

Parcel ID # _____

Application Date: _____

**TOWN OF INDIAN RIVER SHORES
BUILDING DEPARTMENT
COMBINATION
BUILDING PERMIT APPLICATION**

CONTRACTOR MAILING ADDRESS EMAIL PHONE # FAX#

JOB ADDRESS LOT # SUBDIVISION

OWNER MAILING ADDRESS ZIP PHONE #

ARCHITECT / ENGINEER'S NAME MAILING ADDRESS

FEE SIMPLE TITLEHOLDER ADDRESS MORTGAGE LENDER'S NAME ADDRESS

WORK TYPE:

- NEW: _____ ADDITION ALTERATION REPAIR/REPLACE REMOVE
 SUBSTANTIAL IMPROVEMENT: NOTE: IF THIS BOX IS CHECKED, THE SUBSTANTIAL IMPROVEMENT APPLICATION MUST ALSO BE SUBMITTED FOR REVIEW.

USE TYPE: SINGLE MULTI FAMILY DUPLEX COMMERCIAL OTHER: _____

CONSTRUCTION TYPE: STEEL CBS FRAME

WORK VALUE #BEDROOMS/BATHS GARAGE SIZE #CAR GARAGE

SQUARE FOOTAGE TOTAL CONDITIONED FLOOR AREA (FT²) CONDITIONED VOLUME (FT³)

BUILDING SETBACKS: _____
FRONT SIDE SIDE REAR

POOL SETBACKS: _____
FRONT SIDE SIDE REAR

SPECIAL FLOOD HAZARD AREA: YES ___ NO ___

FLOOD ZONE: _____ BFE _____ FFE _____

REQUIRED LOWEST FLOOR: _____ NAVD

EFFECTIVE 10/1/2021

COMPLETE REVERSE SIDE

NAME OF SUB-CONTRACTOR

- | | |
|-----------------------|----------------------------------|
| (1) Excavator: _____ | (11) Plumbing: _____ |
| (2) Concrete: _____ | (12) Electrical: _____ |
| (3) Cement: _____ | (13) A/C & Heat: _____ |
| (4) Carpenter: _____ | (14) Roof: _____ |
| (5) Insulation: _____ | (15) Security: _____ |
| (6) Drywall: _____ | (16) Sheet Metal: _____ |
| (7) Painting: _____ | (17) Gas: _____ |
| (8) Glazing: _____ | (18) Pool: _____ |
| (9) Stucco: _____ | (19) Enclosure / Pool Net: _____ |
| (10) Mason: _____ | (20) Hurricane Protection: _____ |
| | (21) Other: _____ |

SEE BUILDING PERMIT FEES "SCHEDULE A"

Minimum Permit Fee: \$100.00 plus \$4.00 state surcharge.

WORK STARTED BEFORE APPLICATION IS SUBJECT TO A DOUBLE FEE.

BUILDING PERMIT FEE:\$ _____	BIKE PATH IMPROV:\$ _____
PLAN CHECKING FEE:\$ _____	PERMIT SURCHARGE FEE:\$ _____
COUNTY TRAFFIC IMPACT FEE:\$ _____	OFF SITE DRAINAGE:\$ _____
FIRE REVIEW FEE:\$ _____	RE-SUB FEE:\$ _____
FLOODPLAIN REGULATORY REVIEW FEE (If applicable): \$ _____	

CASH - _____

CHECK # - _____

OFFICE USE ONLY:

PERMIT # _____

**FLORIDA STATE STATUTES SECTION 1. SUBSECTION (10) OF SECTION 553.79-APPLICATION
– READ:**

(10) “Notice: in addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.”

The enforcing shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner’s or operator’s responsibility to comply with the provisions of s,455/302 and to notify the Department of Environmental Regulations of his intentions to remove asbestos, when applicable, in accordance with the state and federal law.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNER’S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

*****NOTICE: Indian River Shores has an exclusive franchise agreement with Republic Services (Treasure Coast Refuse). NO OTHER WASTE COMPANY OR CONTAINER IS ALLOWED TO BE USED WITHIN TOWN LIMITS.**

Signature: **X** _____
Owner

Signature: **X** _____
Contractor (Qualifier)

Sworn to and subscribe before me
by _____ who is
personally known to me or produced
_____ as
identification, this _____ day of
_____ 20_____.

Sworn to and subscribe before me
by _____ who is
personally known to me or produced
_____ as
identification, this _____ day of
_____ 20_____.

Notary Signature: _____
Printed name of Notary _____
Commission No/Exp _____
Affix Seal:

Notary Signature: _____
Printed name of Notary _____
Commission No/Exp _____
Affix Seal:

**NOTE: ALL ENGINEERING, NOAS, PRODUCT APPROVALS, PLANS, ETC.
MUST BE PRESENTED AT TIME OF PERMIT APPLICATION.**