



**CITY OF LAKE WORTH  
RIGHT OF WAY USE PERMIT  
INSTRUCTIONS**

**CITY OF LAKE WORTH  
PUBLIC SERVICES DEPARTMENT  
1749 3<sup>rd</sup> AVE SOUTH  
LAKE WORTH, FLORIDA 33460  
(561) 586-1720 PHONE**

\$25.00 ADMIN. FEE    \$25.00 P&Z CONFIRMATION FEE    \$25.00 APPLICATION FEE   PERMIT NO. \_\_\_\_\_

**INSTRUCTONS:** Please complete and return this application and application fee as per **City Ordinance 2014-05** and submit for intake to the Department for Community Sustainability - Building Division at 1900 2<sup>nd</sup> Avenue N. Lake Worth, FL 33461. All information fields must be completed and all application and administrative fees paid before this application can be processed. Requests are not accepted until the application has been reviewed for completeness and all application criteria have been met.. **ALL ADMINISTRATIVE AND PLANNING AND ZONING CONFIRMATION AND APPLICATION FEES MUST BE PAID AT TIME APPLICATION IS SUBMITTED AND ARE NON-REFUNDABLE.** **PAYMENT OF THE ADMINISTRATIVE FEE, P&Z CONFIRMATION FEE, AND APPLICATION FEE DOES NOT GUARANTEE APPROVAL. ONCE THE PERMIT IS APPROVED BY ALL DEPARTMENTS, THE PERMIT FEES (SHORT TERM PERMIT = \$25.00 LONG TERM PERMIT = \$40.00) MUST BE PAID IN ORDER FOR THE RIGHT OF WAY PERMIT TO BE ISSUED.**

**APPLICATION PROCESS**

(PLEASE READ CAREFULLY)

In order to obtain a Right of Way Use Permit, this application must be completed, signed and the required documents must be submitted to the Building Division of the Community Sustainability Department (1900 2<sup>nd</sup> Ave. North).

<input type="checkbox"/>	1) Completion of the <b>“Right of Way / Utility Permit Application”</b> form. Under “Permit Type”, check off the “Other” box and denote either “Short Term” or “Long Term” for the permit being applied for. <b>[MANDATORY]</b>
<input type="checkbox"/>	2) A <b>copy of a valid City of Lake Worth business tax receipt</b> for the business entity requesting the right of way use permit to operate the business within the downtown corridor and major thoroughfares. <b>[MANDATORY]</b>
<input type="checkbox"/>	3) A <b>copy of a valid City of Lake Worth Use and Occupancy Certificate</b> for the building where the business requesting the right of way use permit will be located. <b>[MANDATORY IF APPLICABLE]</b>
<input type="checkbox"/>	4) <b>Indemnification Requirement.</b> Each business owner or occupant who obtains a pedestrian right of way use permit shall indemnify and hold the City, PBC and FDOT harmless from any and all claims for bodily injury and/or property damage that may arise out of or relate to the permitted use, including all legal costs and reasonable attorney fees associated therewith. <b>[MANDATORY]</b>
<input type="checkbox"/>	5) A copy of your valid <b>Certificate of Insurance</b> (naming the City of Lake Worth, Palm Beach County and the Florida Department of Transportation as additional insured's) with the following coverage, limits, and requirements: <b>[MANDATORY]</b>

	<p>Applicant shall furnish and maintain public liability, food products liability, liquor liability, and property damage insurance for all claims and damage to property or bodily injury, including death, which may arise from operations under the business tax receipt or in connection therewith. Such insurance shall provide coverage for liability limits of not less than two hundred thousand dollars (\$200,000) for any one personal injury claim; three hundred thousand dollars (\$300,000) for all personal injury claims in any one event; and, twenty-five thousand dollars (\$25,000) for property damage. The City's Risk Manager may reduce or increase the amounts of insurance coverage required by this section as the public interest requires, or depending on the size and nature of the permitted use.</p>
<input type="checkbox"/>	<p>6) Copy of <b>liquor license</b> including extension to serve alcohol within the right of way. If the establishment does not serve alcoholic beverages for consumption, this requirement is waived. <b>[MANDATORY IF APPLICABLE]</b></p>
<input type="checkbox"/>	<p>7) A <b>typed narrative</b> fully describing the name and address of the applicant, description of the intended use, and a plan for the maintenance and clearing of pedestrian right of way when the business is closed. <b>[MANDATORY]</b></p>
<input type="checkbox"/>	<p>8) Photographs, drawings or manufacturers' brochure fully describing the appearance of all proposed items, chairs, umbrellas, menu boards or specials boards, or other objects relating to the Right of Way usage. <b>[MANDATORY]</b></p>
<input type="checkbox"/>	<p>9) If you are not the owner of the real property where the applicant business is located, a notarized or written statement or affidavit from the owners of the properties in front of which the proposed Right of Way Use will be located consenting to the operation of the business at the proposed location. <b>[CONDITIONAL]</b></p>
<input type="checkbox"/>	<p>10) Any permits or approvals required from any other governmental agency necessary to operate a business within the Right of Way. <b>[MANDATORY]</b></p>

ONE (1) COPY OF THE APPROVED APPLICATION MUST BE STORED ON-SITE AND MADE AVAILABLE TO CITY UPON REQUEST. THE APPLICATION IS NOT APPROVED UNTIL THE **DEPARTMENT OF COMMUNITY SUSTAINABILITY** ISSUES THE RIGHT OF WAY USE PERMIT. ALL OUTSTANDING AMOUNTS DUE TO THE CITY MUST BE PAID PRIOR TO ISSUANCE OF THE PERMIT. **PLEASE DO NOT BEGIN OPERATING WITHIN THE RIGHT OF WAY UNTIL A PERMIT HAS BEEN ISSUED OR IT WILL BE DEEMED A VIOLATION OF THE CITY CODE.**

**1. GENERAL INFORMATION**

Business Name :	
Applicant's Name /Title (if applicable):	
Business Address:	
Applicant Telephone No(s):	Applicant E Mail:
Are you the owner of the real property on which the Applicant Business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Property Owner's Name for property on which Right of Way usage will be located (if different from the Applicant)	
Have you obtained the written consent of the Property Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	

Application is hereby made for the Right of Way Use permit described herein. The undersigned has reviewed this application and all information contained herein is true and correct. I understand that this is an application only and submission thereof does not authorize me to begin operation of the business within the Right of Way. I may begin operation only after a permit has been issued. I acknowledge that the administrative and application fees are non-refundable. I understand that the application, attachments and fees become part of the Official Records of the Department of Community Sustainability and are not returnable. I also acknowledge that the payment of the administrative/application fees do not guarantee approval. Any questions regarding this process shall be directed to the Public Services Department. I have read "City Code Chapter 19, Article VI, PEDESTRIAN AND VEHICULAR RIGHT OF WAYS AND OTHER PUBLIC PROPERTY" and applicable Ordinances and understand the regulations pertaining to right of way usage.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

**OFFICE USE ONLY**

<u>FEE</u>	<u>FEE AMOUNT</u>	<u>AMOUNT ASSESSED FOR APPLICATION</u>
APPLICATION REVIEW FEE	\$25.00	\$25.00
ADMINISTRATIVE FEE	\$25.00	\$25.00
PLANNING AND ZONING CONFIRMATION FEE	\$25.00	\$25.00

**TOTAL FEES FOR THIS APPLICATION**      \$ \_\_\_\_\_

SHORT TERM PERMIT ISSUANCE FEE (AFTER APPLICATION APPROVAL)	\$25.00	\$
LONG TERM PERMIT ISSUANCE FEE (AFTER APPLICATION APPROVAL)	\$40.00	\$

**TOTAL FEES FOR PERMIT ISSUANCE**      \$ \_\_\_\_\_

DATE OF INTAKE	
APPLICATION COMPLETE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUTSTANDING CITY FEES AND TAXES PAID?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CITY LICENSES CURRENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>REVIEW</b>	<b>APPROVED</b>
PUBLIC SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No
PLANNING/ZONING	<input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
POLICE	<input type="checkbox"/> Yes <input type="checkbox"/> No
RISK MGMT.	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER DEPARTMENTS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificate of Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF FINAL APPROVED BY PUBLIC SERVICES DEPARTMENT:	
APPROVING EMPLOYEE:	



**COMMUNITY SUSTAINABILITY DEPARTMENT  
BUSINESS TAX RECEIPTS DIVISION**

1900 2<sup>nd</sup> Avenue North · Lake Worth, Florida 33460 · Phone: 561-586-1647

**Indemnification**

In consideration of the issuance of a Right of Way Use permit located at

\_\_\_\_\_

under Business Tax Receipt number \_\_\_\_\_

I agree to indemnify, defend and hold harmless the City of Lake Worth, Palm Beach County (PBC) and the Florida Department of Transportation (FDOT), it's officers, agents and employees from and against any and all liabilities, damages, claims, costs or expense whatsoever including reasonable attorney's fees and court costs at trial and all appellate levels arising from or connected in any way with the use of the right of way, this agreement or any activity carried on under the terms of the Right of Way Use permit granted to me.

\_\_\_\_\_  
Applicant Signature

(STATE OF FLORIDA)  
COUNTY OF PALM BEACH)

BEFORE ME, personally came and appeared \_\_\_\_\_,  
Who is personally known to me or produced identification in the form of a  
\_\_\_\_\_ and who executed the forgoing instrument, and acknowledged  
before me that he executed said instrument for the purposes therein expressed.

Witness my hand and official seal this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name



BUILDING DIVISION  
 DEPARTMENT FOR COMMUNITY SUSTAINABILITY  
 CITY OF LAKE WORTH  
 1900 2<sup>ND</sup> AVENUE NORTH  
 LAKE WORTH, FL 33461  
 561.586.1647

## RIGHT OF WAY / UTILITY PERMIT APPLICATION

MASTER PERMIT NUMBER

PERMIT # / PROJECT# / JOB # (FOR OFFICE USE ONLY)

**WORK LOCATION**

ADDRESS \_\_\_\_\_  
 FLOOR/BAY/SUITE/APT # \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_  
 PARCEL ID# **38 - 43 - 44-** \_\_\_\_\_

**CONTRACTOR**

QUALIFIER NAME \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 STATE LIC. OR COMPETENCY # \_\_\_\_\_  
 PHONE# \_\_\_\_\_ CELL# \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

**PERMIT TYPE (CHECK ALL THAT APPLY)**

STRUCTURE       DEMOLITION       ELECTRICAL  
 WATER MAIN       SANITARY SEWER  
 STORMWATER       DRIVEWAY       ROADWAY  
 CURB / SIDEWALK       FENCE       MAINTENANCE OF TRAFFIC  
 GAS MAIN       STRIPING / SIGNAGE  
 IRRIGATION       TELECOMMUNICATIONS  
 UTILITY INSTALLATION (FPL, ATT, COMCAST, ETC.)  
 LANDSCAPE       OTHER \_\_\_\_\_

**OWNER OF RECORD**

NAME LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 TENANT NAME \_\_\_\_\_

### DESCRIBE PROJECT IN DETAIL

\_\_\_\_\_

PROJECT VALUE \$ \_\_\_\_\_

IS THIS PROJECT LOCATED WITHIN THE INCORPORATED LIMITS OF THE CITY? YES  NO  (Provide Site Plan & Conditions of Other City Limits)

IS AN OPEN CUT OF THE PAVEMENT, SIDEWALK, OR OTHER AREA PROPOSED? YES  NO

**PRIMARY PERMIT FEES** SHALL INCLUDE THE FEES FOR SUBPERMITS, PROVIDED THAT ALL APPLICABLE SUBCONTRACTOR QUALIFIER SIGNATURES ARE ON THE APPLICATION AND PLANS INCLUDE THE DETAILS OF ALL SUBCONTRACTOR WORK. **FAILURE TO INCLUDE THE REQUIRED INFORMATION AT THE TIME OF APPLICATION SHALL REQUIRE THAT A SEPARATE PERMIT BE ISSUED WITH APPROPRIATE FEES BEING CHARGED TO THE APPLICANT. CURRENT REGISTRATION REQUIRED AT TIME OF SUBMITTAL.**

Contractor: _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	PERMIT # _____
Qualifier/Agent Signature _____			
Subcontractor: _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	SUB PERMIT # _____
Qualifier/Agent Signature _____			
Subcontractor: _____	DATE _____	STATE LIC/CERT. OF COMPETENCY _____	SUB PERMIT # _____
Qualifier/Agent Signature _____			

# NOTICE TO PROPERTY OWNERS

**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.**

BEFORE ANY WORK IS DONE BY YOU OR YOUR CONTRACTOR, IMMEDIATELY FILE FOR AND RECORD A NOTICE OF COMMENCEMENT WITH THE OFFICE OF THE CLERK OF THE CIRCUIT COURT. THIS STEP IS REQUIRED BY THE FLORIDA CONSTRUCTION LIEN LAW.

IF YOU HAVE HIRED A CONTRACTOR TO DO THE WORK, MAKE SURE THAT THE CONTRACTOR OBTAINS THE PERMIT. THE CONTRACTOR'S SIGNATURE INDICATES HE OR SHE IS RESPONSIBLE FOR THE WORK, AND IF THE WORK IS NOT PERFORMED ACCORDING TO CODE, THE CITY CAN REQUIRE CORRECTIVE ACTION BY THE PARTY WHO OBTAINED THE PERMIT. FURTHERMORE, IF THE CONTRACTOR IS NOT LICENSED, YOU CAN BE IN VIOLATION OF STATE LAW BY ALLOWING AN UNLICENSED PERSON TO DO THIS WORK.

SINCE YOU OR YOUR CONTRACTOR HAVE APPLIED FOR A BUILDING PERMIT FOR WORK TO BE DONE ON PROPERTY YOU OWN, YOU SHOULD BE AWARE THAT:

ANY PERSON WHO FURNISHED LABOR (A CONTRACTOR, SUBCONTRACTOR OR LABORER) OR SUPPLIES MATERIALS FOR YOUR HOME REPAIR, IMPROVEMENT OR NEW CONSTRUCTION MAY BE ABLE TO FILE A CLAIM (CALLED A LIEN) AGAINST YOU IF HE HAS NOT BEEN PAID BY YOUR CONTRACTOR OR YOU. YOU ARE LIABLE TO SUBCONTRACTORS OR SUPPLIERS IF THEY ARE NOT PAID BY YOUR CONTRACTOR OR YOURSELF.

AT THE COMPLETION OF WORK, REQUIRE THE CONTRACTOR TO GIVE YOU A SWORN NOTARIZED STATEMENT INDICATING ALL BILLS FOR LABOR AND MATERIALS HAVE BEEN PAID OR A LIST NAMING THOSE SUPPLYING LABOR AND MATERIALS THAT HAVE NOT BEEN PAID. ASK FOR THE AFFIDAVIT BEFORE MAKING THE LAST PAYMENT.

**UNLICENSED CONTRACTORS: NO PERSON SHALL ENGAGE IN BUSINESS OR ACT IN THE CAPACITY OF A CONTRACTOR WITHOUT BEING DULY REGISTERED OR CERTIFIED. ANY PERSON WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE AND MAY BE PUNISHED BY A PRISON TERM NOT EXCEEDING ONE (1) YEAR AND/OR A FINE NOT TO EXCEED \$1,000 (SECTION 489.127 FLORIDA STATUTES).**

<p align="center"><b>FEE SIMPLE TITLEHOLDER (If other than owner)</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p align="center"><b>MORTGAGE LENDER</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
<p align="center"><b>BONDING COMPANY</b></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>	<p align="center"><b>ARCHITECT/ENGINEER/RESIDENTIAL PLANS CERTIFIER</b></p> <p>I CERTIFY THAT THE PLANS ACCOMPANYING THIS DOCUMENT MEET ALL REQUIREMENTS PERTAINING TO BUILDING CONSTRUCTION IN THE CITY OF LAKE WORTH.</p> <p>Name _____</p> <p>Signature _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone ( ) _____ Cell ( ) _____ Fax ( ) _____</p>

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 IN THIS JURISDICTION. I UNDERSTAND THAT A SEPARATE PERMIT MUST BE ACQUIRED FOR ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, ROOFING AND AIR CONDITIONERS, ETC.

**OWNER'S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION & ZONING.**

**ALL SIGNATURES MUST BE ORIGINAL**

<p>Owner (Signature) _____</p> <p>Print Name _____</p>	<p>Contractor/Agent (Signature) _____</p> <p>Print Name _____</p>
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed to before me this _____ day of _____ 20 _____ by Owner or Agent, who has produced the following identification _____ or who is personally known to me.</p> <p>Signature of Notary _____</p> <p>Print Name of Notary _____</p>	<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed to before me this _____ day of _____ 20 _____ by Contractor, who has produced the following identification _____ or who is personally known to me.</p> <p>Signature of Notary _____</p> <p>Print Name of Notary _____</p>

To qualify for exemption under this subsection, **an owner must personally appear and sign the Right of Way / Utility Permit application** and must satisfy local permitting agency requirements, if any, proving that the owner has a complete understanding of the owner's obligations under the law as specified in the disclosure statement in this section. If any person violates the requirements of this subsection, the local permitting agency shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

## OWNER/BUILDER DISCLOSURE STATEMENT SECTION 489.103, FLORIDA STATUTES

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.

4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

7. I understand that it is frequent practices of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Construction Industry Licensing Board at 561-233-5525 or at their website <http://www.pbcgov.com/pzb/Contractors/> for more information about licensed contractors.

11. I am aware of, and consent to an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address \_\_\_\_\_.

12. I agree to notify The City of Lake Worth Community Sustainability Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage. Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

\_\_\_\_\_  
Signature of Property Owner /Date

\_\_\_\_\_  
Printed Name of Property Owner

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_

who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Place Notary Stamp Here

**SUBMITTAL INSTRUCTIONS:**

1. SUBMIT 4 PAPER SETS OF FULL CONSTRUCTION PLANS (MAX. PLAN SIZE 24" X 36")
2. SUBMIT LATEST SITE SURVEY
3. COST ESTIMATE FOR CONSTRUCTION WORK (ITEMIZED IF NECESSARY)
4. COMPLIANCE W/ ZONING CONDITIONS (IF APPLICABLE)
5. COPY OF ANY APPROVED APPLICABLE GOVERNMENT AGENCY PERMITS (SFWMD, LWDD, FDOT, PBCHD, FDEP, ETC.)
6. MAKE CHECK PAYABLE TO "CITY OF LAKE WORTH"