



Permit #: _____

OWNER BUILDER AFFIDAVIT

Section 489.103(7), Florida Statute, requires all owners of property acting as their own contractor to complete the following disclosure statement and **personally appear to sign for the building permit**. This is an affidavit for contractor exemption for an owner/builder applying for a building permit in the Town of Malabar.

NOTE: A PERSON WHO KNOWINGLY MAKES A FALSE WRITTEN DECLARATION MAY BE GUILTY OF THE CRIME OF PERJURY. A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED BY THE FLORIDA STATUTES 775.082 OR 775.084.

NOTICE:

You have applied for a permit under an **exemption**. Because **state law requires** construction to be done by **licensed contractors**.

The **exemption allows owners** of properties to act as their own contractor **with** many **restrictions**.

You must provide direct, onsite **supervision** of the construction yourself.

You may build or improve a one-family or two-family **residence** or a **farm** outbuilding.

You may also build or improve a commercial building, provided your costs do not exceed \$25,000.00. **You may not hire an unlicensed person** or act **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 required by state law and by county or city licensing ordinances. This includes plumbing, electrical, air conditioning, heating, and others. **It is also your responsibility to determine the others that require licensing.**

An occupational license is not a license that authorizes the licensee to act as a contractor.

Note: Should you have any questions or need additional information, please contact the Building Department at (321) 727-7764 x14. Additional documents may be required upon request by the Building Official.

Building Department
2725 Malabar Road
Malabar, Florida 32950-4427
321-727-7764 – Telephone
321-727-9997 – FAX

Town of Malabar

*** IF VALUE OVER \$2,500, PLEASE NOTARIZE ***

Agent's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF BREVARD

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

Personally know ___ OR Produced Identification ___ Type of Identification: _____

Signature of Notary Public, State of Florida

Print or Stamp Name

OR

Contractor's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF BREVARD

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

Personally know ___ OR Produced Identification ___ Type of Identification: _____

Signature of Notary Public, State of Florida

Print or Stamp Name

APPROVED BY: _____ DATE: _____

CHECKED BY: _____ DATE: _____