

Permit # _____

Date: _____

**TOWN OF INDIAN RIVER SHORES
BUILDING DEPARTMENT**

GENERATOR PERMIT APPLICATION

CONTRACTOR MAILING ADDRESS ZIP LICENSE # PHONE & FAX#

JOB ADDRESS LOT # SUBDIVISION

OWNER MAILING ADDRESS ZIP PHONE #

SEE ELECTRICAL "SCHEDULE B"

COMMERCIAL JOBS NEED ENGINEERING FOR TIE-DOWN

Description	Each	Amount
GENERATOR INSTALLATION	\$75.00	
SERVICE 0-400 AMP	\$18.00	
PERMIT SURCHARGE		
TOTAL COLLECTED		

MINIMUM FEE \$60.00

RE-INSPECTION FEE \$50.00

WORK STARTED BEFORE APPLICATION IS SUBJECT TO A DOUBLE FEE!!

PLEASE LIST ALL SUBS:

Slab Contractor _____

Gas Contractor _____

Screening Contractor _____ Wall/Fence Landscaping

Association Approval _____

Survey _____ proposed generator elevation: _____

Flood Zone Elevation requirements:

- If generator is located in a flood zone 'X' – generator must be at the same elevation as the existing house slab.
- If located in other than flood zone 'X' – generator slab must be 1ft above base flood elevation & will need an elevation certificate for final inspection.

**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 469.002 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

BUILDING PERMIT APPLICANT'S AFFIDAVIT:

I, _____, certify that all the foregoing information is
accurate Qualifier (print)
and that all work will be done in compliance with all the 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.

A.D.A.- APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THE FEDERAL REQUIREMENTS FOR THE AMERICANS WITH DISABILITIES ACT.

_____ DATE: _____
QUALIFIER (signature)

NOTARY REQUIRED

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this _____day of _____,20____, by
_____who is personally known to me or who has produced
_____ as identification.

(affix seal)

Notary Public