

CITY OF SATELLITE BEACH REQUEST OF RESIDENTIAL PERMIT EXEMPTION

*Application for Exemption from Building Permit Requirement
Pursuant to Section 553.7915, Florida Statutes / HB 803*

1. PROPERTY & PROJECT INFORMATION

Property Owner Name(s): _____

Mailing Address: _____

Property Address: _____

Total Project Value: \$_____ Owner Phone: _____ Email: _____

Detailed Scope of Work: _____

2. CONTRACTOR INFORMATION (if applicable)

Complete this section if a contractor is performing the work. For owner-performed work, mark "N/A" and proceed to Section 3.

Company / Contractor Name: _____

Qualifier Name: _____ License Type: _____

Business Address: _____

License Number: _____ Phone: _____ Email: _____

3. OWNER ACKNOWLEDGEMENT, AFFIDAVIT & NOTARIZATION

By signing below, I, the undersigned property owner, certify and acknowledge under penalty of perjury that:

- I am the owner of record of the property identified in Section 1.
- The work described in Section 1 qualifies for exemption under HB 803 / Section 553.7915, Florida Statutes: the property is a single-family dwelling located outside a designated flood hazard area; the total value of labor and materials is less than \$7,500; the work does not involve any structural, electrical, plumbing, mechanical, or gas systems and has not been divided, phased, or otherwise split into smaller portions to evade permitting thresholds.
- I acknowledge and agree that, once this HB 803 exemption is approved, **no after-the-fact building permit will be issued for this work, even if subsequently required by an insurance company, lender, prospective purchaser, or other third party.**
- I understand that the exemption removes the building permit requirement only; it does not waive the obligation to comply with the Florida Building Code, manufacturer installation requirements, product approval requirements, licensing requirements, applicable City Code (zoning) permits, or any other applicable law.
- I will not commence work until I have received written approval of this exemption from the Building Department.
- I understand that per 553.7915 (4) **A local government has no legal duty to the owner, contractor, or successors or assigns thereof for exempted work performed.**

Owner Signature: _____ Date: _____ / _____ / 20_____

Owner Printed Name: _____

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 Seal)

Notary Public, State of Florida

Printed Name: _____ Commission #: _____

My Commission Expires: _____

4. CONTRACTOR ACKNOWLEDGEMENT, AFFIDAVIT & NOTARIZATION (if applicable)

By signing below, I, the undersigned contractor qualifier, certify and acknowledge under penalty of perjury that:

- I am a licensed contractor qualified under Florida law to perform the work described in Section 1.
- The total value of labor and materials for the work is less than \$7,500, and the work does not involve any structural, electrical, plumbing, mechanical, or gas systems, and therefore does not require a building permit under HB 803 / Section 553.7915, Florida Statutes.
- A true and correct copy of the signed written contract between the owner and the undersigned contractor is attached to this application.
- The project has not been divided, phased, or otherwise split into smaller portions to evade permitting thresholds.
- I acknowledge and agree that, once this HB 803 exemption is approved, **no after-the-fact building permit will be issued for this work, even if subsequently required by an insurance company, lender, prospective purchaser, or other third party.**
- I will not commence work until written approval of this exemption has been issued by the Building Department.
- I understand that per 553.7915 (4) **A local government has no legal duty to the owner, contractor, or successors or assigns thereof for exempted work performed.**

Contractor Signature: _____ Date: _____ / _____ / 20_____

Contractor Printed Name: _____

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 Seal)

Notary Public, State of Florida

Printed Name: _____ Commission #: _____

My Commission Expires: _____