ST. JOHNS COUNTY BUILDING DEPARTMENT RESIDENTIAL SUFFICIENCY CHECK LIST

CLEARANCE SHEET #: (R) _____(N) _____

CONDITIONAL SUBMITTAL YES/NO **DATE RECEIVED___/___/____**

PROJECT TYPE_____**SITE ADDRESS**_____

CONTRACTOR _____**CONTACT**_____**DEPOSITORY ACCOUNT#**_____

PHONE_____**EXT#**_____ **EMAIL** _____

DATE ROUTED_____**By**_____**RESUBMITTED**_____

NOTIFIED PENDING COMMENTS:_____**NOTIFIED PERMIT STATUS**_____

Section below completed by office:

Items	Pending	Rec'd By	N/A
Completed Clearance Sheet with Approved Site Plan (SJC Land Development Code)			
Completed Building Permit Application (FBC Section 105.3)			
Two (2) Sets of Building Plans (FBC Section 107)			
Two (2) Sets of Energy Sheet Forms and one (1) additional copy of signature page including Manual J & D (FBC Energy Conservation Section 103)			
Two (2) sets Truss Engineering (FBC Residential Section R802.10)			
Two (2) sets Product Approval Form (must be signed) (FS 553.842)			
Water / Sewer Availability Letter or Paid Water / Sewer Receipt (FBCR P2602)			
Septic Tank / Environmental Health Department Proof of Application (FS 381.0065)			
Well Permit (FBCR P2602.1)			
Verification of Ownership: Property Appraiser / Deed / NAL (FBC 105.1)			
Contractor Verification: License / Workers Comp / Liability (FS 489) / $50 Fee			
Signature for Impact Fee (ORD 2011-7)			
DEP Permit (If Applicable) (Chapter 62B-33 Florida Administrative Code) Check Clearance Sheet			
Notice of Commencement (FS 713.135) **Note**: A recorded copy must be received by the Building Department prior to first inspection			
Termite Bond Company and Treatment Method (FBC 110.3.11): SLAB | WOOD | BAIT			

PPI _____**PPR**_____ Notice to B.O._____Plan Review affidavit _____ Rec'd by: _____

Office Use Only
Initial for Valuation Increase: YES_____ NO_____ Comments:

_____

_____

For questions, please contact our office at (904) 827-6800 – Fax (904) 827-6849 When calling or faxing please reference the contractors name, job address and clearance sheet number.

_____ _____

Plans Examiner Date

Office Use ONLY:
SJC Permit Release Check List

Contractor _____

Project type_____ **Created by**_____

Project Address / Legal _____
City **State** **Zip**

NECESSARY ITEMS FOR PICK-UP:

Valuation Increase _____ Applicant Initials _____

Impact fee acknowledgement signature _____

Deed _____

Verify application and deed match _____

Contractor Licensing Data: License _____ W/C _____ Liability _____ Other _____

Utility Source _____

Water/Sewer Availability _____ Paid receipt _____

Well _____

Septic _____ FDOH Site Plan _____ FDOH Floor Plan_____

NOC _____ Pending _____

Additional Items:

_____

_____

_____

APPLICANT TO COMPLETE OR CORRECT

_____

_____

_____

_____

Payout Required _____ Print Permit _____

_____

_____

VERIFIED & RELEASED BY:

_____

_____

CONTRACTOR: _____