



Planning, Zoning and Building Department
Building Division
PERMIT CENTER

OWNER/BUILDER AFFIDAVIT & DISCLOSURE STATEMENT FORM

PR# _____

The provisions of Chapter 489 F.S. requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. **YOU MUST PERFORM, OR SUPERVISE THE CONSTRUCTION YOURSELF.** County ordinances require that all permit recipients possess technical knowledge to personally supervise all permitted work.

You may build or improve a one-family or two-family residence, or build or improve a commercial building at a cost of \$75,000 or less in value, within any 12 month period, **PROVIDED THE RESIDENCE OR BUILDING IS FOR YOUR OWN USE AND OCCUPANCY. IT MAY NOT BE BUILT FOR SALE OR LEASE.** If you sell or lease a building you have built or improved yourself within the one (1) year period after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor, or your on-site supervisor. The construction must be performed according to Building Codes and Zoning Regulations. It is your responsibility to make sure that people employed by you have licenses and insurance required by State law and by County licensing ordinances.

Therefore, the Owner/Builder declares: I understand and agree:

1. Construction is for “**MY OWN USE AND OCCUPANCY**” [Ch. 489 F.S.] for a period of not less than one(1) year from the date of the Certificate of Occupancy (C.O.) or Certificate of Completion (C.C.)
2. All construction will be in accordance with all Building, Zoning, Land Development Codes; and I will demonstrate technical ability to personally supervise permitted work to meet all codes.
3. That I am responsible for all work, and that proper provision has been made to carry the necessary Public Liability and Property Damage Insurance; withholding of Social Security and Federal Income Taxes, as required by law, and providing Workers’ Compensation when unlicensed persons are hired to help me.
4. I shall not employ any contractor, whether verbal or in writing, unless properly licensed by the State or Palm Beach County for any part of portion of the work and may be subject to “aiding and abetting unlicensed contractors” substantial fines if I hire unlicensed ones.
5. That the application for a building permit as an Owner/Builder within one year after completion of another Owner/Builder building in Florida shall be construed as engaging in contracting which is a violation of the Owner/Builder exemption, and is subject to a fine of \$500 and/or imprisonment for sixty days.
6. And, I certify that I have not completed a building under an Owner/Builder permit within the past twelve (12) months anywhere in Florida.

*Pursuant to Florida Law, Chapter 489 Part I, property owners qualified to act as their own contractor **must personally appear at the building department and sign the permit application, and deliver this Affidavit.***

OWNER/BUILDER AFFIDAVIT & DISCLOSURE STATEMENT FORM

I, the owner of property legally described as (attach copy of Warranty Deed):

Street Address _____
do hereby certify, that I have read the foregoing, and am aware of my responsibilities and liabilities for construction work on the above-described property. I do hereby covenant and agree to abide by each of the aforesaid stipulations. I further understand that any falsification of the above statements constitutes fraud and may result in revocation of this permit. I understand "Stop Work" order and/or Code Enforcement fines may also be applied to insure statutory limits recited above are honored.

Owner (print) _____

Owner (signature) _____

Date _____

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this ____ day of _____,
20____, by _____.
Name of Person Acknowledging

Signature of Person Taking Acknowledgment

Printed Name of Person Taking Acknowledgment

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

2300 N. Jog Road
West Palm Beach, FL 33411
(561) 233-5100 FAX (561) 233-5020

ADA Alternative Document
Available by calling (561) 233-5100
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