



CITY OF INDIAN ROCKS BEACH
BUILDING PERMIT APPLICATION

1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785
Ph: 727/595-2517 Fax: 727/596-4759
www.indian-rocks-beach.com

CODE: \_\_\_\_\_

FLOOD ZONE: \_\_\_\_\_

Project Address \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Legal: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owners Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fee Simple Titleholder's Name (if other than owner) \_\_\_\_\_

Fee Simple Titleholder's Address (if other than owner)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractors Company Name \_\_\_\_\_

Contractors Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

State Certification/Registration # or Certificate of Competency # \_\_\_\_\_ City Registration # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Bonding Company \_\_\_\_\_

Bonding Company's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Architect/Engineer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mortgage Lender's Name \_\_\_\_\_

Mortgage Lender's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Occupancy /Use \_\_\_\_\_ Proposed Occupancy/Use \_\_\_\_\_

Structure Type:  Commercial  Residential 1 or 2 Units  Residential 3 or more units

Type of Work:  New  Addition  Alteration  Repair  Replace  Demolition

Contract Valuation \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Permit Fee: \_\_\_\_\_



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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 insurance 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. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Agent

Signature of Contractor

Print Name

Print Name

State of Florida, County of Pinellas
Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_ 20\_\_.

State of Florida, County of Pinellas
Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_ 20\_\_.

Personally known Identification produced:

Personally known Identification produced:

Type:

Type:

Signature of Notary Public

Signature of Notary Public

Asbestos Notification Statement

Be advised that building materials encountered may contain asbestos. I understand my obligations and will comply with all federal, state, and local regulations pertaining to asbestos including Section 469.003, Florida Statutes.

Signature of Applicant

Date

Application Approved by: