



CITY OF MADEIRA BEACH

PLANNING & ZONING DEPARTMENT
300 MUNICIPAL DRIVE ♦ MADEIRA BEACH, FLORIDA 33708
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Email to: morton@madeirabeachfl.gov



SUBSTANTIAL IMPROVEMENT/DAMAGE PACKET

ITEMS REQUIRED TO DETERMINE SUBSTANTIAL IMPROVEMENT/DAMAGE

Applicant must submit the following (*Make sure you have an extra copy for your files*):

1. The completed building permit and substantial improvement/damage review application(s) including required plans and documents;
2. An estimated Cost of Reconstruction/Improvement form, completed by a Licensed General Contractor, Architect, Engineer, or owner builder and signed by the Owner/Contractor or Contractor with a copy of his license certificate attached;
3. For Post-FIRM (built after December 31, 1974) and Pre-FIRM properties damaged by events such as a storm or fire, an Elevation Certificate or survey giving lowest and next highest floor elevation is required. This is not required for Pre-FIRM properties undergoing alteration unless it is determined that the value of improvement exceeds 25% of the market value; then an agreement to submit NFIP Elevation Certificate is required;
4. Current photos of the structure, or photos before and after the storm;
5. Highlighted floor plan drawing showing area of structure to be repaired or altered;
6. Substantial Improvement Affidavit completed, signed, and dated;
7. The City will allow for the County property appraiser's website valuation to verify the structures value. If the project amount is above the 25% threshold – the City will require a professional appraiser.
8. Declaration of Land Restriction (Nonconversion Agreement), completed, signed, and dated.

APPLICATION FOR SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW

Tax Appraiser's Parcel ID# _____

Property Address: _____

Owner's Name: _____

Co-Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

FIRM Panel: _____

Flood Zone: _____

Base Flood Elevation: _____

Lowest Floor Elevation (excluding garage): _____

Initial _____ I am attaching an appraisal report of my property.

Initial _____ I am not submitting an appraisal report of my property.

Initial _____ I accept Pinellas County's Estimated Market Value

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

Signature of Owner

Date

Signature of Co-Owner

Date

SUBSTANTIAL IMPROVEMENTS/DAMAGES

Items to be included:

All structural elements, including:

- Spread or continuous foundation footings and pilings
- Monolithic or other types of concrete slabs
- Bearing walls, tie beams, and trusses
- Wood or reinforced concrete decking or roofing
- Floors and ceilings
- Attached decks and porches
- Interior partition walls
- Exterior wall finishes (e.g. brick, stucco or siding)
- Windows and doors
- Re-shingling or re-tiling a roof
- Hardware

All interior finish elements, including:

- Tiling, linoleum, stone, or carpet over sub-flooring
- Bathroom tiling and fixtures
- Wall finishes, including drywall, painting, stucco, plaster, paneling, marble or other decorative finishes
- Kitchen, utility and bathroom cabinets
- Built-in book cases, cabinets and furniture
- Hardware

All utility and service equipment

- HVAC equipment
- Repair or reconstruction of plumbing and electrical services
- Light fixtures and ceiling fans
- Security systems
- Built-in kitchen appliances
- Central vacuum systems
- Water filtration, conditioning or recirculation systems

Also:

- Labor and other costs associated with demolishing, removing, or altering building components
- Construction supervision and/or management
- Equivalent costs of work done by owner and volunteers
- Overhead and profit

Items to be excluded:

- Plans and specifications
- Survey costs
- Permit fees
- Debris removal (e.g. removal of debris from building or lot, dumpster rental, transport fees to landfill tipping fees) and cleanup (e.g. dirt and mud removal, building dry-out, etc.)
- Items not considered real property, such as throw rugs, furniture, refrigerator, stoves not built-in, etc.
- Landscaping
- Sidewalks
- Fences
- Yard lights
- Swimming pools
- Screened pool enclosures
- Sheds
- Gazebos
- Detached structures (including garages)
- Landscape irrigation

ESTIMATED COST OF IMPROVEMENTS/RECONSTRUCTION

Parcel ID#: _____

Property Address: _____

This Cost of Estimate of Improvement/Reconstruction must be prepared and signed by a licensed General Contractor, Architect, or Engineer

BUILDING

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Demolition			
Foundation, Slab(s)			
Drywall			
Bearing Walls, Tie Beams, Trusses			
Framing, Joists, Beams, Subflooring			
Interior Non-Bearing Walls			
Exterior Finishes (Stucco, Siding, Painting, Trim, Brick, etc.)			
Windows and Exterior Doors			
Cabinets / Vanities / Countertops			
Hardware			
Attached Decks & Porches			
Floor Covering			
Bathroom Tile / Kitchen Tile			
Wall Finish / Painting / Covering			
Built-In Appliances			
Built-In Cabinets, Bookcases, Furniture, Mirrors, Closet Shelving			
Interior Doors			
Baseboards / Crown Molding / Trim Boards			
Hardware (Strapping, bolts, screws, etc)			

Insulation			
Fireplace / Hearth / Mantel / Chimney			
Stairs / Handrails / Guardrails			
BUILDING TOTAL			\$

ELECTRICAL

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Electrical Wiring			
Electrical Fixtures, Ceiling Fans, Outlets, Switches			
Security System, Intercom System			
Smoke Detectors			
Electrical Panel(s) & Meter Base(s)			
ELECTRICAL TOTAL			\$

PLUMBING

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Plumbing Piping			
Plumbing Fixtures			
Water Heaters			
Water Filtration, Conditioning and Recirculation Systems			
PLUMBING TOTAL			\$

MECHANICAL

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
HVAC Equipment			
Ductwork, Grills			
Bathroom Fan(s), Range Hood, Central Vacuum			
MECHANICAL TOTAL			\$

GAS

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Gas Piping			
Gas Tank			
GAS TOTAL			\$

ROOF

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Shingles, Underlayment, Mod Bit			
Gutters, Downspouts			
ROOF TOTAL			\$

MISCELLANEOUS

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
Construction Management & Supervision			
Overhead & Profit			
Sales Tax on Materials			
ITEMS PURCHASED BY HOMEOWNER			
MISCELLANEOUS TOTAL			\$

TOTALS	
BUILDING TOTAL	\$
ELECTRIC TOTAL	\$
PLUMBING TOTAL	\$
MECHANICAL TOTAL	\$
GAS TOTAL	\$
ROOF TOTAL	\$
MISCELLANEOUS TOTAL	\$
TOTAL	
CONTINGENCY 10%	\$
GRAND TOTAL	\$

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Violating the FEMA improvement threshold may result in removal of improvement work, revocation of the Certificate of Occupancy for the building, and/or an order to remove the structure.

(PLEASE attach any additional information)

Contractor's Name: _____

License #: _____

Address: _____

Phone: _____

Contractor's Signature: _____

Date: _____

CONTRACTOR
IMPROVEMENT/RECONSTRUCTION AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW**. These listed damages/improvements are **ALL of the improvements/damages** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs **NOT included on the attached list of improvements/repairs**, or improvements or illegal structures/additions to the existing structure without having present plans for such additions. I understand that any permit issued by the City of Madeira Beach pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property.

Total Labor and Materials	\$ _____
Overhead and Profit	\$ _____
TOTAL COST	\$ _____

Contractor Signature

Contractor Signature

STATE OF _____
COUNTY OF _____

Before me this day personally appeared _____ who, being duly sworn disposes and says that s/he has read, understands, and agrees to comply with all the aforementioned conditions. Sworn and subscribed before me this _____ day of _____, 20____. Personally known or produced _____ as identification.

(Notary Public Stamp)

Notary Public
Commission #: _____
Date Commission Expires: _____

OWNER

IMPROVEMENT/RECONSTRUCTION AFFIDAVIT

Parcel ID#: _____

Owner's Name: _____

Phone: _____ Email: _____

Address: _____

Contractor's Name: _____ License #: _____

I hereby attest to the fact that I, or a member of my staff, personally inspected the above-mentioned property and produced the attached itemized list of repairs/reconstructions and/or remodeling which is hereby submitted for the **SUBSTANTIAL IMPROVEMENT/DAMAGE REVIEW**. These listed damages/improvements are **ALL of the improvements/damages** sustained by this structure and all additions, improvements, or repairs proposed on the subject building are included in this estimate.

I understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made repairs **NOT included on the attached list of improvements/repairs**, or improvements or illegal structures/additions to the existing structure without having present plans for such additions. I understand that any permit issued by the City of Madeira Beach pursuant to this affidavit does not authorize the reconstruction, repair or maintenance of any illegal additions, fences, sheds or non-conforming uses or structures on the subject property.

TOTAL COST \$ _____

Co-Owner Signature

Co-Owner Signature

STATE OF _____
COUNTY OF _____

Before me this day personally appeared _____ who, being duly sworn disposes and says that s/he has read, understands, and agrees to comply with all the aforementioned conditions.

Sworn and subscribed before me this _____ day of _____, 20____. Personally known or produced _____ as identification.

(Notary Public Stamp)

Notary Public
Commission #: _____
Date Commission Expires: _____

AGREEMENT TO SUBMIT NFIP ELEVATION CERTIFICATE

FOR NEW BUILDINGS, SUBSTANTIALLY IMPROVED BUILDINGS, AND HORIZONTAL ADDITIONS REQUIRED TO BE ELEVATED IN SPECIAL FLOOD HAZARD AREAS

This form shall be signed by the Property Owner or Owner’s Agent and submitted with building permit applications for any new buildings, substantial improvement of existing buildings that are required to be elevated, and additions that are required to be elevated.

The referenced building (new, substantially improved, or horizontal addition) is located in a special flood hazard area and is subject to the requirements of the community’s Floodplain Management Regulations and the current *Florida Building Code*.

An NFIP Elevation Certificate (FEMA Form 086-0-33) shall be completed and signed by a Florida licensed land surveyor. The effective Elevation Certificate form and instructions are online at: www.fema.gov/media-library/assets/documents/160.

FOR OFFICE USE

Community: _____

Permit Number: _____

Property Owner: _____

Building Address: _____

Building Description: _____

Use: _____

FIRM Panel Number: _____

FIRM Date: _____

Flood Zone: _____

Datum: _____

As required by the current *Florida Building Code*, Section 110.3, the Elevation Certificate shall be completed and submitted to: _____:

1. Upon placement of the lowest floor and prior to further vertical construction; and
2. As part of the final inspection (“as-built”).

Agreement by Property Owner or by Owner’s Agent:

I agree to have the NFIP Elevation Certificate (FEMA Form 086-0-33) completed and signed by a Florida licensed land surveyor and to submit it as specified above. I agree to have any deficiencies in the Elevation Certificate corrected. I agree to correct any construction deficiencies identified by inspection that are determined to be necessary to assure compliance with the applicable building permit, including elevation of the lowest floor, elevation of machinery and equipment servicing the building, and provisions applicable to any enclosures below the elevated building, including crawl/underfloor spaces.

Date: _____

Signature: _____
Owner/Owner’s Agent