



DEPARTMENT OF GROWTH AND ENVIRONMENTAL MANAGEMENT

3401 WEST THARPE STREET
TALLAHASSEE, FLORIDA 32303
(850) 488-9300

APPLICATION FOR BUILDING PERMIT AND/OR
SINGLE FAMILY/MOBILE HOME ENVIRONMENTAL MANAGEMENT PERMIT

I. OWNER/LESSEE INFORMATION		CONTRACTOR: <i>self</i>	
OWNER NAME: <i>William H. Outlaw Jr.</i>		CONTACT NAME:	
CURRENT MAILING ADDRESS: <i>13201 N. Meridian Rd.</i>		WORK PHONE:	
City: <i>Tallahassee</i> State: <i>FL</i> Zip: <i>32312</i>			
WK PHONE: <i>644-4020</i>	HM PHONE: <i>893-7551</i>	MOBILE PHONE:	FAX:
MBL PHONE:			
II. LOCATION OF BUILDING SITE			
ADDRESS: <i>13201 N. Meridian Road</i> LOT _____ BLK _____			
SUBDIVISION NAME: _____ PHASE _____			
PARCEL I.D. # <i>26-24-20-429-000</i>		COST OF IMPROVEMENT: \$ _____ Sq. Ft. _____	
III. DESCRIPTION OF WORK		IV. CLASS OF BUILDING	
<input type="checkbox"/> New Building - DCA Approved <input type="checkbox"/> New Building - SHELL ONLY <input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Moving (replacement) <input type="checkbox"/> Foundation Only <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Roofing <input type="checkbox"/> Electrical <input type="checkbox"/> Other - <i>Specify</i>		RESIDENTIAL <input type="checkbox"/> One Family Detached <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Quadraplex <input type="checkbox"/> Multi-Family - No. of Units _____ <input type="checkbox"/> Hotel/Motel - No. of Units _____ <input type="checkbox"/> Condominiums - No of Units _____ <input type="checkbox"/> One Family Attached - Units _____ <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Mobile Home Parks <input type="checkbox"/> Other - <i>Specify</i>	
		NONRESIDENTIAL	
		<input type="checkbox"/> Amusement recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Medical office <input type="checkbox"/> Non-medical office <input type="checkbox"/> Bank <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Restaurant <input type="checkbox"/> Cellular Tower <input type="checkbox"/> Temporary Use <input type="checkbox"/> Other - <i>Specify FOOD PREP (HOBBY)</i>	
V. PROPERTY OWNERSHIP		VI. TYPE OF SEWAGE DISPOSAL	
<input type="checkbox"/> Public (Federal, State, or local govt) <input checked="" type="checkbox"/> Private (Individual, corp, nonprofit) <i>self</i>		<input type="checkbox"/> Public or Private Company <input checked="" type="checkbox"/> Private (Septic System, etc.)	
VII. TYPE OF WATER SYSTEM		VIII. ON-SITE EASEMENTS	
<input type="checkbox"/> Public or Private Company <input checked="" type="checkbox"/> Private (Well, Cistern)		<input type="checkbox"/> YES - <i>Specify</i> _____ <input checked="" type="checkbox"/> NO	
		IX. SPRINKLERS	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X. SINGLE FAMILY/MOBILE HOME ENVIRONMENTAL REVIEW INFORMATION: (mark appropriate boxes) If all building permit work is interior to the structure and there is no exterior soil disturbance this section and section XI do not need to be completed.			
Building Foundation		Use Of Fill (How many cubic yards?)	
<input checked="" type="checkbox"/> Monolithic Slab/Pad <input type="checkbox"/> Block Stem Wall <input type="checkbox"/> Pier or Piling		<input type="checkbox"/> Yard/lawn <input checked="" type="checkbox"/> Foundation <i>2</i> <input type="checkbox"/> Septic <input type="checkbox"/> Pool	
		Clearing Activities/Disturbed Area	
		<input type="checkbox"/> Access & Construction Only <input type="checkbox"/> Selective Clearing <input type="checkbox"/> Entire Site <i>NONE</i>	
		Grading Activities	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much area?	
Are there trees 12" dbh or larger to be removed or impacted? Patriarch trees ≥ 36" dbh? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Locate on Site Plan (see insert "Tree Tips")		Is property floodprone? Date of Floodletter: <i>6/16/04</i> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Finished floor Elevation? <i>150Ft.</i>	
		Does property include, or is it located near a wetland, such as: <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Swamp/Marsh <input type="checkbox"/> Sinkhole <input checked="" type="checkbox"/> Other None Distance from building area? _____ Ft.	
		Describe slope of land: <input type="checkbox"/> Flat 0% - 2% <input checked="" type="checkbox"/> Slight Slope (≤3%) 2% - 10% <input type="checkbox"/> Steep Slope 10% - 20% <input type="checkbox"/> Very Steep 20% +	
Check all water conveyance features, natural or constructed, which exist on site. <input checked="" type="checkbox"/> Ditch (<i>WPA</i>) <input checked="" type="checkbox"/> Culvert <input type="checkbox"/> Swale <input type="checkbox"/> Stream <input type="checkbox"/> Canal <input type="checkbox"/> Other <input type="checkbox"/> None		Check special development restrictions that apply to property. <input type="checkbox"/> Easement of any kind <i>only to service electrical equipment</i> <input type="checkbox"/> Natural areas required undisturbed <input type="checkbox"/> Land use buffers <input type="checkbox"/> Plat restrictions	
		Is property located in the vicinity of one of the following lakes? <i>1/2 mile away</i> <input type="checkbox"/> Lake Jackson <input type="checkbox"/> Lake Bradford <input type="checkbox"/> Lake Hiawatha <input type="checkbox"/> Lake Cascade <input checked="" type="checkbox"/> Fred George Sink <input type="checkbox"/> Lake Iamonia <input type="checkbox"/> Lake Lafayette <input type="checkbox"/> Lake McBride	
Is property located within 100 feet of the centerline of a Canopy Road? <i>Building site is 1100 feet from Meridian Road and is not visible from Meridian Road.</i> <input checked="" type="checkbox"/> Yes, then indicate below: _____ <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Meridian Road, SR 155 (from 7th Avenue to Georgia State line) <input type="checkbox"/> Magnolia Dr. - Centerville Rd - Moccasin Gap Rd. (from 7th Avenue to SR 59) <input type="checkbox"/> Miccosukee Road (from Capital Circle NE /Route 261 to Moccasin Gap Road) <input type="checkbox"/> Old St. Augustine Road (from E. Lafayette Street to W.W. Kelly Road)		<input type="checkbox"/> Old Bainbridge Road (from Raa Avenue to Capital Circle SR 263) <input type="checkbox"/> Old Centerville Road <input type="checkbox"/> Sunny Hill Road	

XI. NOTE: DRAW SITE-PLAN BELOW. ALL ITEMS CHECKED ON FRONT PAGE MUST BE DRAWN ON SITE-PLAN. ATTACH ADDITIONAL SHEETS IF NECESSARY.

SITE PLAN FOR PARCEL I.D. NO. 26 - 24 - 20 - 429 - 000

Total acreage of lot. 8.01 acres. Check One: Corner Lot Interior Lot Scale - 1/4" = FT

(see attached)

Legend	Tree to Remain	Sediment Controls	Well	Tree Protection Barricade	Limits of Clearing
Tree to be removed or already removed	Easement	Driveway	Setback	Septic Tank and Drainfield	

Narrative/Comments:

XII. CONTRACTOR INFORMATION

TYPE	CONTRACTOR NAME	LICENSE NO.	PHONE
PRINCIPAL	<u>Self</u>		
ELECTRICAL			
PLUMBING			
MECHANICAL			
GAS			
ARCHITECT/ ENGINEER			
ROOFING			
CLEARING/ EXCAVATION			
MOBILE HOME INSTALLER			
OTHER			

OWNER AFFIDAVIT

Application is hereby made to obtain a permit(s) to do the work and installations as indicated. I certify that no work or installation commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner in fee, the applicant shall certify to be acting as the owner's authorized agent. I ALSO ACKNOWLEDGE THAT MY FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN MY PAYING TWICE FOR IMPROVEMENTS TO MY PROPERTY, AND THAT IF I AM INTENDING TO OBTAIN FINANCING, I SHOULD CONSULT WITH MY LENDER OR MY ATTORNEY BEFORE RECORDING A NOTICE OF COMMENCEMENT.

✓ Fee Simple Title Holder's Name William H Outhaw Jr.

✓ Fee Simple Title Holder's Address 13201 N. Meridian Road Tallahassee FL 32312
Number Street City State Zip

Bonding Company's Name _____

Bonding Company's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Deed Restrictions and Covenants

Prior to pursuing a building permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Signature Owner/Agent _____ Signature Contractor _____

Public Record Information

Chapter 119, Florida Statutes, Section 119.07 (3)(i)1., 2. and 3 exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children. Do you or your spouse fall into one of these protected categories? Yes ___ No If so, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes N/A _____

(The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department).

WAO Owner's Initials

Access to Property

By submitting this application, I am providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Sections 10-7 and 10-362. Unless the inspection requires entry into a private residence no further permission will be required.

WAO Owner's Initials

STATE OF FLORIDA, COUNTY OF LEON

The foregoing was sworn to, subscribed and acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an oath.

Notary Public, State of Florida _____

Serial Number _____

My Commission Expires _____