

**DOCUMENTS REQUIRED TO MAKE APPLICATION FOR AN
ADDITION TO A RESIDENCE OR MOBILE HOME
DUE TO TIME INVOLVED TO PROCESS PAPERWORK**

NO APPLICATION OR PERMIT WILL BE PROCESSED AFTER 4:30 P.M.

1. **Two complete sets of plans** which must meet one of the criteria listed below:
 - a. Sealed by an Architect or Engineer licensed in Florida.
 - b. As provided by Section 106.3.4.3 of the Florida Building Code 2007, contractors with documented proof of certification (**except for construction in a floodway**) complying with required criteria. **Required!** Certificate of course completion in high wind load construction must be documented at the Suwannee County Building Department.
2. Completed **Florida Energy Efficiency Code form** - (form available at the Building Department). Product Approval Specification Sheet as required by Florida Statute 553.842 and Florida Administrative Code 9B-72. **(TWO COPIES)**
3. Parcel description of property (**property card**) from Property Appraiser's Office or at www.suwanneepa.com. If property card is in the name of the previous card owner, then you **MUST** provide a copy of the recorded deed proving your ownership of the property.
4. Completed **application**.
5. Approval for existing septic tank from Environmental Health Department (386/362-2708 Ext. 243). **To be obtained after application for permit is filed with Building Department and approval for Building Permit from Zoning Dept is granted (it will be faxed to septic dept). GO TO ENVIRONMENTAL HEALTH BEFORE RETURNING FOR BUILDING PERMIT.**
6. **Survey of property** prepared by a land surveyor or engineer registered in Florida or an exemption letter from Suwannee County Zoning Department. All property stakes shall be in place at the time of application.
7. **Site plan** showing location of residence, septic tank and well and distance from the front, sides and rear of property. (A-1 district must meet minimum setback requirements of 30 ft. from front property line {any property line fronting a roadway} and 15 ft. from sides and rear property lines.)
8. Owner/Builder Disclosure Statement signed if owner building addition.
9. Good directions to property from **this office**. Please show street names/road numbers.
10. 911 address numbers **MUST** be displayed at driveway entrance (see insert in packet)
11. If it is determined that your parcel lies in a flood prone area a survey by a land surveyor or engineer registered in Florida will be required. All property stakes shall be in place at the time of application.
12. **NOTE!!!** If your property is in a special flood hazard area (SFHA), according to the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM), an Elevation Certificate (EC) prepared by a Registered Surveyor or Professional Engineer certifying that the bottom of the lowest horizontal structural member of the lowest floor is at least one foot above the base flood elevation is required **upon placement of the lowest floor**. If your property is located in the floodway of the SFHA, you will be required to obtain both an Environmental Resource Permit (ERP) from the Suwannee River Water Management District **and** a Zero Rise Certification from a Registered Professional Engineer **before** issuance of the building permit, in addition to the EC. The ERP will also be required if your property fronts the river, even if the building site is located out of the floodway.
13. All buildings shall have pre-construction treatment protection against subterranean termites. A Certificate of Compliance shall be issued to the Building Department by the licensed pest control company that contains the following statement: "The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services."
14. **Processing Time** - Three work days for plan review and approval
Twenty-four hour notice is required for an inspection.
**DUE TO POSSIBLE DUPLICATION OF NAME, AND TIME INVOLVED
IN LOOKING FOR PERMIT NUMBER. YOU MUST PROVIDE OFFICE
PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR
INSPECTION.**

**FEES: 32¢ sq. ft. habitable, 18¢ sq. ft. non-habitable, 3% of permit fee - State surcharge (minimum \$4.00).
Minimum Permit Fee is \$100.00 plus State Surcharge**

RETURN THIS TO BUILDING DEPARTMENT

SUWANNEE COUNTY BUILDING DEPARTMENT

RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2007 ALL REQUIREMENTS SUBJECT TO CHANGE

All building plans must include the following items and indicate compliance with Florida Building Code 2007 by providing calculations and details that have the seal and signature of a certified Architect or Engineer registered in the State of Florida, or alternate methodologies approved by the Florida Building Commission for one- and two-family dwellings. For design purposes a basic wind speed of 110 mph shall be used.

GENERAL REQUIREMENTS: Two (2) complete sets containing the following:

Applicant Plans Examiner

- ! ! All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be on plans.
- ! ! Designer's name and signature on document (FBC 106.3.4.3.) If licensed architect or engineer, official seal shall be affixed.
- ! ! **Site Plan – Including:**
 - a) Dimensions of lot
 - b) Dimensions of building setback
 - c) Location of all other buildings on lot, well and septic tank if applicable, and all utility easements.
- ! ! **Wind-load Engineering Summary, calculations and any details required.**
Elevations including:
 - a) All Sides
 - b) Roof Pitch
 - c) Overhang dimensions and detail with attic ventilation
 - d) Location, size and height above roof of chimneys
 - e) Location, size and height of skylights
- ! ! **Floor Plan including:**
 - a) Rooms labeled and dimensioned
 - b) Shear walls
 - c) Windows and Doors showing size, manufacturer, approval listing and attachment specs. FBC and safety glazing where needed
 - d) Fireplaces (gas appliance [vented or non-vented] or wood burning) with hearth
 - e) Stairs with dimensions (width, tread and riser) and detail of guardrails and handrails
- ! ! **Foundation Plan including:**

- ! ! a) Location of all load bearing walls with required footings indicated as standard or monolithic and their dimensions and reinforcing
- ! ! b) All post and/or column footing including size and reinforcing
- ! ! c) Any special support required by soil analysis such as piling
- ! ! d) Location of any vertical steel

Roof System

- ! ! a) Truss Package including
 - 1) Truss layout and truss details signed and sealed by Florida Registered Professional Engineer
 - 2) Roof assembly (FBC Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)
- ! ! b) Conventional Framing Layout including:
 - 1) Rafter size, species, and spacing
 - 2) Attachment to wall and uplift
 - 3) Ridge Beam sized and valley framing and support details
 - 4) Roof assembly (FBC Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)

Wall Sections – including:

- ! ! a) Masonry wall
 - 1) All materials making up wall
 - 2) Block size and mortar type with size and spacing of reinforcement
 - 3) Lintel, tie-beam sizes and reinforcement
 - 4) Gable ends with rake beams showing reinforcement or gable truss and wall bracing detail
 - 5) All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation
 - 6) Roof assembly shown here or on roof system detail (FBC Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
- ! ! b) Wood Frame wall
 - 1) All materials making up wall
 - 2) Size and species of studs
 - 3) Sheathing size type and nailing schedule
 - 4) Headers sized
 - 5) Gable end showing balloon framing detail or gable truss and wall hinge bracing detail
 - 6) All required connectors with uplift rating and required number and size of fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers)
 - 7) Roof assembly shown here or on roof system detail (FBC Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
- ! ! c) Metal Frame wall and roof (Designed and signed and sealed by Florida Registered Professional Engineer or Architect)

Floor Framing System

- ! ! a) Floor truss package including layout and details signed and sealed by Florida Registered Professional Engineer
- ! ! b) Floor joist size, species and spacing
- ! ! c) Girder size and species
- ! ! d) Attachment of joist to girder

- ! ! e) Wind load requirements where applicable
- ! ! **Plumbing Fixture Layout**
- ! ! **Electrical Layout including:**
 - a) Switches, outlets/receptacles, lighting, all required GFCI outlets identified
 - b) Ceiling fans
 - c) Smoke detectors
 - d) Service-panel and sub-panel size and location(s)
 - e) Meter location with type of service entrance (overhead or underground)
 - f) Appliances and HVAC equipment
 - g) Name of electrical power company that will provide service
- ! ! **Heating, Ventilation and Air Conditioning Information Containing the following:**
 - a) Manual J sizing equipment or equivalent computation
 - b) Manual D sizing duct or equivalent with duct layout (include location & size of return)
 - c) Exhaust fans in bathrooms
- ! ! **Energy Calculations** (dimensions shall match plans)
- ! ! **Gas System** Type (LP or Natural) Location and BTU demand of equipment

REINSPECTION FEES:

1. There will be a \$35 reinspection fee for any reinspection caused by required work not being ready or incorrect at the requested time.
2. There will be a \$50 reinspection fee for each additional corrective reinspection.

If you have any questions contact the Suwannee County Building Department at 386/364-3407 or 386/208-1606 between 8:00 a.m. and 4:30 p.m. Monday through Friday.

ADDITION PERMIT APPLICATION

MUST COMPLY WITH FLORIDA BUILDING CODE 2007

SUWANNEE COUNTY BUILDING DEPARTMENT
224 PINE AVENUE, LIVE OAK FL 32064
386/364-3407 * FAX 386/364-3754

APPLICANT: _____ PHONE NO. _____

CURRENT ADDRESS: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

LEGAL DESCRIPTION: (as found on the parcel description printout)

Sec. _____ Twp. _____ S Rge. _____ E Tax Parcel No. _____

Lot _____ Subdivision _____

Size _____ Acres Number of Other Dwellings: _____

HOW DO YOU GET THERE FROM THIS OFFICE: **You MUST give road numbers and EXACT directions**

Job Description _____ Use _____

Sq. Ft Habitable: _____ Sq. Ft Non-Habitable: _____ Sq. Ft Total: _____ Value \$: _____

Contractors: Bldg: _____ License # _____ Contact # _____

Plumbing: _____ License # _____ Contact # _____

Elec: _____ License # _____ Contact # _____

Mechanical: _____ License # _____ Contact # _____

Alarm System: _____ License # _____ Contact # _____

Plans Dated: _____ Designer: _____ Power Company: _____ SVEC: _____

FP&L: _____

PROGRESS ENERGY: _____

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 and zoning in Suwannee County. I certify that all the foregoing information and site plan is accurate. I understand that I **MUST** supply the office personnel with the **permit number** when calling for inspections.

DATE: _____

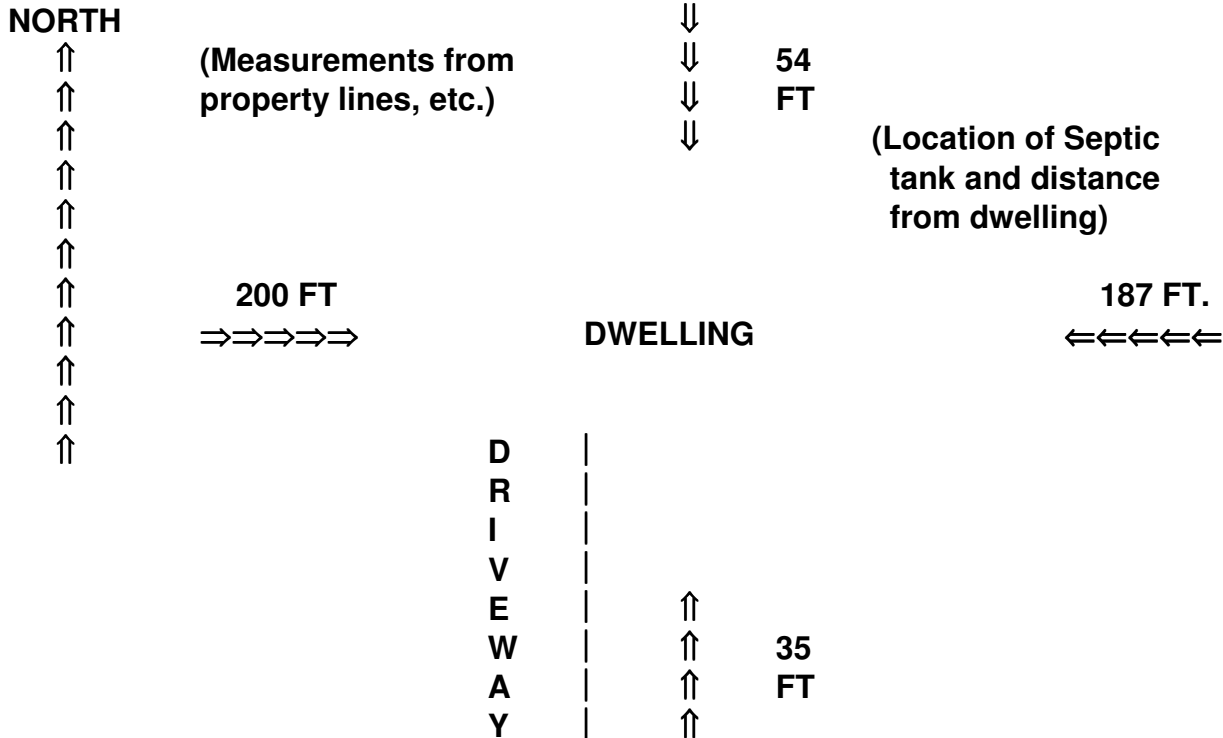
Applicant/Owner/Contractor

THIS APPLICATION WILL EXPIRE IN 90 DAYS UNLESS A PERMIT IS ISSUED.

I UNDERSTAND THAT ACCURATE MEASUREMENTS ARE AN INTEGRAL PART OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

JOHN DOE

EXAMPLE SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT



Identify access roadway to dwelling.

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) **ALL** RESIDENCES, BARNS, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES & POWER POLE FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED & DATED PRIOR TO BRINGING IT BACK TO THE OFFICE.

PLAN DRAWN BY:

JOHN DOE
SIGNATURE

01/01/00
DATE

I UNDERSTAND THAT ACCURATE MEASUREMENTS ARE AN INTEGRAL PART OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

YOU MUST SIGN → → → → → → → → → → _____

SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT

NORTH



Identify access roadway and driveway entrance to dwelling. Drawing can be done on survey.

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) **ALL** RESIDENCES, BARNS, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES & POWER POLE FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED & DATED **PRIOR** TO BRINGING IT BACK TO THE OFFICE.

PLAN DRAWN BY:

SIGNATURE

DATE

SUWANNEE COUNTY BUILDING DEPARTMENT
224 Pine Ave., Live Oak, FL 32064
Phone 386-364-3407

CONTRACTORS' ADDENDUM TO BUILDING PERMIT

Building Permit No. _____ Date: _____

Owner(s) Name: _____

Sec. _____ Twp. _____ Rge. _____ Tax Parcel #: _____

Lot #: _____ Block _____ Subdivision _____

I hereby certify that the following subcontractors will be used on the above referenced job.

<u>CONTRACTOR</u>	<u>LICENSE NO.</u>
ELECTRICAL: _____ _____ Signature	_____ _____
PLUMBING: _____ _____ Signature	_____ _____
MECHANICAL: _____ _____ Signature	_____ _____
ROOFING: _____ _____ Signature	_____ METAL ___ SHINGLES ___
ALARM SYSTEM: _____ _____ Signature	_____ _____

Subcontractors **must** sign in office **before** commencing work on the job. **If signed outside of building department office signature must be notarized.**

Contractor & License #

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

**STATE OF FLORIDA
COUNTY OF SUWANNEE**

PERMIT # _____

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.

- 1. Legal Description of Property: _____

- 2. General Description of Improvements: _____

- 3. **Owner Information:**
 - a. Name and Address & Phone Number _____

 - b. Interest in Property: _____
 - c. Name and Address & Phone Number of Fee Simple Titleholder (if other than owner): _____

- 4. Contractor (name, address & phone number): _____

- 5. **Surety:**
 - a. Name and Address: _____

 - b. Amount of Bond: _____
- 6. Lender (name, address & phone number): _____

- 7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes 713.13(1)(a)(7):
Name, Address & Phone Number: _____

- 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes:
Name, Address & Phone Number: _____

- 9. Expiration date of Notice of Commencement (**the expiration date is 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Type Owner Name: _____

Type Owner Name: _____

Sworn to and subscribed before me this ____ day of _____, 20_____.

Personally Known _____
Produced ID _____
Did/Did Not Take an Oath _____

Type Notary's Name _____
Notary Public, State of Florida
Commission Expire & Number: _____

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
2. WINDOWS			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. EIFS			
D. STOREFRONTS			
E. CURTAIN WALLS			
F. WALL LOUVER			
G. GLASS BLOCK			
H. MEMBRANE			
I. GREENHOUSE			
J. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES AND SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT UP ROOFING ROOF SYSTEMS			
J. MODIFIED BITUMEN			
K. SINGLE PLY ROOF SYSTEMS			
L. ROOFING SLATE			
M. Cements-Adhesives-Coatings			

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
N. LIQUID APPLIED ROOF SYSTEMS			
O. ROOF TILE ADHESIVE			
P. SPRAY APPLIED POLYURETHANE ROOF			
Q. OTHER			
5. SHUTTERS			
A. ACCORDION			
B. BAHAMA			
C. STORM PANELS			
D. COLONIAL			
E. ROLL-UP			
F. EQUIPMENT			
G. OTHERS			
6. SKYLIGHTS			
A. SKYLIGHT			
B. OTHER			
7. STRUCTURAL COMPONENTS			
A. WOOD CONNECTORS/ ANCHORS			
B. TRUSS PLATES			
C. ENGINEERED LUMBER			
D. RAILING			
E. COOLERS-FREEZERS			
F. CONCRETE ADMIXTURES			
G. MATERIAL			
H. INSULATION FORMS			
I. PLASTICS			
J. DECK-ROOF			
K. WALL			
L. SHEDS			
M. OTHER			
8. NEW EXTERIOR ENVELOPE PRODUCTS			
A.			
B.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

APPLICANT SIGNATURE

DATE

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

PROJECT NAME: AND ADDRESS:	BUILDER: PERMITTING OFFICE:	CLIMATE ZONE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
OWNER:	PERMIT NO.: <input type="text"/>	JURISDICTION NO.: <input type="text"/>

GENERAL DIRECTIONS

1. New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly roof/ceiling construction, or skylights or other non-vertical roof glass.
2. Choose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.
3. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
4. Complete page 1 based on the "To Be Installed" column information.
5. Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
6. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

	Please Print	CK
1. Compliance package chosen (A-F)	1. _____	_____
2. New construction or addition	2. _____	_____
3. Single family detached or Multifamily attached	3. _____	_____
4. If Multifamily—No. of units covered by this submission	4. _____	_____
5. Is this a worst case? (yes / no)	5. _____	_____
6. Conditioned floor area (sq. ft.)	6. _____	_____
7. Predominant eave overhang (ft.)	7. _____	_____
8. Glass type and area :	Single Pane Double Pane	
a. Clear glass	8a. _____ sq. ft. _____ sq. ft.	_____
b. Tint, film or solar screen	8b. _____ sq. ft. _____ sq. ft.	_____
9. Percentage of glass to floor area	9. _____ %	_____
10. Floor type, area or perimeter, and insulation:		
a. Slab on grade (R-value)	10a. R= _____ lin. ft.	_____
b. Wood, raised (R-value)	10b. R= _____ sq. ft.	_____
c. Wood, common (R-value)	10c. R= _____ sq. ft.	_____
d. Concrete, raised (R-value)	10d. R= _____ sq. ft.	_____
e. Concrete, common (R-value)	10e. R= _____ sq. ft.	_____
11. Wall type, area and insulation:		
a. Exterior: 1. Masonry (Insulation R-value)	11a-1 R= _____ sq. ft.	_____
2. Wood frame (Insulation R-value)	11a-2 R= _____ sq. ft.	_____
b. Adjacent: 1. Masonry (Insulation R-value)	11b-1 R= _____ sq. ft.	_____
2. Wood frame (Insulation R-value)	11b-2 R= _____ sq. ft.	_____
12. Ceiling type, area and insulation:		
a. Under attic (Insulation R-value)	12a. R= _____ sq. ft.	_____
b. Single assembly (Insulation R-value)	12b. R= _____ sq. ft.	_____
13. Air Distribution System: Duct insulation, location Test report (attach if required)	13. R= _____	_____
14. Cooling system	14a. Type: _____	_____
(Types: central, room unit, package terminal A.C., gas, none)	14b. SEER/EER: _____	_____
15. Heating system:	14c. Capacity: _____	_____
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)	15a. Type: _____	_____
16. Hot water system:	15b. HSPF/COP/AFUE: _____	_____
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)	15c. Capacity: _____	_____
	16a. Type: _____	_____
	16b. EF: _____	_____

<p>I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.</p> <p>PREPARED BY: _____ DATE: _____</p> <p>I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.</p> <p>OWNER AGENT: _____ DATE: _____</p>	<p>Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.</p> <p>BUILDING OFFICIAL: _____</p> <p>DATE: _____</p>
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