



City of Ocala
 Growth Management Department
 201 S.E. 3rd Street, 2nd Floor
 352-629-8421 | www.ocalafl.gov

Building Permit Application Instructions

This checklist is designed to assist you in completing your Permit Application thoroughly. For questions, contact the Building Division at **352-629-8421**.

Select Property Type: Check whether the job site is Residential or Commercial (top left corner).

Date & Master File: Enter the application date and note the Master File # (if applicable).

OWNER INFORMATION	Fill in ALL owner details, including phone number and email. Failure to provide this information may result in the application being deemed incomplete.
CONTRACTOR INFORMATION	ALL contractor information shall be filled out, including the qualifier's license number, phone number, and e-mail. Failure to provide this information may result in the application being deemed incomplete.
JOB/PROJECT INFORMATION	<p>Project Name & Job Site Address: Provide the project name, Parcel ID, subdivision, lot, block, and full job site address. If there are multiple buildings or addresses, specify the correct building/unit. Note the current/previous use of the property (Retail, assembly, single family, etc.) Note the proposed use of the property. The total work value shall include materials and labor, even if the work will be done for free. Flood Zone information can be found HERE.</p> <p style="padding-left: 40px;">Type your address or Parcel ID Number on the Search Bar. If there is a yellow layer over your property, you are in an area prone to Floods as studied by the City of Ocala. If there is a blue layer over your property, you're in the "A" Flood zone. If an orange layer is over your property, you're in the "AE" Flood Zone. If there is no layer over your property, you're in the "X" Flood Zone. For more information on the FEMA Flood Zone, please click HERE.</p> <p>The Base Flood Elevation can be found in your existing Survey or Elevation Certificate. The scope of work shall be detailed. If additional space is required, you may add a narrative. Failure to provide a detailed scope of work may result in the application being deemed incomplete. Please note the total number of stories and number of bedrooms if applicable</p>
PERMIT TYPE	Only select one permit type.
PERMIT SUBTYPE	Please select the appropriate SUBTYPE based on your scope of work.
ELECTRONIC PLAN SUBMISSION	If your plan requires plan review, please provide the information for the person responsible for uploading the plans and addressing corrections.
BUILDING CLASSIFICATION	If your scope of work is INTERIOR OR EXTERIOR alterations or NEW CONSTRUCTION, please note the building classification, the alteration level, and the historic designation.
NOTICE	Notice regarding Building Permit Applications. Please review this information for every permit type.
SUBCONTRACTOR INFORMATION	List ALL applicable subcontractors. All information is required. APPLICATIONS MISSING SUBCONTRACTOR INFORMATION WILL BE DEEMED INCOMPLETE.
OWNER & CONTRACTOR SIGNATURES	<p>In-person submittals: Will not require the owner's signature, however, the contractor must, by law (FS 713.135(c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.</p> <p>Electronic submittals through a contractor's portal: Will not require the owner's signature, however, the contractor must, by law (FS 713.135(c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.</p> <p>Electronic submittals through a public portal: Will require an application be uploaded and signed/notarized by the contractor. The owner shall sign/notarize if submitted pending contractor.</p>

Applications can only be e-mailed for confidential parcels. Should you require assistance using the eTRAKIT Portal, you may schedule an appointment with staff to go over the software and how to use it.

ALL PERMIT FEES ARE NON-REFUNDABLE



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DATE: _____

MASTER FILE #: _____
 (if applicable)

- RESIDENTIAL
 COMMERCIAL

BUILDING PERMIT APPLICATION

1. PROPERTY OWNER INFORMATION

Property Owner Name _____
 Property Owner Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone No. _____

2. CONTRACTOR INFORMATION

Company Name _____
 Contractor Name _____ LIC # _____
 Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone No. _____
 Architect/Engineer's Name _____
 Architect/Engineer's E-mail _____

3. JOB/PROJECT INFORMATION

Project Name _____ Parcel ID _____
 Subdivision _____ Lot _____ Block _____
 Job Site Address _____ Bldg. # _____ Unit(s) # _____
 Current/Previous Use of Property _____ Proposed Use _____
 Total Work Value* _____ Flood Zone _____ BFE _____
***WORK VALUE MUST INCLUDE MATERIAL AND LABOR; MATERIAL SUPPLIED BY OWNER SHALL BE INCLUDED**
 Scope of Work _____

Applicable Building Code: **FBC 2023 8th edition** No. of Stories _____ No. of Bedrooms: _____
FOR COMMERCIAL PROPERTIES: IF THE METER IS OVER 2", PLEASE PROVIDE FIXTURE COUNTS AND FIXTURE UNIT VALUES.
 NUMBER OF METERS: _____ METER SIZE: _____

4. PERMIT TYPE

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Demolition (Full Demo) | <input type="checkbox"/> Site _____ |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Burn Permit |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Fire _____ | <input type="checkbox"/> Other _____ |

5. PERMIT SUBTYPE

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessory Structure Type
(includes sheds) _____ | <input type="checkbox"/> Demolition | <input type="checkbox"/> Re-Roof |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Driveway | <input type="checkbox"/> Repair/Renovation |
| <input type="checkbox"/> Alarm | <input type="checkbox"/> New Construction _____ | <input type="checkbox"/> Shell |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Swimming Pool |

6. ELECTRONIC PLAN SUBMISSION

The applicant will have all permissions to access comments, markups, and uploading of files into the project, and is responsible for making changes to plans based on review comments.

Applicant Name: _____ **Phone No.:** _____

Applicant E-mail: _____

SUBMITTAL NOTES: EACH SHEET OF THE PLAN SET SHALL BE UPLOADED AS A SINGLE FILE. REVISED DRAWING FILES ARE REQUIRED TO RETAIN THE SAME FILE NAME AS WHEN INITIALLY SUBMITTED. STAMPED, APPROVED PLANS MUST BE ON THE JOB SITE FOR INSPECTIONS.

Applicants may add others to the project in either the applicant or public inquiry groups.

CAUTION: Adding others to the applicant group allows the permission to accept and complete tasks.

7. BUILDING CLASSIFICATION

BUILDING CLASSIFICATION		ALTERATION LEVEL	HISTORIC DESIGNATION
<input type="checkbox"/> Cell Tower <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multifamily Units # of _____ units	<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Hotel/Motel # _____ of units <input type="checkbox"/> Subdivision	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Change of use	<input type="checkbox"/> Historic District _____

8. NOTICE REGARDING BUILDING PERMIT APPLICATIONS

A NOTICE OF COMMENCEMENT IS REQUIRED FOR ALL PERMITS VALUED OVER \$5,000 EXCEPT HVAC CHANGEOUTS. HVAC CHANGEOUT PERMITS REQUIRE A NOTICE OF COMMENCEMENT WHEN VALUED OVER \$15,000. ALL PERMITTING FEES ARE NON-REFUNDABLE.

The completion and submission of a City of Ocala building permit application is a requirement for securing a City of Ocala building permit. The City of Ocala will rely upon the information contained in the application in determining whether a building permit should be issued. The submission of inaccurate, misleading, or misrepresented information in the application shall subject the building permit to denial, suspension, or revocation, and the individual applying for the permit, to all appropriate fines, penalties, and other punishments authorized by law.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

9. SUBCONTRACTOR INFORMATION

Trade	Company Name	Subcontractor Name	Licensee Number	Signature
Mechanical				
Electrical				
Plumbing				
Gas				
Roofing				
Irrigation				
Other:				

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 in this jurisdiction.

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

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

PURSUANT TO FLORIDA STATUTE 713.135(7), ALL SIGNATURES MUST BE NOTARIZED.

OWNER OR AGENT INFORMATION (OR CONTRACTOR, IF ACTING AS OWNER’S AGENT)	CONTRACTOR INFORMATION
<p>SIGNATURE _____ NOTARY STATE OF _____, COUNTY OF _____</p> <p>THE FOREGOING INSTRUMENT WAS SWORN TO (OR AFFIRMED) BEFORE ME BY MEANS OF <input type="checkbox"/> PHYSICAL PRESENCE, OR SWORN TO (OR AFFIRMED) BY <input type="checkbox"/> ONLINE NOTARIZATION</p> <p>THIS _____ DAY OF _____, 20____</p> <p>BY _____ WHO IS <input type="checkbox"/> PERSONALLY KNOWN OR <input type="checkbox"/> PRODUCED _____ AS IDENTIFICATION.</p> <p>NOTARY SIGNATURE _____</p>	<p>SIGNATURE _____ NOTARY STATE OF _____, COUNTY OF _____</p> <p>THE FOREGOING INSTRUMENT WAS SWORN TO (OR AFFIRMED) BEFORE ME BY MEANS OF <input type="checkbox"/> PHYSICAL PRESENCE, OR SWORN TO (OR AFFIRMED) BY <input type="checkbox"/> ONLINE NOTARIZATION</p> <p>THIS _____ DAY OF _____, 20____</p> <p>BY _____ WHO IS <input type="checkbox"/> PERSONALLY KNOWN OR <input type="checkbox"/> PRODUCED _____ AS IDENTIFICATION.</p> <p>NOTARY SIGNATURE _____</p>
Notary Stamp	Notary Stamp