

DOCUMENTS REQUIRED TO MAKE APPLICATION FOR A HOUSE RELOCATION BUILDING PERMIT

DUE TO TIME INVOLVED TO PROCESS PAPERWORK

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

1. Parcel description of property (**property card**) from Property Appraiser's Office or at 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.
2. If your property is **LESS** than **5 acres**, **NOT** in a recorded subdivision, **NOT** in a residential zoning district then you will need a deed showing that property was a lot of record prior to **September 9, 1991**.
3. **Survey** of property prepared by a land surveyor or engineer registered in Florida or exemption letter from Suwannee County Zoning Department. All property stakes shall be in place at the time of application.
4. **Application** completed.
5. **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.)(can be drawn on survey)
6. **Driveway** application completed.
7. Good directions to property **from this office**. Please show street names/road numbers.
8. 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. GO TO ENVIRONMENTAL HEALTH BEFORE RETURNING FOR BUILDING PERMIT.**
9. **911 New Address Number Application** completed. 911 address numbers **MUST** be displayed at driveway entrance prior to final inspection (see insert in packet).
10. **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.
11. 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."
12. DUE TO POSSIBLE DUPLICATION OF NAME, AND TIME INVOLVED IN LOOKING FOR PERMIT. **YOU MUST PROVIDE OFFICE PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR INSPECTION.**

HOUSE RELOCATION	\$300.00
FOUNDATION PERMIT FEE	BASED ON CONTRACT PRICE
(\$100 for first \$1,000 & \$3 for each additional thousand or portion of contract price. Minimum \$100)	
STATE SURCHARGE	(2.5% OF PERMIT FEE)
COUNTY DRIVEWAY PERMIT FEE	\$ 15.00
ASSIGNMENT OF 911 ADDRESS FEE	\$ 30.00

Pro-rata share of assessment for solid waste and fire service **MUST** be paid for the balance of the year. See chart inside packet.

HOUSE RELOCATION PERMIT APPLICATION

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 FROM THIS OFFICE: [**You MUST give road numbers and EXACT directions**]

Contractors: Bldg: _____ License # _____ Contact # _____

Plumbing: _____ License # _____ Contact # _____

Electrical: _____ License # _____ Contact # _____

Mechanical: _____ License # _____ Contact # _____

Alarm System _____ License # _____ Contact # _____

POWER COMPANY: SVEC: _____ FP&L: _____ PROGRESS ENERGY: _____

FEE: \$300.00

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 understand that I **MUST** supply the office personnel with the **permit number** when calling for inspections.

DATE: _____

Applicant/Property Owner/Contractor

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

FOUNDATION PERMIT APPLICATION

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

YOU MUST PROVIDE OFFICE PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR INSPECTION!

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 _____

HOW DO YOU GET THERE FROM THIS OFFICE: [**You MUST give road numbers and EXACT directions**]

Job Description _____ Use _____ Power Company: SVEC: _____

FP & L _____ PROGRESS ENERGY: _____

Building Contractor: _____ License # _____ Contact # _____

FOUNDATION: Contract Price \$ _____

PERMIT FEE: Based on Contract Price \$100.00 for first \$1000, plus \$3.00 for each additional \$1000.00 or portion. (Minimum \$100.00)

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, site plan and construction plans are accurate and have fully read the entire application package and understand its content.**

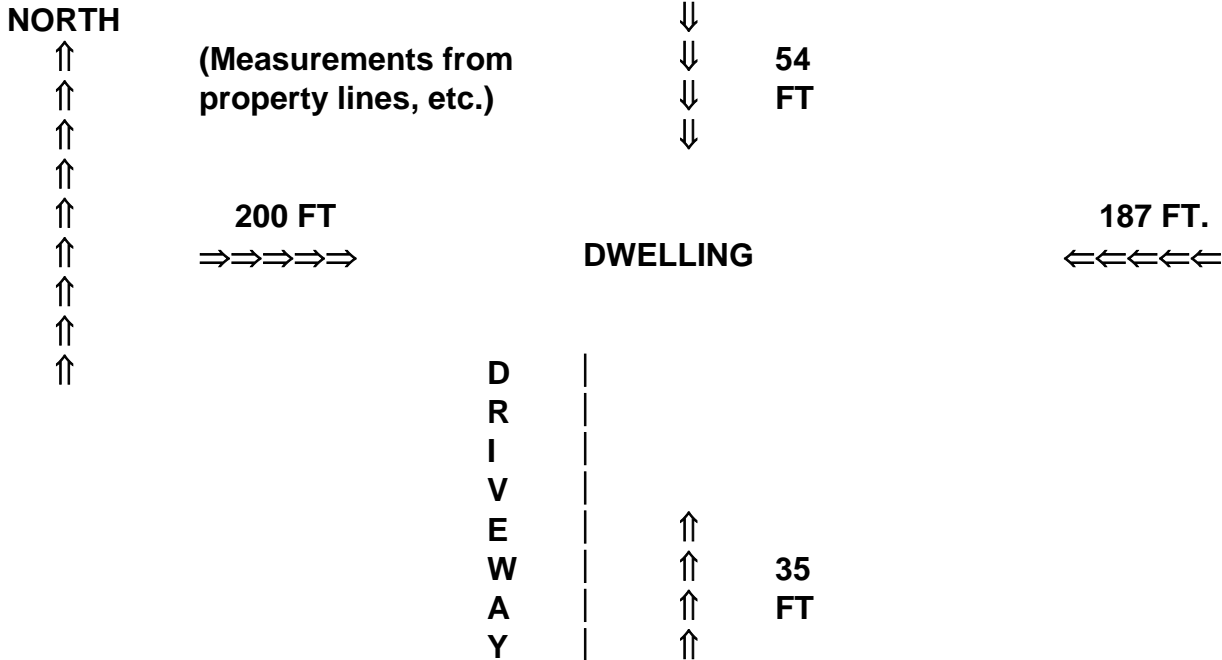
DATE: _____

Applicant/Owner/Agent/Contractor

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.

JOHN DOE

EXAMPLE SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT



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
SIGNATURE

01/01/00
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.suwanepa.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

SUWANNEE COUNTY
E-911 NEW ADDRESS NUMBER REQUEST

APPLICANT: _____ **PERMIT #:** _____

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:**

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 - 80TH 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 _____

EXACT DRIVING DIRECTIONS FROM MAJOR ROAD LEAVING LIVE OAK TO SITE USING ROAD NUMBERS:

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 at such time as the permit is issued.

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

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

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 233RD ROAD ON RIGHT – 1 ½ MILE BEFORE RIVER

FALMOUTH

90 WEST TO 185TH TURN LEFT TO 52ND STREET TURN RIGHT

FLETCHER

INTERSECTION OF 49 AND 216TH STREET

HUMPHRIES

129 SOUTH TO 216TH TURN LEFT 300 YARDS ON RIGHT

LANDFILL

129 SOUTH TO 144TH 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 80TH STREET ON LEFT – JUST BEFORE I-10

SPRAYFIELD

HOUSTON TO NOBLES FERRY – WEST APPROXIMATELY 1 MILE ON RIGHT

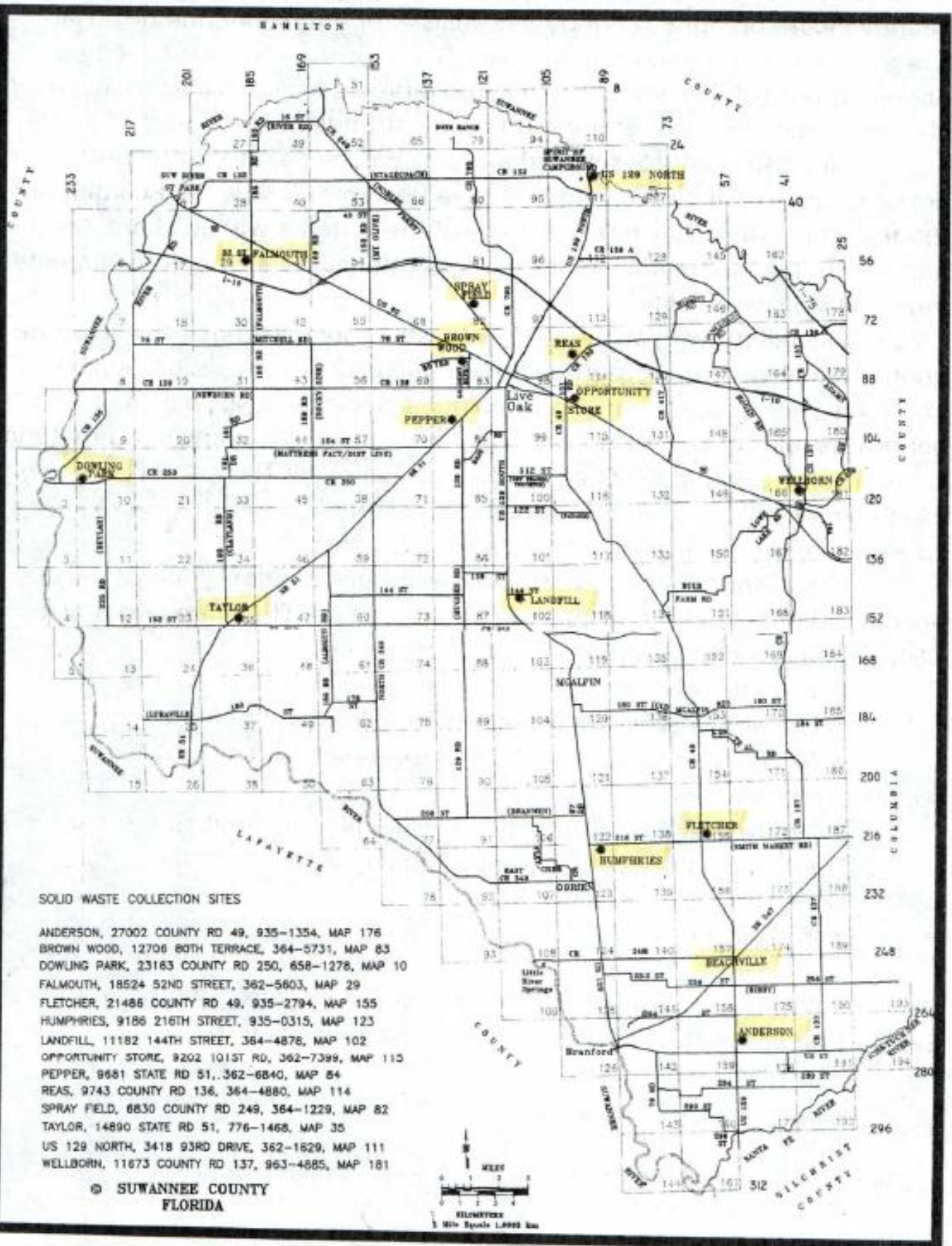
TAYLOR

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 – 144TH STREET IS OPEN
MONDAY – FRIDAY 8 AM – 4 PM

FOR MORE INFORMATION CALL (386) 208-3267

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>
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ELECTRICAL: _____	_____
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_____ Signature	
--------------------	--

PLUMBING: _____	_____
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_____ Signature	
--------------------	--

MECHANICAL: _____	_____
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_____ Signature	
--------------------	--

ROOFING: _____	_____
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_____ Signature	
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METAL ___ SHINGLES ___

ALARM SYSTEM: _____	_____
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_____ Signature	
--------------------	--

Subcontractors **must** sign in office **before** commencing work on the job.

Contractor & License #

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

STATE OF FLORIDA
COUNTY OF SUWANNEE

PERMIT # _____

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. Legal Description of Property: _____

2. General Description of Improvements: _____

3. **Owner Information:**
 - a. Name and Address & Phone Number _____

 - b. Interest in Property: _____
 - c. Name and Address & Phone Number of Fee Simple Titleholder (if other than owner): _____

4. Contractor (name, address & phone number): _____

5. **Surety:**
 - a. Name and Address: _____

 - b. Amount of Bond: _____
6. Lender (name, address & phone number): _____

7. Identity of person 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):
Name, Address & Phone Number: _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:
Name, Address & Phone Number: _____

9. Expiration date of Notice of Commencement (**the expiration date is 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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: _____

