



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
FAX (772) 288-5911

MARTIN COUNTY CHANGE OF CONTRACTOR APPLICATION PACKAGE

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application

You will need the following to change from one contractor to another (or to change from contractor to owner/builder):

- _____ 1 Copy letter from the owner releasing the old contractor and hiring the new contractor, or cancelled contract.
- _____ 1 Copy of application completed by new contractor.
- _____ \$20 Transfer Fee (if permit has already been issued)
- _____ Notice of Commencement (if \$15,000 and greater for A/C Change Out and \$2,500 for all other permit types)

*** If changing from a contractor to an owner/builder, the owner must supply the following:**

- _____ 1 Copy completed Owner/Builder Affidavit



Martin County Building Department
 900 SE Ruhnke Street
 Stuart, FL 34994
 Phone: (772) 288-5916
 permitting@martin.fl.us
 Text: 202-937-0892

BUILDING PERMIT APPLICATION

All boxes highlighted in red MUST be completed

Residential Commercial

PERMIT APPLICATION FOR:

DETAILED DESCRIPTION OF WORK

CONSTRUCTION INFORMATION

Additional work to be done under this permit – check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Burglar Alarm | <input type="checkbox"/> Fill | <input type="checkbox"/> Gas Line |
| <input type="checkbox"/> Gas Tank | <input type="checkbox"/> Irrigation Sprinkler | <input type="checkbox"/> Land Clearing | <input type="checkbox"/> Low Voltage |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Shutters | <input type="checkbox"/> Windows – Impact Resistant Glass |

Provide all that apply:

Total Sq. Ft. for proposed structure under conditioned air: _____ Total Sq. Ft. for proposed structure: _____

Cost of Construction: \$ Utilities: Sewer Septic Tank

Construction Type: IA _____ IB _____ IIA _____ IIB _____ IIIA _____ IIIB _____ IV _____ VA _____ VB _____

Bldg. Height _____ Bldg. Sprinkler: Yes No Protected Unprotected

PROPOSED IMPROVEMENT LOCATION

Address:

Property ID#: _____
 (Found on Tax Receipt or go to www.pa.martin.fl.us – put cursor on “Real Property Search”, click “Address” – follow directions)

Subdivision Name: _____

OWNER INFORMATION OR LESSEE INFORMATION (if the Lessee contracted for the improvement):

Name: Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Fax: _____

Interest in property: _____ (e.g. Owner, Lessee, Tenant)

Fill in name and address of fee simple title holder on the next page (if different from Owner listed above):

CONTRACTOR’S INFORMATION:

Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Email Address: _____ Phone: _____

Fax: _____ Martin County or State License No.:

SUPPLEMENTAL CONSTRUCTION LIEN LAW INFORMATION

Designer/Architect/Engineer: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Mortgage Company: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Fee Simple Title Holder's Name: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Bonding Company: Not Applicable
 Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone _____

Notice to Owner: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

Owner/Contractor Affidavit: 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.

In consideration of the granting of this requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the approved plans, the Florida Building Code 7th Edition (2020) and Martin County Amendments. Plan revisions on all structures exempted by code from architect/engineer design may be done by permit holder.

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.

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

 Signature of Owner/Agent/Lessee

**STATE OF FLORIDA
 COUNTY OF MARTIN**

The foregoing instrument was acknowledged before me this _____ day of _____, 20_ by _____

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced _____

 Signature of Contractor/License Holder

**STATE OF FLORIDA
 COUNTY OF MARTIN**

The foregoing instrument was acknowledged before me this _____ day of _____, 20_ by _____

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
 Type of Identification Produced _____

(FBC 7th Edition 2020)

ADA Accessibility Disclosure Statement – This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback.

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00 for all permits EXCLUDING AC and for AC permits when value is \$15,000 and greater. (Recorded copy needs to be submitted to the permitting office)

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 INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name: _____
Address: _____
Interest in property: _____
Name and address of fee simple title holder (If different from Owner listed above): _____

CONTRACTOR'S NAME: _____ Phone No.: _____

Address: _____

SURETY COMPANY (If applicable, a copy of the payment bond is attached):

Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____

Address: _____

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:

Name: _____ Phone No.: _____
Address: _____

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 Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:

(the expiration date may not be before the completion of construction and final payment to the contractor but will be 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 penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 202__

By: _____ as _____ for _____
Name of person Type of authority Name of party on behalf of whom instrument was executed (e.g. officer, trustee, attorney-in-fact)

Notary's Signature Personally known or produced identification
Type of identification produced _____

(Print, Type, or Stamp Commissioned Name of Notary)

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