



HB 803 RESIDENTIAL PERMIT EXEMPTION REQUEST

Rev: 1 | Revision Date: 06/03/2026 | I.D. Number: RPER

PURPOSE: This form is used to request a permit exemption determination for qualifying residential work under Florida House Bill 803 (2026). Supporting documentation must be provided for the Building Services Division review and verification of eligibility.

REQUIREMENTS: This form must be signed by the owner/agent. If the property is corporately owned, a copy of the Sunbiz.org record that notes the owner/agent's name as an authorized signer is required. Companies filed in another state must provide a copy of the Articles of Incorporation documents; must provide evidence that it is an active company with that state.

Property Address: _____

Owner Name: _____ **Owner Phone:** _____

Owner Email: _____

Description of Proposed Work

Total Value of Work: \$_____

Attached Documentation:

- ☐ Proposal
- ☐ Contract
- ☐ Estimate
- ☐ Other Supporting Documentation

Owner Certification

I hereby request an exemption from building permit requirements pursuant to HB 803 and applicable Florida Statutes.

I certify that:

1. The property is a single-family residential dwelling.
2. The total value of the proposed work is less than \$7,500.
3. The proposed work does not include structural, electrical, plumbing, mechanical, or gas work requiring a permit.



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4. The property is not located wholly or partially within a flood hazard area where the exemption is prohibited by law.
5. The project has not been divided into multiple projects for the purpose of avoiding permit requirements.
6. The attached proposal, contract, estimate, or supporting documentation accurately reflects the scope and value of the work.
7. All information provided in this request is true and correct.

I certify under penalty of perjury that the information contained in this application is true and correct and that the proposed work qualifies for exemption pursuant to HB 803 and applicable Florida law.

Owner Signature: _____

Print Name: _____

Date: _____

State of Florida

County of

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

this ____ day of _____, _____, by _____,

who is personally known to me or who has produced

_____ as identification.

Notary Public's Signature _____

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

My Commission Expires: _____

(Notary Seal)