



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# _____ FAX _____ EMAIL _____

DATE ROUTED _____ By _____ RESUBMITTED _____

NOTIFIED PENDING COMMENTS: _____ NOTIFIED PERMIT STATUS: _____

Item	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 P2602.1)			
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) Note: A recorded copy must be received by the Building Department prior to first inspection			
Termite Bond Company Termite Treatment Method: SLAB WOOD BAIT (FBC 110.3.11)			
PRIVATE PROVIDER SERVICES (FS 553.791) PPI _____ PPR _____ Notice to B.O. _____ Plan Review affidavit _____ R'cd by: _____			
Office Use Only			
Initial for Valuation Increase: YES _____ NO _____			
Comments:			

**For Questions regarding comments 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: _____