VILLAGE OF PINECREST
Building & Planning Department

12645 Pinecrest Parkway,
Pinecrest, Florida 33156

OWNER-BUILDER REQUIREMENTS

YOU HAVE SUBMITTED AN APPLICATION FOR A BUILDING PERMIT AS AN OWNER-BUILDER. YOU SHOULD BE ADVISED OF THE FOLLOWING PROVISIONS AND REQUIREMENTS THAT APPLY TO OWNER-BUILDERS.

PROOF OF OWNERSHIP

PRIOR TO A BUILDING PERMIT BEING ISSUED TO YOU, YOU MUST SUBMIT PROOF OF OWNERSHIP OF THE LAND CONCERNED IN THE APPLICATION IN THE FORM OF A RECORDED DEED SHOWING YOU OWN THE PROPERTY, A COPY OF MORTGAGE OR WARRANTY DEED OF THE LAND, A MIAMI-DADE COUNTY TAX RECEIPT, OR A STATEMENT CONTAINING THE PROPERTY'S LEGAL DESCRIPTION AND INDICATING THE PROPERTY IS IN YOUR NAME. THE PROPERTY OWNER'S NAME AND LEGAL DESCRIPTION OF THE PROPERTY ON THE DOCUMENT OF PROOF MUST CORRESPOND TO THE NAME AND LEGAL DESCRIPTION ON THE APPLICATION.

INSTRUCTIONS

THIS SUBSECTION DOES NOT EXEMPT ANY PERSON WHO IS EMPLOYED BY OR HAS A CONTRACT WITH SUCH OWNER AND WHO ACTS IN THE CAPACITY OF A CONTRACTOR. THE OWNER MAY NOT DELEGATE THE OWNER'S RESPONSIBILITY TO DIRECTLY SUPERVISE ALL WORK TO ANY OTHER PERSON UNLESS THAT PERSON IS REGISTERED OR CERTIFIED UNDER THIS PART AND THE WORK BEING PERFORMED IS WITHIN THE SCOPE OF THAT PERSON'S LICENSE. FOR THE PURPOSES OF THIS SUBSECTION, THE TERM "OWNERS OF PROPERTY" INCLUDES THE OWNER OF A MOBILE HOME SITUATED ON A LEASED LOT. TO QUALIFY FOR EXEMPTION UNDER THIS SUBSECTION, AN OWNER MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION AND MUST SATISFY BUILDING & PLANNING DEPARTMENT REQUIREMENTS, PROVING THAT THE OWNER HAS A COMPLETE UNDERSTANDING OF THE OWNER'S OBLIGATIONS UNDER THE LAW AS SPECIFIED IN THE DISCLOSURE STATEMENT IN THIS SECTION. IF ANY PERSON VIOLATES THE REQUIREMENTS OF THIS SUBSECTION, THE BUILDING & PLANNING DEPARTMENT SHALL WITHHOLD FINAL APPROVAL, REVOKE THE PERMIT, OR PURSUE ANY ACTION OR REMEDY FOR UNLICENSED ACTIVITY AGAINST THE OWNER AND ANY PERSON PERFORMING WORK THAT REQUIRES LICENSURE UNDER THE PERMIT ISSUED.

1. _____ (INITIAL) **I UNDERSTAND THAT STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY A LICENSED CONTRACTOR AND HAVE APPLIED FOR ANY 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 RESTRICTION EVEN THOUGH I DO NOT HAVE A LICENSE.**

2. _____ (INITIAL) **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. _____ (INITIAL) **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. _____ (INITIAL) **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. IF A BUILDING OR RESIDENCE THAT I HAVE BUILT OR SUBSTANTIALLY IMPROVED MYSELF IS SOLD OR LEASED WITHIN ONE (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.**

5. _____ (INITIAL) **I UNDERSTAND THAT, AS THE OWNER-BUILDER, I MUST PROVIDE DIRECT, ONSITE SUPERVISION OF THE CONSTRUCTION.**

6. _____ (INITIAL) **I UNDERSTAND 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. _____ (INITIAL) **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. _____ (INITIAL) **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. _____ (INITIAL) **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._____ (INITIAL) 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, AND 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 LOCATED AT 1940 N. MONROE STREET, TALLAHASSEE, FL 32399 OR CALL.CENTER@DBPR@STATE.FL.US FOR MORE INFORMATION ABOUT LICENSED CONTRACTORS.

11._____ (INITIAL) 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._____ (INITIAL) I AGREE TO NOTIFY THE VILLAGE OF PINECREST IMMEDIATELY OF ANY ADDITIONS, DELETIONS, OR CHANGES TO ANY OF THE INFORMATION THAT I HAVE PROVIDED ON THIS DISCLOSURE.

13._____ (INITIAL) OWNER/BUILDER HEREBY AGREES TO FULLY COMPLY WITH THE CURRENT REQUIREMENTS OF THE FLORIDA BUILDING CODE AND THE VILLAGE OF PINECREST LAND DEVELOPMENT CODE. FLORIDA BUILDING CODE SECTION 105.4. EVERY PERMIT SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT RECEIVES AN APPROVED INSPECTION WITHIN 180 DAYS FROM PERMIT ISSUANCE OR FROM THE LAST APPROVED INSPECTION." EXPIRED PERMITS SHALL BECOME CIVIL VIOLATIONS ON THE PROPERTY, AS SUCH THE PROPERTY OWNER WILL BE SUBJECT TO ADDITIONAL PERMIT FEES PLUS CIVIL VIOLATION PENALTIES AS PRESCRIBED BY LAW. OWNER/BUILDERS SHALL REQUEST INSPECTIONS WHICH ARE REQUIRED BY THE FLORIDA BUILDING CODE AND THE PINECREST ZONING CODE. THIS MAY BE DONE BY CALLING THE BUILDING & PLANNING DEPARTMENT INSPECTION LINE (305) 234-2111 OR VIA THE WEBSITE WWW.PINECREST-FL.GOV . INSPECTION REQUESTS PRIOR TO 3:30 P.M. ON A REGULAR WORK DAY WILL BE SCHEDULED FOR THE FOLLOWING DAY. 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 WISH 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 VILLAGE OF PINECREST BUILDING DEPARTMENT. A COPY OF THE PROPERTY OWNER'S DRIVER LICENSE, THE NOTARIZED SIGNATURE OF THE PROPERTY OWNER, OR OTHER TYPE OF VERIFICATION IS REQUIRED WHEN THE PERMIT IS ISSUED.

DEMOLITION WORK

IN ADDITION TO MEETING THE FLORIDA BUILDING CODE REQUIREMENTS STATED ABOVE, YOU ARE RESPONSIBLE FOR DISCONNECTING ALL UTILITIES, INCLUDING WATER, SEWER, SEPTIC TANK, ELECTRICAL SERVICE, GAS, TELEPHONE, CABLE TV, ETC., PRIOR TO COMMENCING DEMOLITION. YOU ARE ALSO REQUIRED TO OBTAIN A PERMIT FROM THE STATE OF FLORIDA DEPARTMENT OF HEALTH IN ORDER TO ABANDON ANY SEPTIC TANK THAT IS ON THE PROPERTY.

IMPORTANT NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, SEPTIC TANK ABANDONMENT, PLUMBING, ROOFING AND MECHANICAL WORK.

CONTRACTOR INFORMATION

IF YOU DO NOT INTEND TO DO THE WORK INVOLVED YOURSELF, OR WITH DAY LABOR, PLEASE LIST BELOW, THE NAME OF THE INDIVIDUAL OR FIRM WITH WHOM YOU HAVE ENTERED (OR WILL ENTER) INTO A CONTRACT FOR THE WORK.

CERTIFICATION

I, THE OWNER OF THE PROPERTY AT_____
DESCRIBED AS (LEGAL DESCRIPTION)_____
_____,
FOLIO NUMBER_____IN PINECREST, FLORIDA, DO HEREBY CERTIFY THAT I HAVE READ THE FOREGOING, AND AM AWARE OF MY RESPONSIBILITIES AND LIABILITIES UNDER MY APPLICATION FOR A BUILDING PERMIT FOR CONSTRUCTION WORK ON THE ABOVE DESCRIBED PROPERTY.

OWNER SIGNATURE:_____DATE:_____
PRINT NAME:_____DATE:_____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I HEREBY CERTIFY THAT ON THIS DAY PERSONALLY APPEARED BEFORE ME_____,
WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED_____(TYPE OF IDENTIFICATION) AS IDENTIFICATION AND HE/SHE EXECUTED THE FOREGOING, FREELY AND VOLUNTARILY FOR PURPOSES THEREIN EXPRESSED.
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS_____DAY OF_____20_____.

MY COMMISSION EXPIRES:

_____
NOTARY PUBLIC – STATE OF FLORIDA