

Parcel ID # _____

Application Date: _____



***COMBINATION
BUILDING PERMIT APPLICATION***

CONTRACTOR	MAILING ADDRESS	EMAIL	PHONE #
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JOB ADDRESS	LOT #	SUBDIVISION
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OWNER	MAILING ADDRESS	ZIP	PHONE #
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ARCHITECT / ENGINEER'S NAME	MAILING ADDRESS
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FEE SIMPLE TITLEHOLDER	ADDRESS	MORTGAGE LENDER NAME	ADDRESS
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TOTAL WORK VALUE: _____

WORK TYPE: (Check one below)

- NEW
 ADDITION
 ALTERATION
 REPAIR/REPLACE
 REMOVE
 COMPLETE HOUSE DEMOLITION

SUBSTANTIAL IMPROVEMENT/DAMAGE:

NOTE: IF THIS BOX IS CHECKED, THE SUBSTANTIAL IMPROVEMENT APPLICATION MUST ACCOMPANY THIS APPLICATION

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 (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

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

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: