



HVAC EQUIPMENT REPLACEMENT

1. Complete a Building Permit application. Be sure to fill in all of the areas that are highlighted. Provide a complete scope of work.
2. The Contractor must be registered with the City of Groveland, if not, have the Contractor complete a Contractor Registration Form and submit with permit application.
3. If the cost of the project is over \$7,500 then complete and file a Notice of Commencement (NOC) and submit a certified copy of the NOC with the permit application.
4. Provide a power of attorney if application is not signed by license holder.
5. Provide evidence of HVAC Matching Equipment and AHRI
6. Please email your application to permitting@groveland-fl.gov . Please note that the forms are interactive and should be filled out on a computer.
7. Once your permit is approved you will be notified and arrangements will be made to pay for the permit and receive your permit card.
8. Your permit card and accompanying paperwork, including the NOC, must be posted on site the day of the inspection. The permit card has the email address to schedule your inspections.
9. If you have questions please contact the Permitting Department by email - permitting@groveland-fl.gov or by phone at 352-429-2141



CITY OF GROVELAND BUILDING PERMIT APPLICATION

Date Received: _____

Permit # _____

PROPERTY INFORMATION

Site Address # _____ Street _____ City _____ Zip _____

Subdivision _____ Phase _____ Lot # _____

Model _____ Elevation _____ Lot Area _____ sq.ft. Impervious area _____ sq.ft.

Legal Description _____

Alternate Key # _____

PROJECT INFORMATION Single Family Residence _____ Duplex _____ Townhome _____ Commercial _____

Demolition _____ New _____ Alteration _____ Addition _____ Repair _____ A/C _____ Size for Size? _____

Scope of work to be performed _____

Project Cost \$ _____ Project cost of \$7,500 or over requires the recording of a notice of commencement

Bonding Company _____

Address _____

Architect's Name _____ License # _____ Phone # _____

Engineer's Name _____ License # _____ Phone # _____

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 RECORDING YOUR NOTICE OF COMMENCEMENT".

Detached Garage Yes No Garage Value \$ _____ Sewer/Septic _____ Sprinkler Yes/No _____

Required work: Plumbing _____ Electrical _____ Mechanical _____ Gas _____ Roofing _____

SUBCONTRACTORS	Company Name	Fla. License # Reg/Cert	License Holders Name
Elect	_____	_____	_____
Mech	_____	_____	_____
Plumb	_____	_____	_____
Gas	_____	_____	_____
Fire	_____	_____	_____
Roof	_____	_____	_____

OWNER'S INFORMATION

Name(s) _____

Address # _____ Street _____ City _____

State _____ Zip _____ Phone # _____ Email _____

Fee Simple Titleholder's Name (if other than owner) _____

Address # _____ Street _____ City _____

State _____ Zip _____ Phone # _____ Email _____

CONTRACTOR'S INFORMATION

Qualifier Name: Last _____ First _____ License # _____

Company Name _____ Address # _____ Street _____

City _____ State _____ Zip _____ Phone # _____ Email _____

- 1. All Building Permit submittals for new home or new commercial building must be in digital format.
- 2. Submit digital permit applications to PERMITTING@GROVELAND-FL.GOV
- 3. Re-inspection fees must be paid prior to scheduling a re-inspection.
- 4. Incomplete permit applications will not be processed until complete.
- 5. To schedule an inspection email request to: inspectionrequest@alpha-inspections.net

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO ISSUANCE OF A PERMIT.

OWNER'S SIGNATURE _____

STATE OF FLORIDA

COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before me this ____ day of ____ by _____
(owner)

(Seal) _____
Signature of Notary Public

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____

CONTRACTOR'S SIGNATURE _____

STATE OF FLORIDA

COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before me this ____ day of ____ by _____
(contractor)

(Seal) _____
Signature of Notary Public

Personally Known: _____

OR Produced Identification: _____

Type of Identification Produced: _____



Notice of Commencement Requirements

**Please review the items listed below before completing
the Notice of Commencement**

1. Legal Description - You can put the alternate key number here instead of filling out the complete legal description.
Street Address: Please enter the job site street address

2. General Description of Improvement - Need the job description of the work being performed. Do not put new structure, we need to know what type of structure, example single family residence, mobile home, garage, screen room, etc.

3. Owner's Information or Lessee Information - Owner's names need to match the warranty deed or property record card. If the deed is in more than one name then all names must be listed as owner. (Only one person will need to sign the notice of commencement).

If Lessee information is entered please make sure the name matches the lease agreement.

4. Contractor Information---Enter the name and address of the contractor, if the homeowner is performing the work then enter Owner.

Signature Section

Signature of Owner or Lessee, or Owner's or Lessee's authorized Officer/Director/Partner/Manager--

Please have an authorized person sign---If in an individual name, anyone listed in section 3 as owner can sign.

If in a company name, the person signing must be authorized to sign the Notice of Commencement.

Signatory's Title/Office--- If the person signing is the owner of the property write owner.

If the property is in a company name have the authorized signer enter their title... President, Officer, Partner, Manager, etc. (Cannot be left blank)

Please make sure the Notary acknowledgement section is fully completed.

Date - the date the document is notarized

By - The name of the person signing the Notice of Commencement

Type of authority - Signers title... owner, president, manager, etc.

For - Name of the company or the owner's name.

Type of identification - cannot be blank, must show type of identification presented or circle personally known.

After recording, return to:

Permit No.: _____
Tax Folio No.: _____

Notice of Commencement

State of Florida | County of Lake

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. Description of the Property: *(legal description of the property and street address if available)*

Legal Description: _____
Street Address: _____

2. General Description of Improvement

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

Name: _____
Address: _____
Interest in Property: _____
Name & Address of fee simple titleholder *(if different than owner)*: _____

4. Contractor Information

Name: _____ Phone No.: _____
Address: _____

5. Surety *(if applicable, a copy of the payment bond must be attached)*:

Name: _____ Phone No.: _____
Address: _____ Amount of Bond: \$ _____

6. Lender Information:

Name: _____ Phone No.: _____
Address: _____

7. 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: _____

8. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: Phone No.: _____

9. Expiration date of notice of commencement *(the expiration date 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ as _____
_____ for _____ who
Type of authority (i.e. officer, trustee, attorney in fact) *Name of party on behalf of whom instrument was executed*

is personally known or produced _____ as type of identification.

Signature of Notary Public – State of Florida (print, type or stamp commissioned name of Notary Public)

LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint: _____

an agent of: _____
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option):**

All permits and applications submitted by this contractor.

The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature

(Notary Seal)

Print or type name

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____