

Permit # \_\_\_\_\_  
Date: \_\_\_\_\_

**TOWN OF INDIAN RIVER SHORES  
BUILDING DEPARTMENT**

**LANDSCAPE PERMIT APPLICATION**

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

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

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**CONTRACTOR** \_\_\_\_\_ **MAILING ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ **PHONE & FAX#** \_\_\_\_\_

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**LANDSCAPE ARCHITECT/DESIGNER (Attach plans and specifications including drainage and retention)** \_\_\_\_\_

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**IRRIGATION CONTRACTOR (Attach plans and specifications)** \_\_\_\_\_

**Total Lot Area** \_\_\_\_\_ sq ft

**Total Hardscape Area (house, pool, walks, driveways etc)** \_\_\_\_\_ sq ft

**Landscape – Plant Area** \_\_\_\_\_ sq ft

**Landscape – Sod Area** \_\_\_\_\_ sq ft

**(50% maximum of the landscape area excluding the road right of way)** \_\_\_\_\_

**Turf within road right of way** \_\_\_\_\_ sq ft

Colloidal Phosphate @ 2,200 lbs per 1000 sq ft or \_\_\_\_\_

Emathlite (FINE GRADE) @ 1,100 lbs per 1000 sq ft for soil amendment \_\_\_\_\_ lbs

**Estimated % of tree canopy coverage (50% minimum at maturity required)** \_\_\_\_\_ %

**Estimated % of drought tolerant plant material (90% minimum required)** \_\_\_\_\_ %

Areas of native plants and/or palms approved for tree canopy coverage shall become **PROTECTED TREES** under the Town's Tree Protection Ordinance (areas of native plants and/or palms must be clearly indicated and identified on the landscape site plan). Native plant areas may be utilized at beach side dune locations and sabal palms may be utilized as credit towards tree canopy coverage. Applicant must notify property owner, in writing, that the native plants and/or palms are considered protected trees and are subject to all provisions set forth by **TREE PROTECTION, CHAPTER 98**, Town of Indian River Shores.

**NOTIFICATION IS REQUIRED 48 HOURS PRIOR TO SOIL AMENDMENT APPLICATION.  
NOTIFICATION IS REQUIRED 24 HOURS PRIOR TO FINAL INSPECTION ON TUESDAYS AND THURSDAYS. CONTACT THE BUILDING DEPARTMENT AT (772) 231-4453.**

NOTE: AS OF MARCH 1, 2002, WE WILL REQUIRE 2 SETS OF PLANS FOR LANDSCAPE PERMITS. SECOND SET WILL BE KEPT ON SITE AT ALL TIMES.

**Permit Surcharge** \_\_\_\_\_ **TOTAL PERMIT 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.”

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