



**Town of Loxahatchee Groves**  
155 F Road  
Loxahatchee Groves, Florida 33470  
561.793.2418 fax 561.793.2420

## **DRIVEWAY CHECKLIST FORM - (FBC 8<sup>th</sup> EDITION 2023)**

### **THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING**

- Completed Building Permit Application
- Owner/Builder Affidavit, if applicable
- Notice of Commencement, if applicable
- New Construction Affidavit form
- Hold Harmless Form
- Utility Easement Consent Form - must be sent to each company listed on form along with a copy of the survey showing proposed work
- Copy of Survey showing where work will be done, as well as type of materials used (ex. concrete, paver etc.):
  - The survey to be marked-up CLEARLY and FULLY delineating (highlighting) extent of all driveway and/or walkway work. Survey must clearly depict entire scope of work and proposed work must exactly match the final field conditions.
  - Survey must include dimensions/square footage of all proposed work.
- Property Owner signed contract/invoice as permitted by F.S. 553.79
- Provide detail/sketch of paver or concrete installation and construction
  
- **SPECIFIC REQUIREMENTS**
  - Right-Of-Way, driveway apron and sidewalk to be replaced with concrete, a minimum 3000 PSI
  - The area must be formed and a driveway/sidewalk inspection scheduled prior to pouring concrete.
  - Driveway apron must flare out and still maintain a two (2) foot set back from the property line.
  - Driveway improvements shall not impede existing drainage. A formboard inspection will be required to assure driveway pitch is sufficient for storm water.

# UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

**September 2022 Edition**

Approved for use throughout Palm Beach County and Municipalities

**FOR OFFICE USE ONLY**

FBC Version: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Application Date: \_\_\_\_\_

Application #: \_\_\_\_\_

**1**  
**KIND of PERMIT (CHECK ONE):**

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

☐ **FLOOD REVIEW ONLY**

**PRIVATE PROVIDER:** ☐ **PLAN REVIEW** ☐ **INSPECTIONS**

**2**  
**PROPERTY OWNER:** \_\_\_\_\_

**TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**3**  
**TRADE (CHECK ONE):**

☐ **STRUCTURAL**

☐ **ROOFING**

☐ **ELECTRICAL**

☐ **MECHANICAL**

☐ **PLUMBING**

☐ **FIRE**

☐ **GAS**

☐ **OTHER:** \_\_\_\_\_

**PRIMARY PERMIT #:** \_\_\_\_\_

**4**  
**PROJECT NAME:** \_\_\_\_\_

**PCN:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

☐ **SPECIAL FLOOD HAZARD AREA (FLOOD ZONE)**

**5**  
**FURTHER WORK DESCRIPTION:** \_\_\_\_\_

Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ NET S.F. (for SFD's): \_\_\_\_\_  
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

**6**  
☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☐ **CONTRACTOR (CERT. HOLDER):** \_\_\_\_\_ **License #:** \_\_\_\_\_

**DBA (COMPANY NAME):** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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 secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, 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 and zoning.

**7**  
\_\_\_\_\_  
(Signature of Owner or Agent) (including contractor)

**Print Name:** \_\_\_\_\_

**NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

**8**  
\_\_\_\_\_  
(Signature of Contractor)

**Print Name:** \_\_\_\_\_

**NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
(Name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
☐ Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
\_\_\_\_\_  
**Bonding Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
☐ Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Architect/Engineer's Name Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
☐ Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Mortgage Lender's Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
☐ Not Applicable

**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.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

**OFFICE USE ONLY BELOW THIS LINE**

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup>  
**USE (CHECK ONE):**  
☐ 1 & 2 FAMILY    ☐ TOWNHOUSE    ☐ CONDOMINIUM  
☐ MULTI-FAMILY    ☐ COMMERCIAL    ☐ INDUSTRIAL  
☐ AGRICULTURAL - BLDG CODE EXEMPT    ☐ OTHER: \_\_\_\_\_  
\_\_\_\_\_  
☐ USE CHANGE: \_\_\_\_\_



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## DRIVEWAY WORKSHEET FORM - (FBC 8<sup>th</sup> EDITION 2023)

SITE ADDRESS: \_\_\_\_\_

☐ Driveway & Swale & Sidewalk    ☐ Driveway    ☐ Swale    ☐ Sidewalk

Proposed Driveway Material:

☐ Asphalt    ☐ Concrete    ☐ Pavers    ☐ Other: \_\_\_\_\_

Proposed Swale Material:

☐ Asphalt    ☐ Concrete    ☐ Pavers    ☐ Other: \_\_\_\_\_

Approximate S.F. of Work: \_\_\_\_\_

### SELECT ALL APPLICABLE DETAILS/SKETCHES OF INSTALLATION AND CONSTRUCTION: (SEPARATE ENGINEERING TYPICAL DETAILS ATTACHED)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Driveway Swale Section (Asphalt)	Residential Driveway Swale Section (Concrete)	Residential Driveway Curb & Gutter Section (Concrete)	Driveway Culvert Crossing	Pathway: Sidewalk	Pathway: Asphalt	Pathway: 8' Concrete

### GENERAL INFORMATION:

Driveway expansions shall match the existing driveway in material and color. A decorative boarder or design shall be permitted as long as all sections have a continuous pattern and do not divide or delineate one section of the driveway from another.

**Applicant's Affidavit: I hereby certify that I have read the material on all pages of this document along with all the attachments and have FULLY provided ALL the information requested.**

\_\_\_\_\_  
Qualifier/Applicant Name

\_\_\_\_\_  
Qualifier/Applicant Signature

\_\_\_\_\_  
Date



**Town of Loxahatchee Groves**  
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**NOTICE: Florida Statute 489.103 requiring construction to be done only by licensed contractors provides an exemption from licensing for property owners acting as their contractor under specific conditions. Answers to the following questions are essential to determine if those state qualifications are satisfied by an Owner/Builder applicant.**

**THIS DOCUMENT MUST BE REVIEWED AND SIGNED BY A REPRESENTATIVE  
OF THE TOWN OF LOXAHATCHEE GROVES**

**(Please Type or Print Clearly)**

Owner/Builder Applicant Name: \_\_\_\_\_

1. Site address of the proposed building work \_\_\_\_\_

2. Name of legal title owner of the site address above \_\_\_\_\_

3. Describe the new construction or building work to be done at the site \_\_\_\_\_  
\_\_\_\_\_

4. How is the building or space going to be used? \_\_\_\_\_

5. Who will do the actual labor in each major trade area? Owner Alone, Owner with Hired Help or By Licensed Contractor (Name)

Trade                      Owner Alone or Owner with Hired Help or Licensed Contractor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Who will supervise the trade work to meet all the various adopted codes? \_\_\_\_\_

7. What provisions are there for Public Liability and Property Damage Insurance? \_\_\_\_\_

8. What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? \_\_\_\_\_

9. How will Workers Compensation be provided for any people hired who are not licensed?

\_\_\_\_\_

10. After improvements are done, who will use the space.

\_\_\_\_\_

11. Do you plan to rent, lease or offer for sale and if so, when? \_\_\_\_\_

12. What previous Owner/Builder improvements have you done in Florida?(If “none”, state so)  
Location                      Type of Work Done                      Year Done

\_\_\_\_\_

\_\_\_\_\_

13. What Code books do you own for reference? \_\_\_\_\_

_____	_____	_____	_____
Building	Electric	HVAC	Plumbing

14. Do you realize that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements? You are also liable for any one injured on the construction site. \_\_\_\_\_

15. Have you consulted with your Homeowner's Insurance Agent or Attorney?

\_\_\_\_\_

☐ **I have read and understand all laws pertaining to Owner/Builder Construction and agree to comply.**

_____	_____
Owner/Builder Signature	Date

_____	_____
Reviewed and Accepted by VOW Personnel	Date



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### **OWNER BUILDER AFFIDAVIT & DISCLOSURE STATEMENT PERMIT**

The provisions of Chapter 489.103, 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 provide direct on-site supervision of the construction yourself.*** You may build or improve a one-family or two-family residence 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 or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one year 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 to supervise people working on your building. 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. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A and withholding tax and provide workers' compensation for that employee, all as prescribed by law. **The construction must be performed according to all Building Codes and Zoning Regulations, and it is your responsibility as the Owner/Builder to make sure this is done and correct any code violations. A Village Building Permit does not assure compliance with your Homeowners Association's rules, regulations and/or deed restrictions. We advise you to obtain approval from your Homeowners Association before improving your property.**

#### **Disclosure Statement: Therefore, I understand and agree:**

1. 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. 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. 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. 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. That, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. 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. That it is a frequent practice 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. 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. 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. That 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: (address of property \_\_\_\_\_).
11. To notify Village of Wellington Building 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.

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

OWNER (Print)	DATE	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) who is personally

known to me or who has produced \_\_\_\_\_ (Type of I.D.) as identification and who did/did not take an  
oath. SEAL

(Signature of Person Taking Acknowledgement) \_\_\_\_\_

(Name of Officer Taking Acknowledgement Typed, Printed or Stamped) \_\_\_\_\_

Pursuant to Florida Law, Chapter 489 Part 1, property owners qualified to act as their own contractor **must personally appear at the Building Department and sign the permit application.**

Instrument Prepared By:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

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 PROPERTY** (Legal description of the property & street address, if available) **TAX FOLIO NO (PCN):** \_\_\_\_\_

**Legal Description** \_\_\_\_\_  
\_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: \_\_\_\_\_

b. Interest in property: \_\_\_\_\_

c. Name and address of fee simple titleholder (if different from Owner listed above): \_\_\_\_\_

4. a. **CONTRACTOR'S NAME:** \_\_\_\_\_

Contractor's address: \_\_\_\_\_ b. Phone number: \_\_\_\_\_

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Amount of bond: \_\_\_\_\_ b. Phone number: \_\_\_\_\_

c. Name and address: \_\_\_\_\_

6. a. **LENDER'S NAME:** \_\_\_\_\_

Lender's address: \_\_\_\_\_ b. Phone number: \_\_\_\_\_

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:

a. Name and address: \_\_\_\_\_

b. Phone numbers of designated persons: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: \_\_\_\_\_

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): \_\_\_\_\_, 20\_\_\_\_

**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.**

\_\_\_\_\_  
(Signature of Owner or Lessee, or Owner's or Lessee's  
Authorized Officer/Director/Partner/Manager)

\_\_\_\_\_  
(Print Name and Provide Signatory's Title/Office)

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

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

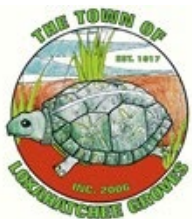
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_,  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(name of party on behalf of whom instrument was executed) (type of authority...e.g. officer, trustee, attorney in fact)

Personally Known ☐ or Produced Identification ☐ Type of Identification Produced \_\_\_\_\_

Notary

\_\_\_\_\_  
(Signature of Notary Public)  
(Print, Type, or Stamp Commissioned Name of Notary Public)



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## **HOLD HARMLESS / PERPETUAL MAINTENANCE AGREEMENT**

SUBJECT:

\_\_\_\_\_  
Parcel ID

\_\_\_\_\_  
Address

In consideration of Wellington permitting the construction of \_\_\_\_\_ (*Description of Improvement*) in the Easement Right-of-Way areas within or abutting the subject property, the Property Owner hereby accepts and affirms the following:

I, \_\_\_\_\_ (*Property Owner*), shall hold Wellington harmless for any and all damages to the \_\_\_\_\_ (*Description of Improvement*) caused by the construction or repairs Wellington may perform within the said Easement/Right-of-Way area. Further, the undersigned agrees that any repair or replacement of the \_\_\_\_\_ (*Description of Improvement*) shall be performed as directed by Wellington and will be at the expense of the undersigned.

Accepted and acknowledged on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ (*Property Owner*)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTARY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature of person taking Acknowledgement

\_\_\_\_\_  
Printed Signature

My Commission Expire



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### **UTILITIES EASEMENT CONSENT FORM**

**Fill out the form and sign then send the form to each municipality**  
**Please make sure you also send a copy of the Survey**

**Comcast Cable**

**Fax: (561) 454-5899**  
**Email: [Daniel\\_Tiburcio2@comcast.com](mailto:Daniel_Tiburcio2@comcast.com)**  
**Tel: (561) 815-6659**

**AT&T**

**Email: [G44448@att.com](mailto:G44448@att.com)**  
**Please be sure to type the following information in the subject line:**  
**Easement, Customer address & City**

**FP&L**

**Tel: (561) 616-1657**  
**Tel: (561) 616-1601**  
**Email: [DCP-Group.SharedMailbox@NextEraEnergy.com](mailto:DCP-Group.SharedMailbox@NextEraEnergy.com)**

**Florida Public Utilities**

**Fax: (561) 838-1769**  
**Tel: (561) 838-1817**  
**Email: [Engineering-wpb@fpuc.com](mailto:Engineering-wpb@fpuc.com)**

I am the record title holder of property located at \_\_\_\_\_  
I propose to apply for a permit from the Village of Wellington to construct or install a \_\_\_\_\_  
in the \_\_\_\_\_ easement on my property. The legal description of this  
property is LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_.

In the event your company has no objections to this improvement, please complete this form. I understand that your company will not be responsible in any way for repairs to, or replacement of, any portion of the above referenced improvement and that any removal or replacement of this improvement necessary for your use or access of this easement will be done at the expense of the property owner or their successors in interest.

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

We agree to the proposed improvement under the circumstances described above.  
Name of easement holder: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the applicant for submittal with the application.

Applicant contact information: \_\_\_\_\_