIONING REPAIR OR REPLACEMENT EXCEEDS \$7500.00

Permit #: \_\_\_\_\_ Tax Folio #: \_\_\_\_\_

State of Florida, County of Indian River, The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Fla. Stat. the following information is provided in this Notice of Commencement.

Office Use Only

1. Legal description of the property (*and complete street address if available*):  
\_\_\_\_\_
2. General description of improvement:  
\_\_\_\_\_
3. Owner information or Lessee information (*if the Lessee contracted for the improvement*):
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Interest in property: \_\_\_\_\_
  - d. Name & complete address of fee simple titleholder (if different from Owner listed above):  
\_\_\_\_\_
4. Contractor:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
5. Surety Company (*if applicable, a copy of the payment bond is attached*):
  - a. Name & complete street address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_ Bond amount: \_\_\_\_\_
6. Lender/Mortgage Company:
  - a. Name & complete street address: \_\_\_\_\_
  - b. Lender's phone 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 & complete street address: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_
8. In addition to himself or herself,
  - a. Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
  - b. Phone number: \_\_\_\_\_
9. Expiration date of notice of commencement: \_\_\_\_\_ (1 year from date of recording unless otherwise 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)

Acknowledgement for Person in an Individual Capacity	Acknowledgement for Person in a Representative Capacity
State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20_____. by _____ who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal	State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20_____. by _____ (Name of Person) as _____ ( Explain Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed). who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal