



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

SOLAR PERMIT CHECKLIST

Before **any** development activity occurs on a piece of property, a permit is required from the local jurisdiction. A permit is required before carrying out any building activity, the making of any material change in the use, or change in appearance of any structure.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The following items are among those required by the Belleview City Code and Florida Building Code. All applicable items must be included and forms completely filled out for the application package to be considered complete. If something does not apply please mark as such. **Payment of permitting fees is required at submittal.** If your application is found to be incomplete, City staff will contact you within 3 full working days from the received date.

Check off all items that have been included in your application package:

- 1. BUILDING PERMIT APPLICATION** - Indicate the Electric Utility Company if known
- 2. RAISED SEAL FLOOD ELEVATION SURVEY W/SPOT ELEVATION WHERE STRUCTURE TO BE LOCATED**
Required if any part of property is in an A zone or AE zone (also required at final inspection)
- 3. LEGAL DESCRIPTION** - Section, Township, Range, Lot, and Block, Parcel # and Subdivision name
- 4. PROOF OF OWNERSHIP** (Tax notice, Homestead Exemption Notice, Certificate of Title, or recorded Deed)
- 5. THREE (3) COPIES OF A SITE PLAN (If applicable): DRAWN TO SCALE (1" = 30')** (one inch equals thirty feet, not to exceed 1" = 60') using site plan or survey with the following information showing:
 - Dimensions of the property.
 - Location of all existing and proposed structures.
 - Setbacks from all property lines to existing and proposed structures.
 - Location of all roads and rights-of-way (including center lines) in relation to the property.
 - A directional arrow indicating North.
 - The scale used for the site plan (such as 1" = 30', not to exceed 1" = 60')
 - Location of all natural and manmade surface waters (i.e., lakes, streams, canals, wetlands, etc.).
 - Location of proposed and/or existing water lines and meters.
 - Location of driveways and sidewalks.
 - Location of LP tanks, size, type. Distance from tank to structure. Distance from all external ignition sources, i.e. air conditioner.
 - Calculated percentage of coverage on property.
 - Drainage flow
- 6. OWNER/BUILDER DISCLOSURE STATEMENT & AFFIDAVIT**
- 7. RECORDED NOTICE OF COMMENCEMENT** (Required for projects valued at \$5,000 or more)
MUST BE PRESENTED WITH COMPLETED APPLICATION OR BEFORE FIRST INSPECTION.
- 8. PROVIDE COPY OF APPLICABLE STATE AND/OR LOCAL LICENSE(S), PROOF OF LIABILITY INSURANCE AND WORKERS COMPENSATION OR EXEMPTION** (for contractor and all subcontractors; see Permit Application)
- 9. IF USING A PRIVATE PROVIDER FOR PLAN REVIEW AND INSPECTION, PLEASE FILL OUT ALL ATTACHED PRIVATE PROVIDER FORMS.**
- 10. NOTARIZED SOLAR AFFIDAVIT REQUIRED FOR ALL SOLAR PERMITS PRIOR TO CLOSING OUT PERMIT.**



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BUILDING PERMIT APPLICATION

Permit #: _____

Received By: _____

Permit Type:

Building Roof Electrical Mechanical Plumbing Gas Shed Fence Pool Demo Alarm Other

Owner Information:

Owner's Name: _____ Phone: _____

Owner's Address: _____

Owner's Email Address: _____

Project Location Information:

Parcel number: _____ Lot: _____ Block: _____ Unit: _____ Sec: _____ Twp: _____ Rge: _____

Site Address*: _____

*New construction/unit: The City will submit an address request to Marion County 9-1-1 Management for assignment of address.

Subdivision: _____ Flood Zone: _____ Power Company: _____

Project Information:

Residential Commercial New Repair Alteration Addition Revision

Contract Price/Value (excluding lot): \$ _____ Sq. Footage: _____ Sq. Ft under roof: _____

Proposed Project Description/Scope: _____

Architect Name: _____

Email: _____ Phone: _____

Engineer Name: _____

Email: _____ Phone: _____

Construction Dumpster Provider: _____

Contractor Information:

Qualifier's Name: _____ State License #: _____
Company Name: _____
Company Address: _____
Contact Name: _____ Phone: _____
Email: _____

Subcontractor Information:

Contractors: Please complete information and sign below. By signing, I hereby swear or affirm that I am in compliance with Florida's worker's compensation law and that I have secured coverage or have a valid certificate of exemption.

Plumbing Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Electrical Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Mechanical Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Roofing Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Gas Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Irrigation Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

Other Company Name: _____ Qualifier Name: _____

Lic. #: _____ Signature: _____

NOTICE

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work 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 in this jurisdiction. I understand that a separate permit may be required for ELECTRICAL, PLUMBING, SIGNS, IRRIGATION WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, ETC.

OWNER'S AFFIDAVIT: I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Pursuant to the Florida Building Code, this permit application will be deemed abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued.

It is agreed that in all respects, the work will be performed & completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans.

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT WITH MARION COUNTY CLERK OF THE COURTS MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED, AND A COPY PROVIDED TO THE BUILDING DEPARTMENT, 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: F.S.713.135

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 government entities, such as water management districts, state agencies, or federal agencies.

I _____ (applicant name) understand that the City of Belleview has regulations regarding Zoning and development activities including: setbacks, lot coverage, and site plans and that I have attended a Site Plan Committee meeting (for commercial projects) or I have read and understand all regulations pertaining to my proposed project and the attached application and submittal package is complete.

NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE - ENERGY EFFICIENCY, ON replacement HVAC systems; contractor must provide certification that all ductwork has been inspected and all necessary repairs/taping have been completed.

Owner's Signature:

and/or

Contractor's Signature:

Date: _____

State of _____
County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20_____,

By _____

Personally known to me _____ or has produced _____ as identification.

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Notary Seal

Date: _____

State of _____
County of _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20_____,

By _____

Personally known to me _____ or has produced _____ as identification.

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Notary Seal

Pursuant to Florida Statute 713.135(7) all signatures must be notarized

CURRENT CODE IN EFFECT: 2023 FLORIDA BUILDING CODE, 8TH EDITION



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2021 FLORIDA STATUTES – CHAPTER 489.103 (7C) AND 489.503 OWNER-BUILDER DISCLOSURE STATEMENT

To qualify for this exemption, the property owner must personally appear and sign the building permit application and must satisfy local permitting agency requirements, if any, proving that the owner has a complete understanding of the owner's obligations under the law as specified in this disclosure statement.

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

FS 489.503 – Electrical Disclosure Statement

State law requires electrical contracting to be done by licensed electrical contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm outbuilding or a single-family or duplex residence. You may install electrical wiring in a commercial building the aggregate construction costs of which are under \$75,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease, unless you are completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. If you sell or lease more than one building you have wired yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Florida Building Code 2020, Building 105.3.6 – Asbestos Removal

State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within one year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. **Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law.**

5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or <http://www.myfloridalicense.com/DBPR/> for more information about licensed contractors.
11. I am aware of and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:
_____.
12. I agree to notify the City of Belleview Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and which to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Owner's Signature: _____ Printed Name & Date: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed 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.

(Seal)

NOTARY PUBLIC SIGNATURE



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NOTICE OF COMMENCEMENT

Permit #: _____

Tax Folio/Parcel Id#: _____ State _____ County _____

The undersigned hereby gives notice that improvement will be made to certain real property. In accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement:

1. Description of property (legal description, lot, block and street address if available):

2. General description of improvement: _____

3a. Owner name/address: _____

3b. Interest in property: _____

3c. Name and address of fee simple title holder (if other than owner): _____

4. Contractor – Qualifier Name and Address: _____

5. Surety – Name and Address: _____

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 Section 713.13(1)(a) 7, Florida Statutes: _____

8. In addition to him/herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice a provided in Section 713(1)(b), Florida Statutes (Provide Name/Mailing Address): _____

9. NOC expiration date (one full year from the date of recording unless 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 1, SECTION 713.13, FLORIDA STATUTES; AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. 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 NOTICE OF COMMENCEMENT.

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner/A Natural Person

Date

(or Owner's Authorized Officer/Director/Partner/Manager)

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 _____ (print name of person) as _____
(type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Notary Public

(Seal)

Personally Known _____ or Produced Identification _____



City of Bellevue
5525 SE 119th St.
Bellevue, FL 34420
Phone: 352-245-7021 Fax: 352-307-7708
Email: DSStaff@bellevuefl.org
www.bellevuefl.org

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Permit Number: _____

SAFEbuilt

Project Name: _____

Parcel Tax ID: _____

Services to be provided: **Inspections only** _____ **Inspections and Plans Review** _____

I, _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Private Provider Firm: _____

Private Provider: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Florida License, Registration or Certificate #: _____

I have elected to use one or more private providers to provide building code plan review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local Building Official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plan review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local Building Official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within one (1) business day after any change, update this notice to reflect such changes. The building plan review and/or inspection services provided by the private provider is limited to compliance with the Florida Building Code and any local technical amendments to the Florida Building Code, but does not include review for fire code, land use, environmental, FEMA requirements or other codes.



City of Bellevue
5525 SE 119th St.
Bellevue, FL 34420
352-245-7021 Phone 352-307-7708 Fax
www.bellevuefl.org

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

The following items are required:

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavits are signed and notarized and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized.
3. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
4. Proof of Insurance required by Section 553.791(16) of the Florida Statutes.
5. The Private Provider shall schedule inspections one day prior to the inspection being performed. Inspection requests can be submitted via e-mail to DSStaff@bellevuefl.org. Please provide the approximate time inspections will be performed.

Name: _____ Telephone Number: _____

Address: _____

Acknowledgment as an Individual

Acknowledgment for a Corporation

an officer of _____, a _____ corporation, on behalf of the corporation.

Acknowledgement for a Partnership

a partner (or agent) on behalf of _____, a partnership.

Signature _____

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 to me or has produced _____ as identification.

Notary Public



City of Bellevue
5525 SE 119th St.
Bellevue, FL 34420
352-245-7021 Phone 352-307-7708 Fax
www.bellevuefl.org

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

The following items are required:

1. Qualification statements, resume and a copy of the private provider license required by F.S. 471 or F.S. 481 and all duly authorized representative's employment affidavits are signed and notarized and copies of all licenses submitted as required by F.S. 468.
2. Private Provider Plan Compliance Affidavit is signed and notarized, unless Private Provider is only performing building inspections for project.
3. Private Provider complete list of building inspections to be performed is attached. (4-Pages)
4. Section 553.791(16) of the Florida Statutes provides for requiring minimum insurance coverage for professional liability covering all services performed as a private provider. The section states: "A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. **If the private provider chooses to secure "claims-made" coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services.** The insurance required under this subsection shall be written only by insurers authorized to do business in this State with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a Certificate of Insurance evidencing that the coverage's required under this subsection are in force." The proof of insurance required by this section will be expected seven (7) days prior to first inspection by the private provider firm.
5. The Private Provider shall notify the Building Official of inspection requests by contacting the Building Dept. via email at DSStaff@bellevuefl.org prior to performing any inspections by the Private Provider on the permitted building structure(s).

Initials



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Bellevue, FL 34420
352-245-7021 Phone 352-307-7708 Fax
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NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Forms approved by the Building Official are provided as part of this package and must be used for each event. No substitute forms will be accepted.

(Check Section Below)

For an individual acting in his/her own right:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

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 to me or has produced _____ as identification.

Notary Public

For a corporation:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

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 to me or has produced _____ as identification.

Notary Public



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NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

For a partnership:

Name: _____ Telephone Number: _____

Address: _____

Signature _____

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 to me or has produced _____ as identification.

Notary Public



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DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

Permit Number: _____

SAFEbuilt ✓

This affidavit is required pursuant to the City of Belleview's Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b).

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License Number – Standard Plans Examiner _____ **Standard Inspector** _____

Trade Categories _____

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Signature of Private Provider _____ **License #** _____

PRIVATE PROVIDER FIRM _____

STATE OF FLORIDA

COUNTY OF _____

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PRIVATE PROVIDER INSPECTION REPORT

Permit Number: _____

SAFE **built** ✓

(Must be filled out completely, incomplete reports will not be accepted by the City)

At the completion of each inspection the private provider shall:

Post each completed inspection record on the Permit Card posted on site, indicating pass or fail. The "private provider" shall also provide the record on this form to the local Building Official. The original certified inspection must be hand delivered, mailed, or electronically delivered via email; faxes are not acceptable. These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Permit # _____ Date _____

Site Address _____

Inspection Report #: _____ Inspection Date _____

Owner Name _____

Private Provider _____

Contractor _____

Inspection Code _____ Inspection Type _____

Inspection Result:

1. Passed

2. Partial Pass

3. Fail

4. Cancelled

Comments: _____

To the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and applicable codes.

By: _____ License # _____
(Print Name)

Certified _____ (Signature)



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PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

Permit Number: _____

SAFE

(Please check all that apply)

Building Inspections

1. 101-Foundation
2. 102-Slab
3. 103-Tie Beam
4. 104-Columns/Pilings
5. 105-Rough Framing
6. 107-Insulation
7. 110-Firewall/Tenant Separation
8. 111-Floor
9. 113-RV tie down
10. 114-Sheathing (Wall)
11. 115-Sheathing (Roof)
12. 117-Mobile Home Move
13. 125-Opening Protection/Shutters
14. 130-Engineering/Strap/Tie down
15. 199-Final Building

For: Accessory

- Awning
- Demolition
- Dock/Shoreline
- Fence
- Mobile Home Move
- RV (set-tie down)
- Shutter
- Shed (set-tie down)
- Sign

16. 204-Final Plumbing
17. 305-Final Electrical
18. 402-Final Mechanical
19. 501-Roof Dry-In
20. 502-Roof In Process
21. 503-Roof Final



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PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

(Please check all that apply)

Electrical Inspections

1. 301-Temporary Pole or Underground (TUG)
2. 302-Electrical Underground
3. 303-Service Change
4. 304-Rough Electrical
5. 305-Final Electrical
6. 306-Temp/Perm Power (Commercial)
7. 308-House Meter Only (Commercial)
8. 310-Temp Overhead

Sign Inspections

1. 101-Foundation
2. 302-Electrical Underground
3. 304-Rough Electrical
4. 305-Final Electrical

Dock and Shoreline Inspections

1. 601-Tie Back/Deadman
2. 602-Seawall Cap
3. 603-Rip Rap
4. 604-Piles



City of Bellevue
5525 SE 119th St.
Bellevue, FL 34420
Phone: 352-245-7021 Fax: 352-307-7708
Email: DSStaff@bellevuefl.org
www.bellevuefl.org

PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

(Please check all that apply)

Mechanical/Plumbing Inspections

1. 201-Rough Plumbing (DWV)
2. 202-Underground Plumbing
3. 203-Sewer
4. 204-Final Plumbing
5. 205-Tub Set/Shower Pan
6. 206-Water Supply
7. 207-Rough Gas
8. 208-Gas Line
9. 209-Gas Tank
10. 210-Final Gas
11. 401-Rough A/C
12. 402-Final A/C



City of Belleview
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Email: DSStaff@belleviewfl.org
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PRIVATE PROVIDER - LIST OF BUILDING INSPECTIONS

(Please check all that apply)

Pool/Spa Inspections

1. 101-Foundation
2. 104-Piles/Pile Cap
3. 108-Pool Steel
4. 109-Pool Deck
5. 118-Pool Safety (incl. Final Electrical before filling)
6. 120-Pressure Affidavit
7. 123-Main Drain (plumbing at shell)
8. 124-1st Bonding (shell)
9. 125-2nd Bonding (deck)
10. 127-Light Potting



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PRIVATE PROVIDER PLAN REVIEW COMPLIANCE AFFIDAVIT

Permit Number: _____

SAFE**built** ✓

Project Name: _____

Project Tax ID: _____

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the most current version of the Florida Building Codes and all local amendments by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ **Plan Sheets:** _____

Applicable Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

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 to me or has produced _____ as identification.

Notary Public



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PRIVATE PROVIDE CERTIFICATE

OF COMPLIANCE

REQUEST FOR CERTIFICATE OF OCCUPANCY

Permit Number: _____

SAFE **built** ✓

Date: _____

Building Official
City of Bellevue Building Department

Permit #: _____

Address: _____

In accordance with Florida Statute 553.791, Section 11 pertaining to Private Provider Inspection Services, we herewith provide the City of Bellevue with final disposition on the Building components inspected under our authority.

I certify by my signature below that the building components and site improvements indicated below were completed in conformance with the approved plans and the applicable codes: (Circle all that apply)

Building	YES	NO	N/A
Mechanical	YES	NO	N/A
Electrical	YES	NO	N/A
Plumbing	YES	NO	N/A
Gas	YES	NO	N/A

Private Provider Name _____ License # _____

Private Provider Signature _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED 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.

NOTARY PUBLIC SIGNATURE

(SEAL)



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.
Belleview, FL 34420
Office: 352-245-7021
Email: DSStaff@belleviewfl.org

Inspection Affidavit

Permit# _____

I _____, licensed as a(n)
(please print name and circle license type)

Contractor*/Engineer/Architect. FS 468 Building Inspector*

License #: _____

On or about _____, I did personally inspect the
(date & time work)

Fastener Embedment at _____
(job site address)

Based upon the examination I have determined the installation was done according to the 2023 Florida Building Code and Engineering Per _____
(Engineer)

Signature

STATE OF _____
COUNTY OF _____

Sworn to and subscribed to before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

(seal)

Notary Public-State of Florida

*General, Building, Residential, or Electrical Contractor or any individual certified under §468 F.S. to make such an inspection.