THE TOWN OF
INDIAN RIVER SHORES
FLORIDA

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^2)** **CONDITIONED VOLUME (FT^3)**

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

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

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.

*Work started before application is subject to double Permit Fees.

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.

Stormwater, Erosion, Sedimentation Control: Appropriate and required on-site Erosion and Sedimentation Controls and Stormwater Best Management Practices *must* be followed to reduce erosion, sedimentation & stormwater pollution. Site maintenance is required to maintain compliance.

This 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: ✕_____
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: ✕_____
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

CONSTRUCTION AND SERVICE PARKING ADDENDUM

Please read and sign the following statement.

I, _____ of _____ do understand that all
(Print Name) (Company Name)
construction, service vehicles and equipment must always be parked on *one side* of the street, located at the project property address. All parking must be compliant with the provisions of Section 162.021 – Parking, and Chapter 71 – Parking, Code of Ordinances.

When large vehicles used for delivery of material or equipment, such as tractor trailers, cement mixers, or similar apparatus will be on the site of a project and may disrupt normal traffic flow, the Building Department must be notified of the date, time, and type of vehicles and activity. The Building Official reserves the right to require a Maintenance of Traffic plan.

_____
(Authorized Signature)

STATE OF FLORIDA, COUNTY OF INDIAN RIVER:

The foregoing instrument was acknowledged before me this _____day of _____, 20__ by _____who:

____ is personally known to me -OR-
____ produced _____as identification.

Notary Signature:_____

Printed name of Notary:_____

Commission No/Exp:_____
Affix Seal

Effective 1-27-26