



**COMBINATION  
BUILDING PERMIT APPLICATION**

APPLICATION DATE: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR                      MAILING ADDRESS                      EMAIL                      PHONE #

\_\_\_\_\_  
JOB ADDRESS                      LOT #                      SUBDIVISION

\_\_\_\_\_  
OWNER                      MAILING ADDRESS                      ZIP                      PHONE #

\_\_\_\_\_  
ARCHITECT / ENGINEER'S NAME                      MAILING ADDRESS

\_\_\_\_\_  
FEE SIMPLE TITLEHOLDER                      ADDRESS                      MORTGAGE LENDER NAME                      ADDRESS

**TOTAL WORK VALUE:** \_\_\_\_\_

**WORK TYPE:** (Check one below)

NEW    ADDITION    ALTERATION    REPAIR/REPLACE    REMOVE    DEMOLITION

**USE TYPE:**  SINGLE    MULTI FAMILY    DUPLEX    COMMERCIAL    OTHER \_\_\_\_\_

**CONSTRUCTION TYPE:**    STEEL    CBS    FRAME

\_\_\_\_\_  
   /  
   #BEDROOMS/BATHS                      GARAGE SIZE                      #CAR GARAGE

\_\_\_\_\_  
SQUARE FOOTAGE TOTAL                      CONDITIONED FLOOR AREA (FT<sup>2</sup>)                      CONDITIONED VOLUME (FT<sup>3</sup>)

**BUILDING**                      **POOL**  
**SETBACKS:** FRONT   SIDE   SIDE   REAR                      **SETBACKS:** FRONT   SIDE   SIDE   REAR

SPECIAL FLOOD HAZARD AREA: YES \_\_\_ NO \_\_\_                      FLOOD ZONE: \_\_\_ BFE \_\_\_ FFE \_\_\_

REQUIRED LOWEST FLOOR: \_\_\_\_\_ NAVD

**NOTE: FOR SUBSTANTIAL IMPROVEMENT/DAMAGE: THE SUBSTANTIAL IMPROVEMENT APPLICATION MUST ACCOMPANY THIS APPLICATION.**

**NAME OF SUB-CONTRACTOR**

*Subcontractor Affidavits **must** accompany this application. As part of the review, all Contractor Licensing and Insurance Certificates must be current with the Building Department.*

- Excavator \_\_\_\_\_
- Concrete: \_\_\_\_\_
- Cement: \_\_\_\_\_
- Carpentry: \_\_\_\_\_
- Insulation: \_\_\_\_\_
- Drywall: \_\_\_\_\_
- Painting: \_\_\_\_\_
- Plumbing: \_\_\_\_\_
- Glazing: \_\_\_\_\_
- Stucco: \_\_\_\_\_
- Mason: \_\_\_\_\_
- Electrical: \_\_\_\_\_
- HVAC \_\_\_\_\_
- Roofing: \_\_\_\_\_
- Security: \_\_\_\_\_
- Sheet Metal: \_\_\_\_\_
- Gas: \_\_\_\_\_
- Swimming Pool/Spa: \_\_\_\_\_
- Screen Enclosure: \_\_\_\_\_
- Pool Net: \_\_\_\_\_
- Hurricane Protection: \_\_\_\_\_
- Other: \_\_\_\_\_

**BUILDING PERMIT FEES- SEE "SCHEDULE A"**

*\*Minimum Permit Fee: \$150.00 plus \$4.00 state surcharge.*

***NOTE: WORK STARTED BEFORE APPLICATION IS SUBJECT TO A DOUBLE FEE.***

**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."

**FBC 105.9 Asbestos**

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 Sect 469.003 FS 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.  
NO OTHER WASTE COMPANY OR CONTAINER IS ALLOWED TO BE USED WITHIN TOWN LIMITS.

Signature: X \_\_\_\_\_  
Owner

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:**

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\_\_\_\_.

**Notary Signature:** \_\_\_\_\_  
**Printed name of Notary** \_\_\_\_\_  
**Commission No/Exp** \_\_\_\_\_  
**Affix Seal**