



FLOOD ZONE: _____

CITY OF INDIAN ROCKS BEACH
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785
Ph: 727/595-2517 EMAIL: mkelley@irbcity.com
DRIVEWAY PERMIT APPLICATION

Project Address _____

Parcel ID # _____ Legal: Lot _____ Block _____ Subdivision _____

Owners Name _____ Phone # _____

Owners Address _____ City _____ State _____ Zip _____

E-mail Address _____

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 # _____ PCCLB # _____

Contact Person _____ Phone # _____

Present Occupancy /Use _____

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

Contract Valuation \$ _____

Description of Work: _____

Will be reviewed for impervious areas and drainage.

Permit Fee:

PLEASE COMPLETE REVERSE SIDE



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www.indian-rocks-beach.com

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 failure to request a final inspection will result in the assessment of a \$100 fee. Additionally, the expiration of my permit through failure to obtain an approved inspection within 180 days of issuance will result in re-permitting fees equal to 50% of the original fees.

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 Contractor *OR* _____
Signature of Owner or Agent

Print Name *OR* _____
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:
Type: _____

Personally known Identification produced:
Type: _____

Signature of Notary Public

Signature of Notary Public

Application Approved by: _____