

GROWTH MANAGEMENT DEPARTMENT POLICY

POLICY TITLE: **Flood Damage Protection – Substantial Damage and Improvement of Buildings**

406.04.02 The applicant shall be required to provide the following:

- Application for Substantial Damage/Improvement Review.
- Detailed cost of improvement/reconstruction estimate and affidavit, signed by a contractor properly licensed by the State of Florida.
- Elevation Certificate or elevation survey.
- A floor plan indicating damaged areas, even if plans may not be required for permitting.
- Owner’s Reconstruction/Improvement Affidavit signed and dated, substantially in conformance with the form created by the Building Inspection Division.
- Contractor’s Reconstruction/Improvement Affidavit signed and dated, substantially in conformance with the form created by the Building Inspection Division.

406.05 ATTACHMENTS

- Application for Substantial Damage/Improvement Review
- Estimated Cost of Reconstruction/Improvement
- Owner Reconstruction/Improvement Affidavit
- Contractor Reconstruction/Improvement Affidavit

406.06 ADMINISTRATION

The Building Inspection Division shall administer this policy.

406.07 EFFECTIVE DATE

January 1, 2005

**APPLICATION FOR
SUBSTANTIAL DAMAGE/IMPROVEMENT REVIEW**

Parcel ID #: _____

Property Address: _____

Owner's Name: _____

Co-Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone #: _____

FIRM Panel: _____ FIRM Date: _____

Flood Zone: _____ BFE: _____

Lowest Floor Elevation (excluding garage): _____

I am attaching an appraisal report of my property, or _____ (initials)

I am not submitting an appraisal report of my property _____ (initials)

I accept the Leon County Property Appraiser's accessed value _____ (initials)

I accept the attached estimated cost of construction as a fair
cost of repair or improvement for my structure. _____ (initials)

Signatures:

Owner: _____

Date: _____

Co-Owner: _____

Date: _____

ESTIMATED COST OF RECONSTRUCTION/IMPROVEMENT

PARCE ID#: _____ - _____ - _____ - _____

Address: _____

This cost estimate of reconstruction/improvement must be prepared and signed by a licensed contractor.

Items	Cost Labor & Materials	Reconstruction/ Repair Ratio of Work	Official Use
Concrete, Form, ETC			
Carpentry Material (rough)			
Carpentry Material (labor)			
Roofing			
Insulation & Weatherstrip			
Exterior Finish (stucco)			
Doors, Windows & Shutters			
Lumber Finish			
Carpenter Labor, Finish			
Hardware (rough)			
Hardware (finish)			
Cabinets (built-in)			
Floor covering (tile/carpet)			
Plumbing			
Shower/Tub/Toilet			
Electrical			
Light Fixtures			
HVAC			
Paint			
Demolition and Removal			
Overhead and Profit			
Total			

(Please attach any additional information)

Contractor Name: _____ License #: _____

Address: _____ Phone #: _____

Signature: _____ Date: _____

