



**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 Permit / Environmental Health Department Approved Site Plan and Floor Plan (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) <b>Note:</b> 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: \_\_\_\_\_