

**DOCUMENTS REQUIRED TO MAKE APPLICATION FOR A RESIDENTIAL BUILDING PERMIT  
DUE TO TIME INVOLVED TO PROCESS PAPERWORK**

**NO APPLICATION OR PERMIT WILL BE PROCESSED AFTER 4:30 P.M.**

1. Two complete sets of plans, along with 1 copy of the plans in digital format on compact disc which must meet one of the criteria listed below:
  - a. Sealed by an Architect or Engineer licensed in Florida.
  - b. As provided in Section 106.3.4.3 of the Florida Building Code 2017 (6th Edition), contractors with documented proof of certification (**except for construction in a floodway**) complying with required criteria. **Required!** Certificate of course completion in high wind load construction must be documented at the Suwannee County Building Department.
2. Completed Florida Energy Efficiency Code form, Sealed Truss Layout, Product Approval Specification Sheet as required by Florida Statute 553.842 and Florida Administrative Code 9B-72. **(TWO COPIES)**
3. Letter from well installer verifying compliance with Section 612 of the Florida Building Code 2017 (6th Edition) – Plumbing.
4. Parcel description of property (**property card**) from Property Appraiser's Office or at [www.suwanneepa.com](http://www.suwanneepa.com). If property card is in the name of the previous owner, then you **MUST** provide a copy of the recorded deed proving your ownership of the property.
5. **Survey** of property prepared by a land surveyor or engineer registered in Florida. All property stakes shall be in place at the time of application.
6. Completed permit **application**. Good directions to property **from this office**. Please show street names/road numbers
7. Septic tank permit, or approval letter for existing septic tank from Environmental Health Department (386/362-2708 Ext. 243). **To be obtained after application for permit is filed with Building Department and approval for Building Permit from Zoning Dept is granted (will be faxed to septic dept). GO TO ENVIRONMENTAL HEALTH BEFORE RETURNING FOR BUILDING PERMIT.**
8. **Site plan** showing location of residence, septic tank and well and distance from the front, sides and rear of property. (A-1 district must meet minimum setback requirements of 30 ft. from front property line {any property line fronting a roadway} and 15 ft. from sides and rear property lines.) **You may do your site plan on survey submitted.**
9. Copy of Notice of Commencement after **recorded** in the office of the Clerk of Court. **Owner/Builder Disclosure Statement** signed if owner building house or doing electric, plumbing or mechanical themselves.
10. **Driveway application** to submit to Public Works Department for description of improvement to be accomplished, once completed you would need to call them (386) 362-3992 for approval before you schedule final inspection.
11. **911 Addressing Application.**
12. **NOTE!!!** If your property is in a special flood hazard area (SFHA), according to the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM), an Elevation Certificate (EC) prepared by a Registered Surveyor or Professional Engineer certifying that the bottom of the lowest horizontal structural member of the lowest floor is at least one foot above the base flood elevation is required **upon placement of the lowest floor**. If your property is located in the floodway of the SFHA, you will be required to obtain both an Environmental Resource Permit (ERP) from the Suwannee River Water Management District **and** a Zero Rise Certification from a Registered Professional Engineer **before** issuance of the building permit, in addition to the EC. The ERP will also be required if your property fronts the river, even if the building site is located out of the floodway.
13. All buildings shall have pre-construction treatment protection against subterranean termites. A Certificate of Compliance shall be issued to the Building Department by the licensed pest control company that contains the following statement: "The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services."
14. **Processing Time** - Minimum of five work days for plan review and approval

**24 HOUR NOTICE IS REQUIRED FOR SCHEDULING AN INSPECTION.**

**DUE TO POSSIBLE DUPLICATION OF NAME, AND TIME INVOLVED IN LOOKING FOR PERMIT NUMBER, YOU MUST PROVIDE OFFICE PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR INSPECTION.**

**FEES: 32¢ sq. ft. habitable, 18¢ sq. ft. non-habitable, State Surcharge 2.5% of permit fee (Minimum \$4.00).**

**County Driveway Permit Fee**

**\$15.00**

**Assignment of 911 Address Fee \$30.00**

**Minimum Permit Fee \$100 plus State Surcharge**

**NOTE:** In accordance with Section 3305.1 of the Florida Building Code 2014 (5<sup>th</sup> Edition, "Adequate sanitary facilities for the convenience of all workmen shall be provided."

# HOW TO APPLY FOR A PERMIT

## THESE STEPS ARE FOR PROPERTY NOT LOCATED IN THE FLOODWAY.

1. Secure application packet from Building Department.
2. Return completed forms and required documentation to the Building Department.
3. After Zoning Compliance Approval is granted (according to type of permit – possibly 2 days later), the Building Department will fax the approval to Environmental Health Department, so go directly to Environmental Health Department and apply for septic permit.
4. Take copy of septic permit to Building Department and purchase permit for improvements to property.
5. **Complete improvements and call Building Department for inspection (permit number and 24-hr notice required) at 386/364-3407 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.**
6. Provided improvements pass inspection (including final approval of driveway) and the fire and solid waste tax assessment is paid, the appropriate Power Company will be notified to release power to dwelling.
7. If your dwelling is located in the Floodplain, an Elevation Certificate (FEMA Form #81-31) from a State of Florida Certified Land Surveyor would need to be submitted to the Building Department before final inspection can be scheduled.

### **TWENTY-FOUR HOUR ADVANCED NOTICE AND PERMIT NUMBER REQUIRED FOR FINAL INSPECTION.**

**ALL OF THE ABOVE-MENTIONED REQUIREMENTS MUST BE MET AND INSPECTION PASSED BEFORE THE POWER COMPANY IS AUTHORIZED TO CONNECT ELECTRICITY TO YOUR MOBILE HOME.**

**NOTE: THERE WILL BE A \$35.00 REINSPECTION FEE CHARGED IF SCHEDULED INSPECTION IS NOT READY AT THE REQUESTED TIME. SUBSEQUENT REINPSECTION FEES WILL BE \$50.00 FOR ADDITIONAL INSPECTIONS.**

# SUWANNEE COUNTY BUILDING DEPARTMENT

## RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2017 (6th Edition) ALL REQUIREMENTS SUBJECT TO CHANGE

All building plans must include the following items and indicate compliance with Chapter 16 Section 1606 of the Florida Building Code 2017 (6th Edition) by providing calculations and details that have the seal and signature of a certified Architect or Engineer registered in the State of Florida, or alternate methodologies approved by the Florida Building Commission for one- and two-family dwellings. For design purposes a basic wind speed of 110 mph shall be used.

GENERAL REQUIREMENTS: Two (2) complete sets containing the following:

### Applicant Plans Examiner

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- |   |   |  |
|---|---|--|
| ! | ! | All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be on plans.                        |
| ! | ! | Designer's name and signature on document (FBC 104.2.1) If licensed architect or engineer, official seal shall be affixed.   |
| ! | ! | <b><u>Site Plan – Including:</u></b><br>a) Dimensions of lot<br>b) Dimensions of building setback<br>c) Location of all other buildings on lot, well and septic tank if applicable, and all utility easements. |
| ! | ! | <b><u>Wind-load Engineering Summary, calculations and any details required.</u></b>  |
| ! | ! | <b><u>Elevations including:</u></b><br>a) All Sides  |
| ! | ! | b) Roof Pitch  |
| ! | ! | c) Overhang dimensions and detail with attic ventilation   |
| ! | ! | d) Location, size and height above roof of chimneys  |
| ! | ! | e) Location, size and height of skylights  |
| ! | ! | <b><u>Floor Plan including:</u></b><br>a) Rooms labeled and dimensioned  |
| ! | ! | b) Shear walls   |
| ! | ! | c) Windows and Doors showing size, manufacturer, approval listing and attachment specs. (FBC 1707) and safety glazing where needed   |
| ! | ! | d) Fireplaces (gas appliance [vented or non-vented] or wood burning) with hearth   |

! ! e) Stairs with dimensions (width, tread and riser) and detail of guardrails and handrails

**Foundation Plan including:**

! ! a) Location of all load bearing walls with required footings indicated as standard or monolithic and their dimensions and reinforcing

! ! b) All post and/or column footing including size and reinforcing

! ! c) Any special support required by soil analysis such as piling

! ! d) Location of any vertical steel

**Roof System**

! ! a) Truss Package including

1) Truss layout and truss details signed and sealed by Florida Registered Professional Engineer

2) Roof assembly (FBC 104.2.1 Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)

! ! b) Conventional Framing Layout including:

1) Rafter size, species, and spacing

2) Attachment to wall and uplift

3) Ridge Beam sized and valley framing and support details

4) Roof assembly (FBC 104.2.1 Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)

**Wall Sections – including:**

! ! a) Masonry wall

1) All materials making up wall

2) Block size and mortar type with size and spacing of reinforcement

3) Lintel, tie-beam sizes and reinforcement

4) Gable ends with rake beams showing reinforcement or gable truss and wall bracing detail

5) All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation

6) Roof assembly shown here or on roof system detail (FBC 104.2.1 Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)

! ! b) Wood Frame wall

1) All materials making up wall

2) Size and species of studs

3) Sheathing size type and nailing schedule

4) Headers sized

5) Gable end showing balloon framing detail or gable truss and wall hinge bracing detail

6) All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers)

7) Roof assembly shown here or on roof system detail (FBC 104.2.1 Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)

- ! ! c) Metal Frame wall and roof (Designed and signed and sealed by Florida Registered Professional Engineer or Architect)
- ! ! **Floor Framing System**
- ! ! a) Floor truss package including layout and details signed and sealed by Florida Registered Professional Engineer
- ! ! b) Floor joist size, species and spacing
- ! ! c) Girder size and species
- ! ! d) Attachment of joist to girder
- ! ! e) Wind load requirements where applicable
- ! ! **Plumbing Fixture Layout**
- ! ! **Electrical Layout including:**
- ! ! a) Switches, outlets/receptacles, lighting, all required GFCI outlets identified
- ! ! b) Ceiling fans
- ! ! c) Smoke detectors
- ! ! d) Service-panel and sub-panel size and location(s)
- ! ! e) Meter location with type of service entrance (overhead or underground)
- ! ! f) Appliances and HVAC equipment
- ! ! g) Name of electrical power company that will provide service
- ! ! **Heating, Ventilation and Air Conditioning Information Containing the following:**
- ! ! a) Manual J sizing equipment or equivalent computation
- ! ! b) Manual D sizing duct or equivalent with duct layout (include location & size of return)
- ! ! c) Exhaust fans in bathrooms
- ! ! **Energy Calculations** (dimensions shall match plans)
- ! ! **Gas System** Type (LP or Natural) Location and BTU demand of equipment

**REINSPECTION FEES:**

1. There will be a \$35 reinspection fee for any reinspection caused by required work not being ready or incorrect at the requested time.
2. There will be a \$50 reinspection fee for each additional corrective reinspection.

**If you have any questions contact the Suwannee County Building Department at 386/364-3407 between 8:00 a.m. and 4:30 p.m. Monday through Friday.**

# SUWANNEE COUNTY BUILDING DEPARTMENT

224 PINE AVENUE  
LIVE OAK, FL 32064  
PHONE: 386/364-3407

## RESIDENTIAL CONSTRUCTION INFORMATION

### GENERAL REQUIREMENTS

1. You are required to submit two complete and identical drawings and specifications to the Building Department. (Details/materials not shown on plans must be included in a specification sheet attached to drawings.)  
**EFFECTIVE JULY 1, 1994** - Plans must be certified by an architect or engineer licensed by the State of Florida.
2. Complete Florida Energy Efficiency Code Form. (Obtain form from Building Department)
3. Zoning approval required under the New Land Development Regulations (lot requirements).
4. Obtain a printout sheet from the Property Appraiser's Office of the legal description of your land (no substitutions).
5. Have potable (drinkable) water supply to service house prior to occupying house. (Be sure a septic, well or water supply is possible **before** starting to build.)
6. Obtain Building Permit from the Suwannee County Building Department. This permit may authorize temporary electric service at no additional permit cost. Plans must be reviewed and approved before a building permit will be issued.
7. Inspection requests for the following must be called in twenty-four (24) hours in advance (phone 386/364-3407 between 8:00 a.m. and 4:30 p.m., Monday through Friday) – Inspection of Temporary Electric Poles **will not** be performed separately. Said inspection will be performed during the first inspection or after, not before. **Make sure** all temporary poles have: (1) GFI protection and (2) fully enclosed dead end front.
  - a. Footer/pier pads are ready to pour. **Monolithic** – 1<sup>st</sup> inspection is rough plumbing. 2<sup>nd</sup> inspection is footer/slab – vapor barrier (taped to code) and steel must be in place.
  - b. Under slab rough plumbing is in place.
  - c. Slab floor/pier columns/tie beams are ready to pour.
  - d. Rough framing is done (dried in). **DO NOT** install any insulation until framing is inspected.
  - e. Rough electric service entrance wires, feeders, branch circuits and boxes are installed.
  - f. Rough plumbing above slab is stubbed-in.
  - g. Rough air conditioning/heating ducts and boxes are installed.  
**(Inspections d, e, f, and g are normally done at the same time.)**
  - h. Insulation
  - i. Drywall
  - j. Final Electrical Service Inspection (see Final Inspections & Requirements Sheet). At this time the Fire & Solid Waste Tax Assessment must be paid (see chart), driveway & septic approved with copies in building department office **before** electric service is authorized.
  - k. After all work is completed and house is ready to live in, the **FINAL CERTIFICATE OF OCCUPANCY INSPECTION** will be made. A Certificate of Occupancy can be picked up at the Building Department the following business day.

## Final Inspections & Requirements

### 1. House 100% Completed:

Two inspections, no request release for early power form required:

1. Inspection of house for permanent electrical service, homeowners **can not** occupy house until Final C.O. inspection. **DO NOT MOVE FURNITURE INSIDE!**
2. Final C.O. inspection after power is on.

### 2. House 95% Completed:

The following must be completed:

1. Completed "**Request Early Release of Power**" form submitted to County for approval by mail, fax or in person **before** scheduling inspection. (Must have electrical & main contractor sign with License Number)
2. Outside house totally completed.
3. Interior finished (unless wood walls and/or ceiling).
4. The expected time to finish for Certificate of Occupancy Inspection is thirty (30) days or electrical service will be disconnected unless prior approval is obtain by Building Official.
5. Electrical: **(ALL OF THE FOLLOWING MUST BE COMPLETE - NO EXCEPTIONS)**
  - a. Equipment, devices and fixtures are installed (or blanked off) safely.
  - b. Panel is complete with breakers and cover.
  - c. Service Connection and grounding is complete.
  - d. Electrical System has passed a thorough electrical check.

**RESIDENTIAL PERMIT APPLICATION**  
(MUST COMPLY WITH FLORIDA BUILDING CODE 2014 - 5<sup>th</sup> Edition)

SUWANNEE COUNTY BUILDING DEPARTMENT  
224 PINE AVENUE, LIVE OAK FL 32064  
386-364-3407 FAX 386-364-3754

APPLICANT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: (as found on the parcel description printout)

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rge. \_E Tax Parcel No. \_\_\_\_\_

Lot \_\_\_\_\_ Subdivision \_\_\_\_\_

Size \_\_\_\_\_ Acres Number of Other Dwellings: \_\_\_\_\_

HOW DO YOU GET THERE? [include road numbers and describe all turns by either left or right]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Description \_\_\_\_\_ Use \_\_\_\_\_

Sq. Ft Habitable: \_\_\_\_\_ Sq. Ft Non-Habitable: \_\_\_\_\_ Sq. Ft Total: \_\_\_\_\_ Value \$: \_\_\_\_\_

Contractors: Bldg: \_\_\_\_\_ License # \_\_\_\_\_ Contact # \_\_\_\_\_

Plumbing: \_\_\_\_\_ License # \_\_\_\_\_ Contact # \_\_\_\_\_

Elec: \_\_\_\_\_ License # \_\_\_\_\_ Contact # \_\_\_\_\_

Mechanical: \_\_\_\_\_ License # \_\_\_\_\_ Contact # \_\_\_\_\_

Alarm System \_\_\_\_\_ License # \_\_\_\_\_ Contact # \_\_\_\_\_

Plans Dated: \_\_\_\_\_ Designer: \_\_\_\_\_ Power Company: SVEC: \_\_\_\_\_  
FP&L: \_\_\_\_\_

PROGRESS ENERGY: \_\_\_\_\_

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 and zoning in Suwannee County. **I certify that the entire foregoing information, construction plans and site plan is accurate and I have fully read the entire application package and understand its content.** I further understand that I **MUST** supply the office personnel with the **permit number** when calling for inspections.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant/Owner/Contractor & License #

**THIS APPLICATION WILL EXPIRE IN 90 DAYS UNLESS A PERMIT IS ISSUED.**



I UNDERSTAND THAT ACCURATE MEASUREMENTS AND NORTH, SOUTH, EAST, WEST DIRECTIONS ARE INTEGRAL PARTS OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT OR INCORRECT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

**EXAMPLE SITE PLAN FORM**  
**SUWANNEE COUNTY BUILDING DEPARTMENT**

NORTH

↑  
↑  
↑  
↑  
↑  
↑  
↑  
↑  
↑

(Measurements from  
property lines, etc.)

200 FT  
⇒⇒⇒⇒⇒

↓

↓ 54  
↓ FT  
↓

DWELLING

187 FT.  
⇐⇐⇐⇐⇐

D |  
R |  
I |  
V |  
E | ↑  
W | ↑ 35  
A | ↑ FT  
Y | ↑

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Name of Road

---

**ITEMS THAT MUST BE ON THE FORM**

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNS, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES, WELL, POWER POLE & SEPTIC TANK FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED AND DATED PRIOR TO BRINGING IT BACK TO THE OFFICE.
- 8) **ALL** DWELLINGS ON SAID PARCEL MUST BE SHOWN ON SITE PLAN – **AND DISTANCE BETWEEN EACH DWELLING INDICATED.**

PLAN DRAWN BY:

JOHN DOE

01/01/00

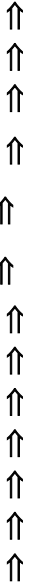
SIGNATURE

DATE

I UNDERSTAND THAT ACCURATE MEASUREMENTS AND NORTH, SOUTH, EAST, WEST DIRECTIONS ARE INTEGRAL PARTS OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT OR INCORRECT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

SITE PLAN FORM  
SUWANNEE COUNTY BUILDING DEPARTMENT

NORTH



**Do Site Plan on survey or GIS map  
obtain from Property Appraiser Website.  
[www.suwaneepa.com](http://www.suwaneepa.com)**

**Identify access roadway to dwelling.**

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNs, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES & POWER POLE FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SITE PLAN MUST BE COMPLETED, SIGNED & DATED **PRIOR** TO BRINGING IT BACK TO THE OFFICE.
- 7) **ALL DWELLINGS ON SAID PARCEL MUST BE SHOWN ON SITE PLAN – AND DISTANCE BETWEEN EACH DWELLING INDICATED.**

PLAN DRAWN BY:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# E-911 NEW ADDRESS NUMBER REQUEST

APPLICANT: \_\_\_\_\_

Beginning June 6, 2001, there will be a \$30.00 charge for assignment of a new 911 Address (instituted by the Board of County Commissioners, Suwannee County on 6/5/01).

I UNDERSTAND THAT A REQUIREMENT OF MY OBTAINING A 911 ADDRESS IS DEPENDENT UPON MY COMPLETE COMPLIANCE WITH THE FOLLOWING INSTRUCTIONS:

1. I will provide complete driving instructions to my new site that this permit is being acquired for, using the Building Department as the beginning point. I will include roadway numbers and describe all turns by either left or right. Please provide this information in the space below:

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2. I will be required to denote the four (4) corners of the proposed structure with distance to property lines and show the entrance of the driveway including the road name that you will enter from on the site plan submitted to the Building Department. If proper measurements are not given I understand it will delay the assignment of my 911 address.

3. I will provide one or more telephone number(s) at which I can be contacted, both daytime and evening:

Day:

Evening:

**IF YOUR SITE PLAN MEASUREMENTS IS NOT SUFFICIENT YOUR ADDRESS & CERTIFICATE OF OCCUPANCY WILL BE DELAYED.**

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GRANTING PERMISSION FOR THE 911 ADDRESSING TECH TO MAKE A SITE VISIT ON MY PROPERTY IF NEEDED FOR THE PURPOSE OF 911 ADDRESS ASSIGNMENT.

Request Submitted By:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your new 911 Address will be assigned based on measurements obtained from your site plan and will be available within three (3) business days from the receipt of the application and fee. **The 911 Address is not issued to the individual, but to the dwelling being placed on this parcel, and may not be moved to another location.**

# DRIVEWAY PERMIT APPLICATION

**SUWANNEE COUNTY PUBLIC WORKS DEPARTMENT  
13150 - 80<sup>TH</sup> TERRACE, LIVE OAK FL 32064  
PHONE: (386) 362-3992**

**FEE: \$15.00**

IF DRIVE ACCESS IS ON A STATE ROADWAY, PLEASE ADVISE OFFICE PERSONNEL. YOU WILL BE REQUIRED TO SUBMIT AN APPLICATION TO THE FLORIDA DEPARTMENT OF TRANSPORTATION. (STATE ROADS: 27, 51, 90, 129, 247, 49 SOUTH OF 27)

## DRIVEWAY REQUIREMENTS

**POWER WILL NOT BE RELEASED BY THE BUILDING DEPARTMENT UNTIL YOUR DRIVEWAY HAS BEEN APPROVED BY THE COUNTY PUBLIC WORKS DEPARTMENT.**

When applying for a building permit, a form for the County Public Works Department will be filled out in order that the Public Works Department may inspect your driveway to see what improvements need to be made, if any. Please put stakes at the location of the proposed driveway.

You must present a parcel identification printout showing legal description of property. If in the name of the previous owner, then you **MUST** (1) provide a copy of the recorded deed proving your ownership of the property, **OR** (2) have a consent form signed by previous owner.

The Public Works Department will contact you as to the changes that must be made. Please be sure to provide a current telephone number where you may be reached, otherwise there may be a delay.

It is your responsibility to make the improvements set forth by the Public Works Department (386/362-3992), and to contact them for reinspection after the improvements have been made.

After the Public Works Department has approved your driveway, they will notify the Building Department. You may then call the Building Department for your final inspection when ready.

**SUWANNEE COUNTY PUBLIC WORKS DEPARTMENT**

13150 - 80TH TERRACE, LIVE OAK, FL 32064

386/362-3992

Fax # \_\_\_\_\_

Permit # \_\_\_\_\_

**DRIVEWAY PERMIT APPLICATION**

**FEE: \$15.00**

**IF YOUR DRIVE ACCESS COMES OFF ONE OF THE FOLLOWING STATE ROADS PLEASE ADVISE OFFICE PERSONNEL, IT WILL BE NECESSARY FOR YOU TO FILE AN APPLICATION WITH FLORIDA DEPARTMENT OF TRANSPORTATION – 27, 51, 90, 129, 247, 49 SOUTH OF 27**

APPLICANT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PROPERTY OWNER: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION:

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Range \_\_\_\_\_ E Tax Parcel No.: \_\_\_\_\_

Lot \_\_\_\_\_ Subdivision \_\_\_\_\_

Size \_\_\_\_\_ Acres Other Dwellings \_\_\_\_\_

**DRIVING DIRECTIONS FROM MAJOR ROAD LEAVING LIVE OAK TO SITE USING ROAD NUMBERS & RIGHT OR LEFT:**

\_\_\_\_\_  
\_\_\_\_\_

Job Description \_\_\_\_\_ Use \_\_\_\_\_

Lot Frontage: \_\_\_\_\_ Ft. Number of Driveways: \_\_\_\_\_

**Application is hereby made to inspect a driveway(s) to access a "County Maintained Road" only.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**To be completed by County Public Works Department**

Culvert Required: Size: \_\_\_\_\_ "Corrugated Metal Culvert with Concrete Mitered Ends"

Apron Required: Width: \_\_\_\_\_ "Concrete"

Limerock Required: \_\_\_\_\_ Level & Cap with **6 inches** of limerock, from edge of road to property line

Ditch Fill Required: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Length: \_\_\_\_\_

Disapproved for the following reasons: \_\_\_\_\_

**APPLICANT MUST CALL PUBLIC WORKS DEPARTMENT at (386) 362-3992 FOR "REINSPECTION" AFTER COMPLETION OF THE ABOVE-MENTIONED REQUIRED MODIFICATIONS. DRIVEWAY MUST BE INSTALLED AND INSPECTED PRIOR TO OCCUPANCY OF STRUCTURE OR NOTIFICATION TO THE POWER COMPANY FOR ELECTRICAL SERVICE.**

Approved "As Is": \_\_\_\_\_

Final Approval (improvements completed): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor of Driveway Inspection  
Suwannee County Public Works Department

**SUWANNEE COUNTY BUILDING DEPARTMENT  
224 PINE AVENUE  
LIVE OAK, FL 32064  
PHONE: 386/364-3407**

Beginning January 1, 1991, a service charge was placed on all permits for habitable dwellings. This service charge represents a pro-rata portion of the Assessments based on the calendar year. This service charge is due and **MUST** be paid before final inspection can be performed.

The rates (effective 10/1/2015) for the Urban and Rural Districts are as follows:

Jan.	Feb.	Mar.	Apr.	May	June
\$230.00	\$210.84	\$191.67	\$172.51	\$153.35	\$134.18
July	Aug.	Sept.	Oct.	Nov.	Dec.
\$115.02	\$95.86	\$76.69	\$57.53	\$38.37	\$19.20

This service charge was enacted by the County on Dec. 4, 1990 by Resolutions 90-58, & 90-59, and the rural fire assessment was increased by Resolution 2015-57 and is intended to help defray the costs of fire protection and solid waste services for the remainder of the year. The current fees are to be paid at the Building Department office. You (or the property owner) will be billed for these services in all subsequent years in November when the property tax notices are sent out.

Thank you.

FORMS/assessment

# **DIRECTIONS TO THE SUWANNEE COUNTY COLLECTION SITES**

## **90 EAST**

90 EAST TO CR 49 – TURN LEFT ACROSS RR TRACKS-TURN BACK TO RIGHT

## **129 NORTH**

129 NORTH – NEAR INSPECTION STATION AND SPIRIT OF SUWANNEE

## **ANDERSON MINING**

49 – ½ MILE NORTH OF 27

## **BROWNWOOD (GOLDKIST)**

US 90 WEST TO GOLDKIST BOULEVARD – ON LEFT (BEHIND FARMERS CO-OP)

## **DOWLING PARK**

51 SOUTH TO CR 250 – JUST BEFORE 233<sup>RD</sup> ROAD ON RIGHT – 1 ½ MILE BEFORE RIVER

## **FALMOUTH**

90 WEST TO 185<sup>TH</sup> TURN LEFT TO 52<sup>ND</sup> STREET TURN RIGHT

## **FLETCHER**

INTERSECTION OF 49 AND 216<sup>TH</sup> STREET

## **HUMPHRIES**

129 SOUTH TO 216<sup>TH</sup> TURN LEFT 300 YARDS ON RIGHT

## **LANDFILL**

129 SOUTH TO 144<sup>TH</sup> STREET, TURN LEFT AT START OF LANDFILL ON LEFT

## **PEPPERS**

51 SOUTH (FROM TRAFFIC LIGHT AT 5 POINTS) APX 2 MILES ON RIGHT

## **REES**

136 EAST JUST PAST 80<sup>TH</sup> STREET ON LEFT – JUST BEFORE I-10

## **SPRAYFIELD**

HOUSTON TO NOBLES FERRY – WEST APPROXIMATELY 1 MILE ON RIGHT

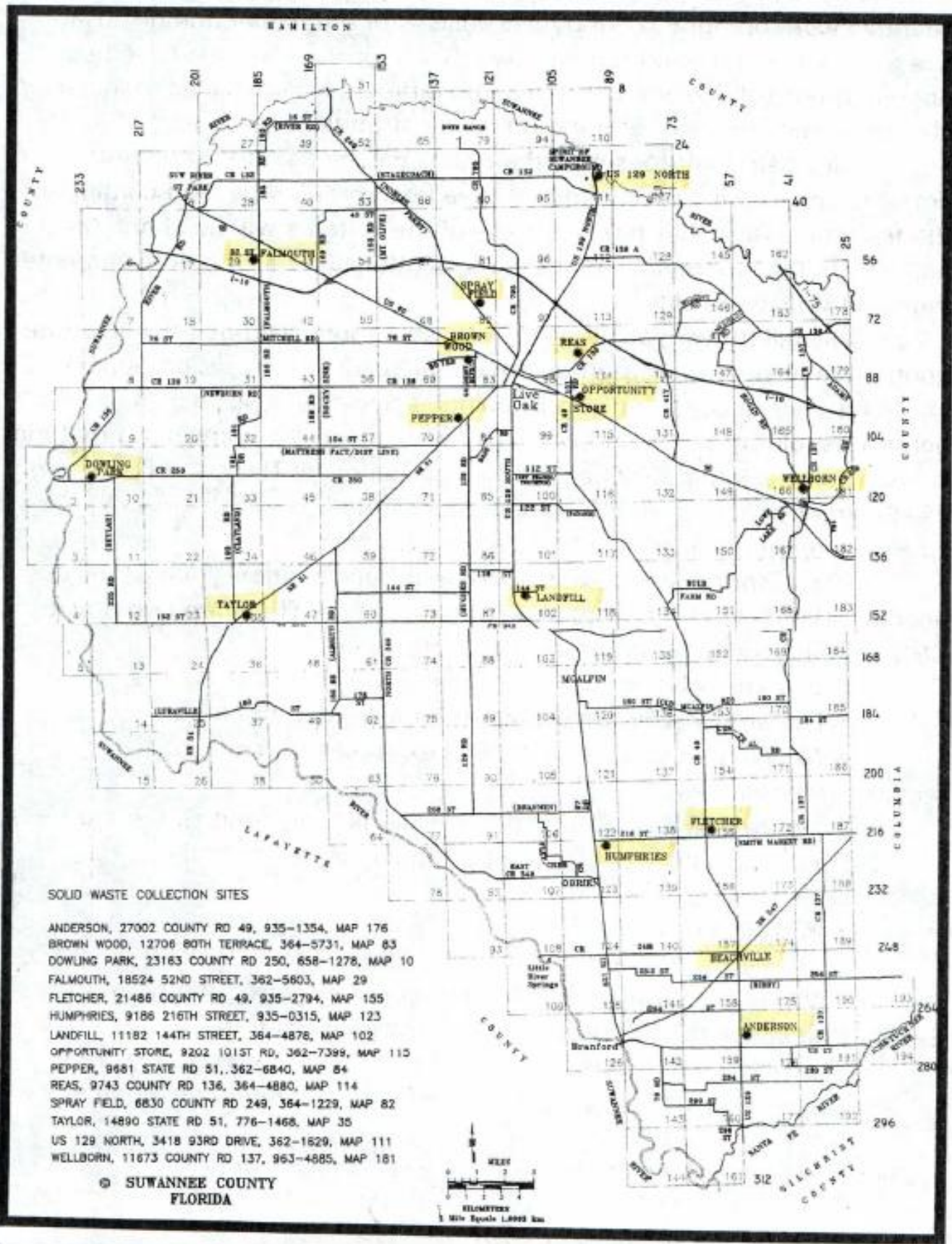
## **TAYLOR**

51 SOUTH JUST BEFORE CR 252 ON LEFT

## **WELLBORN**

US 90 EAST TO CR 137 NORTH TO HOGAN ROAD

# Map Showing Locations of Each Site





**SUWANNEE COUNTY COLLECTION SITE**  
**HOURS OF OPERATION**

(Effective July 10, 2017)

**OPEN**

MONDAY – WEDNESDAY – FRIDAY - SATURDAY

7:00 A.M. – 7:00 P.M.

**CLOSED**

TUESDAY – THURSDAY - SUNDAY

THE COUNTY LANDFILL LOCATED AT 10910 – 144<sup>TH</sup> STREET IS OPEN

MONDAY – FRIDAY 8 AM – 4 PM

**FOR MORE INFORMATION CALL (386) 208-3267**

**!!!! EFFECTIVE IMMEDIATELY!!!!**

**ALL SUBCONTRACTORS MUST  
COME IN THE BUILDING  
DEPARTMENT AND SIGN AN  
ADDENDUM FOR EACH  
BUILDING PERMIT FOR WHICH  
THEY ARE DOING WORK.**

**SUWANNEE COUNTY BUILDING DEPARTMENT**  
224 Pine Ave., Live Oak, FL 32064  
Phone 386-364-3407

**CONTRACTORS' ADDENDUM TO BUILDING PERMIT**

Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Lot #: \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

I hereby certify that the following subcontractors will be used on the above referenced job.

<u>CONTRACTOR</u>	<u>LICENSE NO.</u>
ELECTRICAL: _____	_____
_____ Signature	
PLUMBING: _____	_____
_____ Signature	
MECHANICAL: _____	_____
_____ Signature	
ROOFING: _____	_____
_____ Signature	METAL ___ SHINGLES ___
ALARM SYSTEM: _____	_____
_____ Signature	

Subcontractors **must** sign in office **before** commencing work on the job. If not signed in the Building Department Office it must be notarized.

\_\_\_\_\_  
Contractor & License #

# NOTICE OF COMMENCEMENT

## STATE OF FLORIDA COUNTY OF SUWANNEE

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: \_\_\_\_\_  
\_\_\_\_\_
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): \_\_\_\_\_  
\_\_\_\_\_
4. Contractor (name and address): \_\_\_\_\_  
\_\_\_\_\_
5. **Surety:**
  - a. Name and Address: \_\_\_\_\_  
\_\_\_\_\_
  - b. Amount of Bond: \_\_\_\_\_  
\_\_\_\_\_
6. Lender (name and address): \_\_\_\_\_  
\_\_\_\_\_
7. Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes 713.13(1)(a)(7): \_\_\_\_\_  
\_\_\_\_\_
8. In addition to himself, owner designates: \_\_\_\_\_  
\_\_\_\_\_ to receive a copy of the Leinor's Notice as provided in Florida Statutes 713.13(1) (b).
9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

\_\_\_\_\_  
Type Owner Name: \_\_\_\_\_

\_\_\_\_\_  
Type Owner Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known \_\_\_\_\_

Produced ID \_\_\_\_\_

Did/Did Not Take an Oath \_\_\_\_\_

\_\_\_\_\_  
Type Notary's Name \_\_\_\_\_

Notary Public, State of Florida

Commission Expire & Number: \_\_\_\_\_

**PRODUCT APPROVAL SPECIFICATION SHEET**

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components

listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

<b>Category/Subcategory</b>	<b>Manufacturer</b>	<b>Product Description</b>	<b>Approval Number(s)</b>
<b>1. EXTERIOR DOORS</b>			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
<b>2. WINDOWS</b>			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
<b>3. PANEL WALL</b>			
A. SIDING			
B. SOFFITS			
C. EIFS			
D. STOREFRONTS			

E. CURTAIN WALLS			
F. WALL LOUVER			
G. GLASS BLOCK			
H. MEMBRANE			
I. GREENHOUSE			
J. OTHER			
<b>4. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES AND SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT UP ROOFING ROOF SYSTEMS			
J. MODIFIED BITUMEN			
K. SINGLE PLY ROOF SYSTEMS			
L. ROOFING SLATE			
M. CEMENTS-ADHESIVES COATINGS			

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
N. LIQUID APPLIED ROOF SYSTEMS			
O. ROOF TILE ADHESIVE			
P. SPRAY APPLIED POLYURETHANE ROOF			
Q. OTHER			
<b>5. SHUTTERS</b>			
A. ACCORDION			
B. BAHAMA			
C. STORM PANELS			
D. COLONIAL			
E. ROLL-UP			
F. EQUIPMENT			
G. OTHERS			
<b>6. SKYLIGHTS</b>			
A. SKYLIGHT			
B. OTHER			
<b>7. STRUCTURAL</b>			
<b>COMPONENTS</b>			
A. WOOD CONNECTORS/ ANCHORS			
B. TRUSS PLATES			
C. ENGINEERED LUMBER			
D. RAILING			
E. COOLERS-FREEZERS			
F. CONCRETE ADMIXTURES			
G. MATERIAL			

H. INSULATION FORMS			
I. PLASTICS			
J. DECK-ROOF			
K. WALL			
L. SHEDS			
M. OTHER			
<b>8. NEW EXTERIOR</b>			
<b>ENVELOPE PRODUCTS</b>			
A.			-
B.			-

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, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE



# NOTE!

**ALL TEMPORARY ELECTRIC POLES USED FOR CONSTRUCTION WILL BE INSPECTED AND TAGGED FOR HOOK-UP DURING THE FIRST INSPECTION – IF REQUESTED.**

**NO TEMPORARY POLE WILL BE DONE AS A SINGLE INSPECTION.**

**MAKE SURE ALL TEMPORARY POLES HAVE:**

- (1) GFI PROTECTION**
- (2) FULLY ENCLOSED DEAD END FRONTS**

## **RESIDENTIAL & COMMERCIAL PROJECTS**

**EFFECTIVE FEBRUARY 15, 2002 – IN ACCORDANCE WITH SECTION 3305.1 OF THE FLORIDA BUILDING CODE 2017 (6th Edition), THE SUWANNEE COUNTY BUILDING DEPARTMENT WILL NO LONGER ISSUE ELECTRIC POWER FOR USE TO CONSTRUCT DWELLINGS UNLESS THERE ARE SANITARY FACILITIES FOR THE CONVENIENCE OF THE WORKMEN.**

**SECTION 3305.1 SANITARY. “ADEQUATE SANITARY FACILITIES FOR THE CONVENIENCE OF ALL WORKMEN SHALL BE PROVIDED. THESE FACILITIES SHALL BE KEPT IN A CLEAN & SANITARY CONDITION THROUGHOUT THE DURATION OF THE WORK. TEMPORARY TOILETS SHALL BE ENCLOSED, SCREENED AND WEATHERPROOFED AND SHALL BE CONNECTED TO A SEWER. UPON REMOVAL OF THE TEMPORARY FACILITIES, THE SEWER CONNECTION SHALL BE REMOVED AND THE SEWER CAPPED. IN LIEU OF CONNECTING TO A SEWER, THE TEMPORARY FACILITY MAY BE A PORTABLE, ENCLOSED, CHEMICALLY TREATED, TANK-TIGHT UNIT.”**



Patrick Taylor  
Building Official  
224 Pine Ave  
Live Oak, FL 32060  
Email: [patrickt@suwgov.org](mailto:patrickt@suwgov.org)  
Office: 386-364-3408  
Fax: 386-364-3754

## \*\*\*NOTICE\*\*\*

### **Blower Door Testing and Mechanical Ventilation** **(Required for permits submitted July 1, 2017 and after)**

The 2016 Supplements to the Fifth Edition of the Florida Building Code-Energy Conservation (FBC-EC) R101.4.9 requires blower door testing for all residential dwelling units. This would include single family houses, town houses, duplexes, and **each** condominium and apartment unit where the building is three stories or less. The 2016 Supplements to the FBC 1203.1 and FBC-EC R402.4.1.2 require that the blower door test have a result not exceeding seven (7) air changes per hour (ACH), and the FBC-Residential R303.4 requires that if less than three (3) air changes per hour (ACH), then mechanical ventilation is required in all the above referenced dwelling units in Climate Zones 1 & 2. The Suwannee County is located in Climate Zone 2. The purpose of this notice is to provide direction on who can perform the testing, what needs to be submitted to the Building Department, and when it needs to be submitted.

#### **Plan Review**

How you will be achieving mechanical ventilation must now be shown on one of the mechanical drawings. Please provide a clear, distinctive note so the plan reviewer doesn't have to hunt or guess at your intent, and possibly reject your submittal. It is not our intent to scrutinize your design, just to ensure you are providing mechanical ventilation.

The plans will now be required to show the volume of the dwelling unit. This is the thermal envelope volume, and would not include any unconditioned space.

#### **Who can perform the blower door test?**

Suwannee County requires the tester to hold a certification as a Blower Door Tester from an organization that is approved by the building official. Any person desiring to be approved must submit their Blower Door Tester certification to the building official including a copy of their liability insurance, worker's compensation insurance or exemption and a copy of their business tax receipt. There are several certifications/licensures that will be accepted. The list shown is not conclusive. This being said, **individuals** with the following certifications/licensures will be approved:

- RESNET approved HERS raters and HESP evaluators
- BPI approved Building Analyst
- Florida licensed Mechanical contractors, Class A & Class B Air Conditioning contractors
- Florida licensed Professional engineers

Again, I am sure there are other certifications/licensures that will be approved. If you wish to be approved, please email your qualifications with the **Blower Door Tester Application** to [patrickt@suwgov.org](mailto:patrickt@suwgov.org). Once approved we will email you a **Blower Door Tester (BDT) number** to be used when completing the blower door test form. Please note, the BDT number is issued to an individual, not a company except if you are a Florida Licensed Mechanical or Class A or B Air Conditioning Contractor. The person with that BDT number is the one that must perform the test. If a company has more than one person that will be performing tests, all of those performing tests must be registered. We will try to make the registration process as quick and painless as possible.

### **What needs to be Submitted and When**

The attached Blower Door Test Form (BDTF) is to be completed by the approved tester. The BDTF is to be provided to the Building Department before scheduling a final inspection.



Patrick Taylor  
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Email: [patrickt@suwgov.org](mailto:patrickt@suwgov.org)  
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**BLOWER DOOR TEST FORM**  
For Prescriptive and Performance Method

Permit #: \_\_\_\_\_  
BDT#: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Builder: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Sec: \_\_\_\_ Twp: \_\_\_\_ Range: \_\_\_\_ Parcel #: \_\_\_\_\_  
Job Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Air Infiltration Test Results**

CFM (50) = \_\_\_\_\_

Volume = \_\_\_\_\_

ACH (50) =  $\text{CFM (50)} \times 60 / \text{Volume}$  = \_\_\_\_\_

Pass                       Fail

**Passing Results must be 5 ACH (50) or less**

**Certification of Test Results**

**I hereby certify that the above Air Infiltration Test results demonstrate compliance with the Florida Energy Code requirements in accordance with the Florida Building Code-Energy Conservation R402.4.1.2, 5<sup>th</sup> Edition (2014).**

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

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

Company: \_\_\_\_\_

BDT Registration #: \_\_\_\_\_

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