

Parcel ID # _____

Permit #: _____

Date: _____

**TOWN OF INDIAN RIVER SHORES
BUILDING DEPARTMENT**

BUILDING PERMIT APPLICATION

CONTRACTOR _____ MAILING ADDRESS _____ ZIP _____ PHONE # _____ FAX# _____

JOB ADDRESS _____ LOT # _____ SUBDIVISION _____

OWNER _____ MAILING ADDRESS _____ ZIP _____ PHONE # _____

FEE SIMPLE TITLEHOLDER NAME _____ MAILING ADDRESS _____
(If other than owner)

BONDING COMPANY NAME _____ MAILING ADDRESS _____

ARCHITECT / ENGINEER'S NAME _____ MAILING ADDRESS _____

MORTGAGE LENDER'S NAME _____ MAILING ADDRESS _____

_____ NEW ADDITION ALTERATION REPAIR/REPLACE REMOVE
SINGLE or MULTI FAMILY / DUPLEX

CONSTRUCTION TYPE: STEEL CBS FRAME

WORK VALUE _____ SQUARE FOOTAGE TOTAL _____ ROOF SQUARES _____

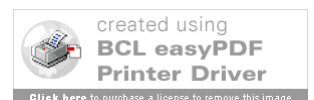
WATER SIZE CONN. _____ BEDROOMS/BATHS _____ GARAGE SIZE/() CAR GARAGE _____

BUILDING SETBACKS: FRONT _____ SIDE _____ SIDE _____ REAR _____ POOL SETBACKS: FRONT _____ SIDE _____ SIDE _____ REAR _____

AIR CONDITIONING _____ DOMESTIC HOT WATER: _____ POOL HEATER _____
TYPE _____ FUEL _____ FUEL _____ FUEL _____

COMPLETE REVERSE SIDE

(REVISED 12-17-07)



SPECIAL FLOOD HAZARD AREA: YES ___ NO ___ FLOOD ZONE: _____ BFE _____

Required Lowest Floor _____ NGVD

New Construction: _____

Substantial Improvements: _____

NAME OF SUB-CONTRACTOR

- (1) Excavator: _____
- (2) Concrete: _____
- (3) Cement: _____
- (4) Carpenter: _____
- (5) Insulation: _____
- (6) Drywall: _____
- (7) Painting: _____
- (8) Glazing: _____
- (9) Stucco: _____
- (10) Mason: _____

- (11) Plumbing: _____
- (12) Electrical: _____
- (13) A/C & Heat: _____
- (14) Roof: _____
- (15) Security: _____
- (16) Sheet Metal: _____
- (17) Gas: _____
- (18) Pool: _____
- (19) Enclosure / Pool Net: _____
- (20) Hurricane Protection: _____

SEE BUILDING PERMIT FEES "SCHEDULE A"

WORK STARTED BEFORE APPLICATION IS SUBJECT TO A DOUBLE FEE.

BUILDING PERMIT FEE:\$ _____
 PLAN CHECKING FEE:\$ _____
 COUNTY TRAFFIC IMPACT FEE:\$ _____
 FIRE REVIEW FEE:\$ _____

BIKE PATH IMPROV:\$ _____
 SQUARE FOOT SURCHARGE:\$ _____
 OFF SITE DRAINAGE:\$ _____
 RE-SUB FEE:\$ _____

CASH - _____

CHECK # - _____

**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 operators 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. I understand that a separate permit must be secured with ELECTRICAL WORK, PLUMBUNG, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS ETC.

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONEIN 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.

Signature: ✕ _____
Owner

Signature: ✕ _____
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

BE PREPARED

Hurricane season is once again upon us. The Town of Indian River Shores and the Building Department urge you to think ahead and prepare for the worst.

In order to provide effective and immediate service if a storm approaches, please adhere to the following guidelines:

- Keep jobsites clear of trash and debris, have dumpsters and any other mobile equipment prepared to be pulled from the site when a warning is issued.
- Remove portable toilets and construction trailers.
- Avoid storing any material on site. Cancel scheduled deliveries of additional materials, except as needed to secure the site.
- Brace walls, roof trusses and otherwise secure your jobsite.

Priority will be given to all inspections required to secure the property and regular 24 hour notice will not be required. However, once a storm warning is issued, immediate evacuation will be required. No further inspections, delivery of material or construction will be permitted!!

Contact the Building Department at 772-231-4453 or the Public Safety Department at 772-231-2451 if you have an emergency or observe an unsafe condition.

By working together, we can weather these storms. Thanks for your help.