
CITY OF LAKE HELEN
Building Department
Single Family Residential Information Sheet

- ___ 1. **Completed Application** - Owner/Builder must personally appear in office and sign application. Includes: Lake Helen Building Permit Application, Residential Worksheet, Tax Folio, Footprint Concurrence, Driveway Permit, Stormwater Management Application, Notice of Commencement
- ___ 2. **Tax Parcel Number** – Tax parcel number of property is required. This is a 12 digit number on your tax bill or you can obtain this number from the Property Appraiser’s Office. DeLand: 386-736-5901
- ___ 3. **Address of Property** – Addresses are assigned by the City of Lake Helen and recorded with Volusia County Growth Management, Lake Helen Post Office, Sprint, Bright House & Progress Energy.
- ___ 4. **Proof of Utilities** – A copy of the septic, irrigation and/or well permit is required. An application for a Septic permit and/or Irrigation permit and/or Well permit is made separately with the Environmental Health Division of the County Health Department before applying for a building permit. You can download septic tank applications by visiting the Health Department’s website: www.Volusiahealth.net. If there is an existing well, the well permit number is needed. An application for new residential construction Irrigation Permit is, also, made separately with the Environmental Health Division of the County Health Department.
- ___ 5. **Energy Forms** – Two copies of the energy calculations & EPL Display Card for Central Region is required. Please sign both lines of the energy forms. You can download energy forms by visiting the Department of Community Affairs website at:
www.dca.state.fl.us/fhcd/fbc/committees/energy_forms/1_energy_forms.htm
- ___ 6. **Subcontractors** – Subcontractor’s name & license number is required. When a change of subcontractor is made after the permit is issued, appropriate new information is to be submitted to this office.
- ___ 7. **Notice of Commencement** – A NOC must be filed with the clerk of the Circuit Court for all projects valued greater than \$2500.00. A copy of the recorded/certified NOC is required to be on the job site.
- ___ 8. **Storm Water Application** – Completed
- ___ 9. **Survey** – Submit 1 originally signed and sealed boundary survey and 2 copies.
- ___ 10. **Site Plans** – Submit 2 copies of original sealed survey. The copies should include the following:
 - *shape & dimensions of lot with street location and name
 - * footprint of house (shape of house and where it will be located on the property)
 - * location of well in relation to the septic system. Indicate actual distance between the well & septic (min 75’), the well and treated foundation of the house (min. 30’), and the well and the property lines (min. 10’) if applicable.
 - *driveway dimensions at the property line and the flare showing access from the road to the property. If connecting to a county road, a permit from Volusia County is required.

- ___ 11. **Two sets of Construction Plans** – Designed by an Architect or Engineer to meet the requirements of 2004 Florida Building Code, signed, sealed and dated. Truss plans, signed, sealed & dated.
- ___ 12. **Two sets of Truss Plans** – signed, sealed and dated.
- ___ 13. **Two sets of Windows & Doors** – Product approval & installation information.

Plans must contain roof assembly information including substrate, type of roofing system, materials, fastening requirements, flashing requirements, wind rating, product evaluation or site specific statement by Architect or Engineer. Construction plans are required to be a minimum scale of 1/4" = 1' showing all proposed construction to include; floor plan, foundation plan, four elevations views, structural wall sections of house, covered patios, decks and fireplace details.

Plans & Site Plans must be on plain paper. No reduced applications.

Contact Information: City of Lake Helen, Building Department
Office hours: 8:00 a.m. – 4:30 p.m. M-F
Phone: 386-228-2121 Fax: 386-228-9714

CITY OF LAKE HELEN
Building Department
Permit Application Checklist

Building Permit No.: _____

This checklist must accompany all permits for new construction of residential or commercial property.

Contractor or Owner Builder _____

Jobsite Address _____

1. _____ Completed Building Application (*Owner/Builder must personally appear in the office and sign application.*)
2. _____ Paid receipt for Septic Permit (*An application for Septic Permit is made separately with the Environmental Health Division of the County Health Dept. before applying for permit.*)
3. _____ Notice of Commencement (*A certified NOC must be received before a permit is issued.*)
4. _____ 2 Sets of Energy Calculations (*Both lines of energy forms must be signed.*)
5. _____ Completed Storm Water Application
6. _____ Completed Driveway Permit (*Volusia County permit required if connecting to a County road.*)
7. _____ 2 Sealed Copies of Survey (*If applicable*)(*Showing existing & proposed site improvements with location of septic & well.*)
8. _____ 2 Sets of Window & Door product approval & installation information. (*If not on the sealed construction plans.*)
9. _____ 2 Sets of Truss Profiles and Layouts (*Sealed & dated*)
10. _____ 2 Sets of Construction Plans (*Designed by an Architect or Engineer to meet the requirements of 2003 Florida Building Code, section 1606, signed, sealed & dated.*)
11. _____ Completed Land Clearing Footprint Concurrence
12. _____ Copy of Contractor/Subcontractors License, Insurance & Workers Comp. (*If not registered with Volusia County.*)
13. _____ Well Permit Receipt (*If applicable*)(*An application for Well Permit is made separately with the Environmental Health Division of the County Health Dept. before applying for permit. If existing well, the well permit number is needed.*)
13. _____ Volusia County Development Fee Receipt (*A waiver of fees may be accepted for permit issue. Fees must be paid before C.O. issue.*)
14. _____ City of Lake Helen Impact & Permit Fees (*Paid upon issue of Building Permit. Requires 5 separate checks.*)
15. _____ Paid receipt for Irrigation Permit (*An application for Irrigation Permit is made separately with the Environmental Health Div. of the County Health Dept. before applying for permit.*)

Certificate of Occupancy Checklist:

Completed Application for file	<input type="checkbox"/>	Stormwater Final Inspection	<input type="checkbox"/>
Approved Final Inspection	<input type="checkbox"/>	Disconnect & Lock Water	<input type="checkbox"/>
Deferred Volusia County Impact Fees Paid	<input type="checkbox"/>	Signed Energy Forms (2)	<input type="checkbox"/>
Health Department Final Approval Form	<input type="checkbox"/>	Signed Certificate of Occupancy	<input type="checkbox"/>
Landscape Final Approval	<input type="checkbox"/>	Fire Marshall final (if needed)	<input type="checkbox"/>
All outstanding City fees paid (ie: utility, re-inspections, etc.)	<input type="checkbox"/>		



CITY OF LAKE HELEN – BUILDING PERMIT APPLICATION

DATE RECEIVED: _____

APPLICATION FEE: _____

DATE ISSUED: _____

DATE FINAL INSPECT: _____

JOB ADDRESS HERE → _____

PERMIT NO. _____

CONTRACTOR COMPANY NAME

PHONE

FAX

LICENSEE

LICENSE NO.

STREET ADDRESS

CITY

STATE

ZIP

ARCHITECT

PHONE

ENGINEER

PHONE

PROPERTY OWNER

HOME PHONE

WORK PHONE

STREET ADDRESS

CITY

STATE

ZIP

PARCEL NUMBER

SUBDIVISION & LOT

TYPE OF PERMIT

CHECK ALL THAT APPLY:

- BUILDING ELECTRICAL MECHANICAL PLUMBING ROOFING *OTHER
 COMMERCIAL RESIDENTIAL NEW ADDITION ALTERATION REPAIR DEMOLITION
 ACCESSORY STRUCTURE POOL SCREEN ENCLOSURE DETACHED STRUCTURE

*OTHER – DESCRIBE _____

SQUARE FOOT LIVING _____ + SQUARE FOOT OTHER _____ = T.U.R. _____

TOTAL CONTRACT COST _____ VALUATION _____ FEE: \$ _____

DESCRIPTION OF WORK _____

PLANNING & ZONING & USE PERMIT APPROVAL	<input type="checkbox"/> APPROVAL WITH CONDITIONS
Flood Zone: _____	Planned Fin. Floor Elevation: _____ ft. Zoning Classification: _____
Type Use: _____	Number of Stories: _____ Max. Height: _____ ft.
Setbacks: Front _____ ft. Rear _____ ft. Side _____ ft. Waterfront _____ ft.	
Planning & Zoning Approval signature: _____	Date: _____
Use Permit Approval signature: _____	Date: _____

CONTINUED ON REVERSE SIDE FOR: ELECTRICAL MECHANICAL PLUMBING * OTHER

<u>ELECTRICAL</u>		<u>PLUMBING</u>	
COMPANY:		COMPANY:	
QUALIFIER		QUALIFIER	
LICENSE NO.		LICENSE NO.	
PHONE	FAX	PHONE	FAX
SIZE OF EXISTING SERVICE		NUMBER OF EXISTING FIXTURES	
SIZE OF NEW SERVICE		NUMBER OF ALTERED FIXTURES	
TEMPORARY POWER SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF NEW FIXTURES	
REMODEL NUMBER OF CIRCUITS ADDED		<input type="checkbox"/> SEPTIC SYSTEM	
REMODEL NUMBER OF FIXTURES ADDED		TOTAL WRU	TOTAL SFU
TOTAL COST \$		TOTAL COST \$	
FEE: \$		FEE: \$	

<u>MECHANICAL</u>		<u>ROOFING</u>	
COMPANY:		COMPANY:	
QUALIFIER		QUALIFIER	
LICENSE NO.		LICENSE NO.	
PHONE	FAX	PHONE	FAX
<input type="checkbox"/> NEW SYSTEM	<input type="checkbox"/> REPLACEMENT SYSTEM	<input type="checkbox"/> NEW ROOF	<input type="checkbox"/> REPLACEMENT ROOF <input type="checkbox"/> ROOF OVER
TOTAL COST \$		TOTAL COST \$	
FEE: \$		FEE: \$	

*** LIST ADDITIONAL SUB-CONTRACTORS BELOW**

TYPE PERMIT	TYPE PERMIT
COMPANY	COMPANY
QUALIFIER	QUALIFIER
LICENSE NO.	LICENSE NO.
PHONE	PHONE
JOB COST \$	JOB COST \$

ADDITIONAL FEES:

PLANS REVIEW \$ _____ DRIVEWAY \$ _____ STORMWATER \$ _____ RADON \$ _____
 CODE ENF. FINES \$ _____ MISC. \$ _____ → _____

Application is hereby made to obtain a Building Permit for the type of work indicated herein. I certify that no work or installation has commenced prior to the issuance of the requested permit and, if so, then I will pay double fees. I certify that no work shall be started before applications for permits have been reviewed and signed. I further certify that all work will be performed to meet all applicable laws, rules and codes regulating construction and development in this jurisdiction. I certify that no building / structure shall be occupied (if required) until all inspections are completed and a Certificate of Occupancy has been issued by the Building Department. I understand every permit issued shall become invalid unless the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. For permit extensions of 90 days, a written request must be submitted and authorized by the Building Department 30 days prior to expiration of the permit. **Owner's Affidavit:** *I certify that all the foregoing information is accurate and all work will be done in compliance with all of the applicable laws, rules and codes regulating zoning and construction in this jurisdiction.*

--WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) MAY RESULT IN BEING REQUIRED TO PAY DOUBLE FEES FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, PLEASE CONSULT YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOC.

STATE OF FLORIDA COUNTY OF VOLUSIA CITY OF LAKE HELEN

_____	_____
Signature of Owner (or Agent)	Signature of Contractor (or Agent)
Subscribed and sworn to (or affirmed) before me on (date) _____	SEAL STAMP
by _____ He/She is personally known to me or	
has presented _____ as identification.	_____
	Notary Signature

Application approved by: _____, Building Official Date: _____

Application approved by: _____, City Planner Date: _____

TOTAL FEES: \$ _____

CITY OF LAKE HELEN

Building Department

Residential Worksheet

Permit No. _____

REFERENCE PERMIT NUMBERS

Well: _____ Tree _____ Use _____
Wetland _____ Septic _____ Other _____

ELECTRIC

Electric Company: Progress Energy _____

Service Size: Old Amps _____ Volts _____ Phase 1PH _____ 3PH _____
New Amps _____ Volts _____ Phase 1PH _____ 3PH _____
Number New/Altered Circuits _____ Temp Pole: Yes _____ No _____

FLOOD ZONE If the building is located in a 100 year Flood Hazard area (A, AE, AH, V), a FEMA Flood Certification is required.
Will floor level be less than 12" above the Crown of ALL ADJACENT roads? Yes _____ No _____
Flood Zone: X _____ V _____ A _____ Base Flood Elev (A or V) _____ Min Floor Elev _____

HVAC

Type of Heat: Electric _____ Gas _____ Oil _____ Kerosene _____ Heat Pump _____
A/C _____ Solar _____ Costs of HVAC \$ _____

PROJECT COSTS AND USE

Cost of Structure or Project (include labor & materials) \$ _____
Number of dwelling units in project _____ Number of square feet living area _____
Primary use of Structure _____ Number of square feet garage area _____
Number of square feet other _____

PLUMBING (Provide Proof of Water and/or Sewer Connections)

Number of Plumbing fixtures _____ Water pump connections _____ Public water connect _____
Sewer/Septic hookups _____ TOTAL PLUMBING UNITS _____
County Utilities Available Yes _____ No _____
If County Utilities are used, service is requested: Upon Issue _____ Hold until called _____ or date _____
Number of Gas Outlets _____ Conv Burners/Flr Furn/Boilers/Central Hear Plant _____
Number of Gas Storage Tanks Underground _____ Above ground _____

SITE PLANS & PLANS

Submit originally signed and sealed boundary survey and plot plans in duplicate (copies of the sealed boundary survey) showing shape and dimensions of the lot, any existing structures, size and location of the proposed structure, use of any existing structures, intended use of each proposed structure, number of dwelling units, location of any existing roads, any platted right-of-way, any platted easements, water bodies, watercourses, wetlands, street name and property address, any other information deemed necessary or appropriate by the Zoning Enforcement Official. These documents shall be legible.

Two sets of construction plans are required to be a minimum scale of 1/4" = 1', SHOWING ALL PROPOSED CONSTRUCTION TO INCLUDE; FLOOR PLAN, FOUNDATION PLAN, ALL FOUR ELEVATION VIEWS, STRUCTURAL WALL SECTIONS OF HOUSE, COVERED PATIOS, AND DECKS, AND FIREPLACE DETAILS. Energy forms will also be required (1 complete set, 2 additional copies of the front page, and 1 Manual J calculation form).

All construction must comply with Section 1606.1.1, 2001 FBC Exceptions, or be designed by an Architect or Engineer to meet the requirements of 2004 Florida Building Code, signed, sealed and dated. In addition, the plans must contain roof assembly information including substrate, type of roofing system, materials, fastening requirements, flashing requirements, wind rating, product evaluate or site specific statement by an Architect or Engineer. This may not be a complete list of everything necessary to submit for this permit.

CITY OF LAKE HELEN

Building Department

Tax Folio

Building Permit No. _____

Owner's Name _____

Owner's Address _____

City _____ State _____ Zip _____

Phone _____ Contact # _____ Fax _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip _____

Phone _____ Contact # _____ Fax _____

Job Name _____

Job Address _____

City _____ County _____

Legal Description _____

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

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

City _____ State _____ Zip _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

City _____ State _____ Zip _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

City _____ State _____ Zip _____

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

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU'RE PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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 and zoning.

Signature _____

Owner or Agent

Signature _____

Contractor

CITY OF LAKE HELEN
Building Department
Footprint Identification Concurrence

NEW CONSTRUCTION - RESIDENTIAL

Date _____

Permit No. _____

Address of Property: _____

Parcel Number: _____

Before clearing land located at _____, Lake Helen,
(Owner/Builder) _____ will mark the footprint of the house and
driveway with stakes and string and, also, mark all trees that are to be removed from the property. City staff will
review the site before land clearing commences.

Applicant Signature: _____

Print Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Staff Signature: _____

* Please call Lake Helen City Hall (386) 228-2121 when you are ready for site review.

CITY OF LAKE HELEN
Building Department
Driveway Permit

Application for use permit for work within any city right of way or city owned property.

Date: _____

BP# _____ * Please complete Building Permit upon Use Permit submittal.

Applicant name: _____

Applicant is: Owner Agent Contractor

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Work location: _____

Parcel Number: _____

DESCRIPTION OF WORK:

- Concrete driveway approach to paved city road
- Concrete driveway approach with culvert to paved city road
- Concrete driveway approach to unpaved city road
- Concrete driveway approach with culvert to unpaved city road
- Other: (ex. – wood chip, shell, mulch) Describe: _____

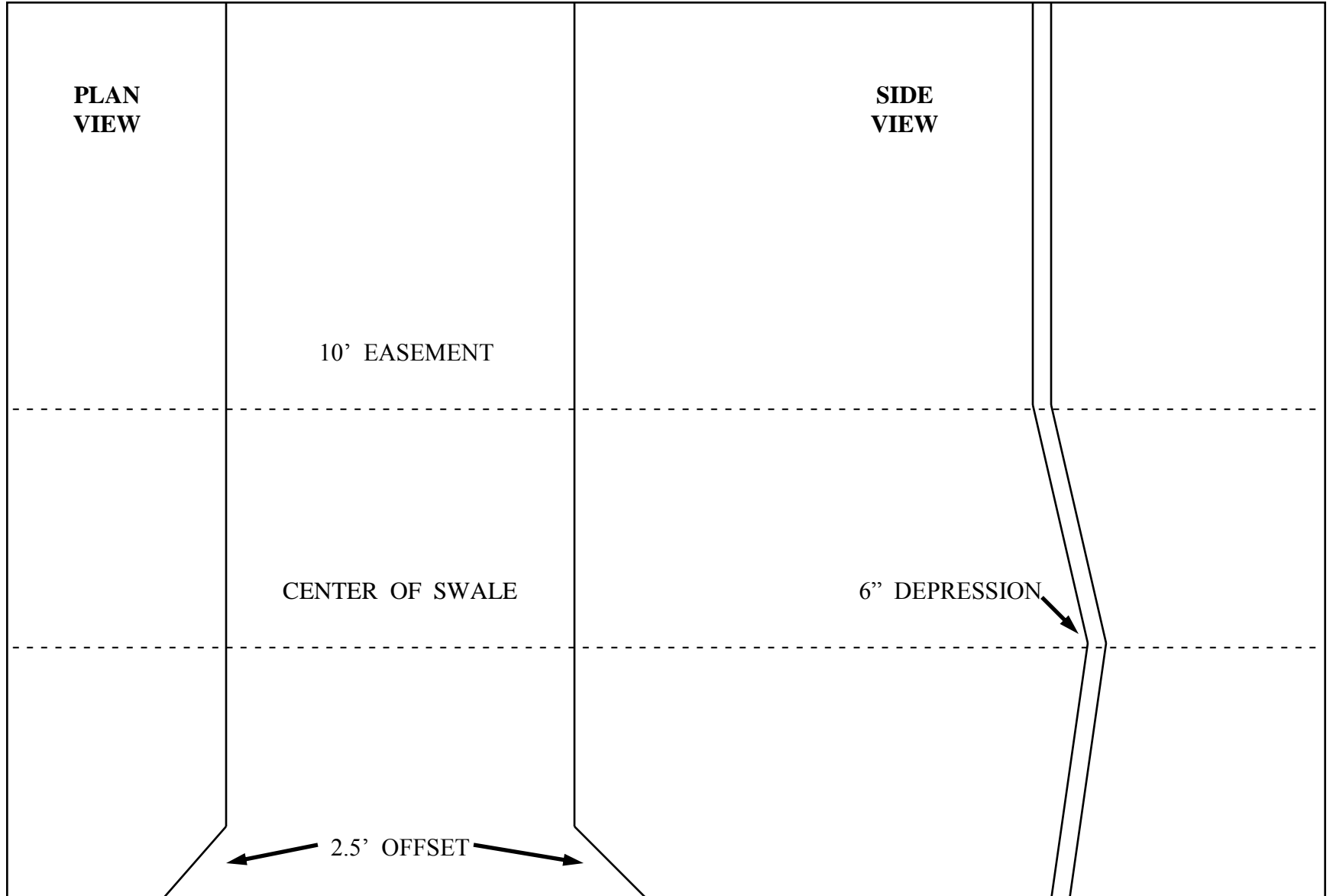
* Please attach detailed plot plan of proposed project.

APPROVAL OF THIS PERMIT IS SUBJECT TO THE CONDITIONS AS MARKED BELOW.

- Lake Helen has no objection to the construction of the subject facility at the above location, as described by the attached plan. This is not to be interpreted, however, as any representation or warranty that The City of Lake Helen maintains ownership of said right-of-way.
- This permit is approved with stipulation that the driveway be constructed so as NOT to block drainage of water in the right-of-way.
- Driveways within public right-of-way, constructed to paved city roads, shall be of 4” concreted with 6x6 10/10 wire mesh, or 6” concrete with no mesh.

Bp# _____

DRIVEWAY DETAIL



CITY OF LAKE HELEN
Building Department
Stormwater Management Application

Directions:

1. *Type or print all information in ink.*
2. *All items must be completed in full in order to avoid delay in processing application.*
3. *Statutory time requirements initiated upon receipt of completed application.*

OWNER / APPLICANT INFORMATION

1. Name of Owner/Applicant: _____
2. Address: _____
3. Phone: (home) _____ (business) _____ (cell) _____
4. Fax: _____ E-mail: _____

Owner/Applicant's Signature: _____ Date: _____

PROJECT INFORMATION

1. Section _____ Township _____ Range _____
2. Address: _____ Parcel#: _____
3. Narrative Description of Proposed Project: _____

4. Location Map (sketch location of project relative to owner/applicant's entire parcel of land)

REVIEW

1. Application Complete: Yes No
2. Inspection Performed: Yes No Date: _____
3. Impact Considerations: Erosion Topography Vegetation
 Water Quality Water Quantity Public Health
4. Action: Exempt Denied Approved for initial construction
 Standard Permit Application Required Referred to SWMB
5. Date of Action: _____
6. Inspected by: _____
7. **Final Inspection Approval:** Date: _____

Signature: _____

TO BE FILLED OUT BY STORMWATER INSPECTOR: (1 copy to file packet – 1 copy to site packet)

CITY OF LAKE HELEN
STORMWATER RETENTION CALCUTIONS
SINGLE FAMILY RESIDENTIAL

Building Permit #: _____

Applicant: _____

Location: _____

(1) Impervious Area (Buildings, Porches, Paved Driveways): _____ ft³

(2) Calculate Required Retention Volume: 1 inch of runoff from impervious surfaces

$$\text{Required Retention Volume} = \text{_____ ft}^3 \times \frac{1}{12} = \text{_____ ft}^3$$

(3) Calculate area necessary to retain this volume (assume 6 inch deep retention area*)

$$\text{Retention Area} = \frac{\text{_____ ft}^3}{\text{(Required Retention Volume)}} \times \frac{1}{6 \text{ inches}} \times \frac{12 \text{ inches}}{1 \text{ foot}} = \text{_____ ft}^2$$

(4) Adjust for Safety / Slope factor

Multiply by the following slope factor

<u>Slope</u> _____	<u>Slope Factor</u> _____
light slope	1.25
moderate slope	1.5
heavy slope	2.0

$$\text{Required Retention Area} = \frac{\text{_____ ft}^2}{\text{(Retention Area (step 4))}} \times \frac{\text{_____}}{\text{(Slope Factor)}} = \text{_____ ft}^2$$

(5) Size of actual Retention Area approximately equal to Required Retention Area

* Retention Areas with depths other than 6 inches can be used, but these designs should be reviewed by the City Engineer.