Town of Sewall's Point Building Department
One South Sewall's Point Road
Sewall's Point, Florida 34996
Ph: 772-287-2455

GENERATOR PERMIT APPLICATION

Permit #: _____ Master Permit # _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION & NEC 2020		
Site Address:		
Legal Description:		Parcel ID:
Owner's Information		
Name:	Email:	Phone:
Address:		
Contractor's Information		
Name:	Email:	Phone:
Address:		State License no.

PROJECT INFORMATION

☐ Commercial ☐ Residential

Description of work: _____

Generator Location: □ A* □ AE* □ AH* □ V □ VE* □ X Other

* If you are in a Flood Zone, all mechanicals MUST be elevated to meet the minimum base flood elevation PLUS ONE FOOT.

Proposed Minimum Clearance is: ft. below ft. above ft. horizontally from building &

ventilation openings. (Minimum 5 feet required from structures and openings in walls – NFPA 37-Section 4.1.4)

Kilowatts: _____ Fuel Source: _____ (If propane, include detailed proposed location of the tank)

**If an Electrical Contractor is applying for this permit, a gas or plumbing contractor MUST apply for a separate Gas Permit. The gas or plumbing contractor will be solely responsible for the gas inspection.

*_____ (initial) I have received the latest copy of the permitting and installation guide. See checklist for additional requirements.

Total Valuation $_____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

_____
Contractor Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20___,by _____ who is ____ personally known to me or ____has produced _____ as identification

_____
Owner or Owner's Authorized Representative Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20___,by _____ who is ____ personally known to me or ____has produced _____ as identification

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Building Department
CHECKLIST FOR GENERATOR PERMITS

GENERATOR PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number
- Property address
- Legal description
- Owner's information
- Contractor's information
- Commercial/Residential
- Kilowatts
- Location
- Fuel source
- Permitting and installation guide must be initialed
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 1 copy:

- Electrical Sub-contractor Permit Application
- Manufacturer's specifications
- Original plans signed and sealed by a Florida licensed Architect/Engineer
- Commercial Projects; In addition to paper copies, one complete set of plans must besubmitted electronically on to the online portal
- Property survey/plot plan showing the location of the generator
- Electrical diagram
- Load information:
    - Sized for optional standby system. NEC 702
    - Provide load calculation for feeder and service loads in conformance with the manufacturer's specifications and article NEC 220.
    - Provide a general list of the user selected loads that are intended to be used on worst case scenario.
    - Total load must be within the generator's capacity per NEC 702.4 and NEC 220
- • Gas generators only:
    - o Gas permit application
    - o Riser diagram (include the type of pipe, length, size and BTU's for each appliance and regulator location).
    - o Property survey/plot plan showing gas hook-up
    - o Proposed location of the tank must be included on the permit application
- Generators must not be placed within easements.
- Generators may not be placed within 5 feet of any septic system drain field or impede access to septic tank covers or clean-outs.
- Generator pads must be 4" minimum solid concrete, or prefab pad listed for use with generator original signed and sealed by a Florida licensed Engineer.

NOTES:

- Recorded Notice of Commencement for work valued at $2500 or more.(NOC must be submitted to permitting prior to scheduling the first inspection.)

* **If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS $2,500.00 ($15,000 Mechanical)

PERMIT #: _____ **TAX FOLIO #:** _____

STATE OF FLORIDA COUNTY OF **MARTIN**

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.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):

_____

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME:_____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY**:** _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

_____

CONTRACTOR: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)_____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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) (b) , FLORIDA STATUTES:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF_____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:

PHONE NUMBER: _____FAX NUMBER: _____**EXPIRATION DATE OF NOTICE OF COMMENCEMENT**: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

_____
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE_____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____DAY OF_____, 20____

BY: _____ AS_____FOR_____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____TYPE OF IDENTIFICATION PRODUCED_____

_____
NOTARY SIGNATURE/ SEAL