

## Monroe County Building Department

Middle Keys Office: 2798 Overseas Highway, Marathon, FL, 33050, (305) 289-2501 ❖ Lower Keys Office: 5503 College Road, Key West, 33040, (305) 295-3990  
Upper Keys Office: 102050 Overseas Highway, Key Largo, FL, 33037, (305) 453-8800 ❖ Ocean Reef Office: 11601 CR 905, Key Largo, FL 33037, (305) 453-8765  
<http://fl-monroecounty.civicplus.com/149/Building-and-Permitting>

### OWNER/BUILDER AFFIDAVIT

This affidavit is designed to both inform you of State and County laws regarding construction and to help you avoid some of the problems that Owner/Builders often encounter. Please feel free to call on us if the Building Department can be of assistance. Congratulations and good luck with your Owner/Builder project.

**NAME OF OWNER/BUILDER:** \_\_\_\_\_

***As Owner/Builder you must appear in person to submit a building application and to pick-up an issued building permit.***

**JOB SITE ADDRESS:** \_\_\_\_\_

**RE #:** \_\_\_\_\_

#### A. DISCLOSURE STATEMENT

YOU ARE RESPONSIBLE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND CODES AND THEY WILL BE STRICTLY ENFORCED.

***I do hereby certify that, as Owner/Builder, I understand and acknowledge the following (initial each item):***

- \_\_\_\_\_ 1. I understand 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. I understand that depending on the work being done that I may be required to take the County Competency exam for the corresponding trade.
- \_\_\_\_\_ 2. I understand 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. I understand 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. I understand 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, unless I am completing the requirements of a building permit where the contractor listed on the permit substantially completed the project. 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. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
- \_\_\_\_\_ 6. I understand 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.

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- \_\_\_\_\_ 7. I understand 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. I understand 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; proof may be required. I understand that my failure to follow these laws may subject me to serious financial risk.
- \_\_\_\_\_ 9. I agree 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. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or [www.myfloridalicense.com](http://www.myfloridalicense.com) for more information about licensed contractors.
- \_\_\_\_\_ 11. 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 address noted above.
- \_\_\_\_\_ 12. I agree to notify the Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

#### **B. ADDITIONALLY:**

- \_\_\_\_\_ 1. I understand that I must call or email the Building Department to request all inspections and will be on site during each of these inspections. Uninspected work is subject to demolition. Reinspection of incomplete or rejected work will require payment of a reinspection fee.
- \_\_\_\_\_ 2. I am aware that it is illegal to live or camp (even for one night) on the property prior to the issuance of a Certificate of Occupancy.
- \_\_\_\_\_ 3. I agree that any deviation from the permitted plans must be submitted in advance to the Building Department for approval. A set of approved plans will be kept at the job site at all times, available to the inspectors upon request. Neither approved final inspections nor a Certificate of Occupancy will be issued until the project conforms to the approved plans.

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4. **PLEASE BE AWARE:**

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.

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**I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT**

Owner Name (Printed): \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (year), by

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

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

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

Personally Known OR  Produced Identification

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

Notary Public  
My Commission Expires: \_\_\_\_\_