Complete Building Permit Application

Submit Four Sets of Plans

Each Sub-contractor must submit a separate affidavit from (copy attached)

(MINIMUM PLAN SIZE: 18 X 24)

Plans Must Include the Following:

<table>
<thead>
<tr>
<th>Plan Requirement</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plot Plan (Show Any Easements)</td>
<td></td>
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<tr>
<td>Floor Plan - 1/4 inch Scale</td>
<td></td>
</tr>
<tr>
<td>Typical Wall Sections</td>
<td></td>
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<tr>
<td>Elevations (4)</td>
<td></td>
</tr>
<tr>
<td>Complete Truss Drawings with Uplifts</td>
<td></td>
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<tr>
<td>Certified Survey</td>
<td></td>
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<tr>
<td>Conceptual Drainage Plan** (SEE ATTACHED SHEET FOR ADDITIONAL PLAN DETAIL)</td>
<td></td>
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<tr>
<td>Completed Energy Code</td>
<td></td>
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<tr>
<td>HVAC Sizing Calculations (Manual J Form)</td>
<td></td>
</tr>
<tr>
<td>Payment of Minimum Application Fee</td>
<td></td>
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<tr>
<td>Soils Investigation for Waterfront Lots</td>
<td></td>
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</tbody>
</table>

WARNING: NOTICE OF COMMENCEMENT REQUIRED ON CONSTRUCTION PROJECTS VALUED OVER $2,500. DO NOT RECORD UNTIL AFTER FINANCING PACKAGE HAS BEEN RECORDED.

OTHER ITEMS REQUIRED AS APPLICABLE:

Unity of Title must be submitted if house will be located on more than one lot (County only)

Lots Larger than ¼ acre in size:
  - Tree Removal Permit Application or Exemption form MUST BE SUBMITTED

Oceanfront Property:
  - Department of Natural Resources Permit Approval for Projects Located
    - SEAWARD OF THE COASTAL CONSTRUCTION CONTROL LINE (CCL)
    - Projects in TURTLE PROTECTION ZONE Subject to Specific Review

Unplatted Property:
  - Deed Must Be Submitted

State Road Right-of-Way:
  - Property Abutting State Roads Require Permit from Department of Transportation
    - (State Roads: A1A; 17th Street from U.S.#1 to A1A; State Road 60;
      - I-95; 27th Avenue from State Road 60 to County Line)
I. LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION ___________________________
PARCEL NUMBER: ____________ ____________ ____________ ____________ ____________
    (from tax notice / receipt)
JOB ADDRESS: __________________________________________________________

II. CONTRACT / ESTIMATED CONSTRUCTION COST: $__________________________

III. TOTAL SQUARE FOOTAGE UNDER-ROOF: ____________________________

   Water: City County Well   Sewer: City County Septic   Sq Ft Under Air
   (Circle one) (Circle one) (Circle one)

IV. PROPOSED USE (Check All That Apply)

   _ RESIDENTIAL
   _ COMMERCIAL
   _ MULTI-FAMILY
   _ ACCESSORY
   _ COMMERCIAL
   _ ALTERATION
   _ DEMOLITION
   _ TYPE V – Combustible (All Wood Frame)
   _ TYPE III – Exterior Non-Combustible/Interior Any Material
   _ TYPE I or II All Non-Combustible (Specify)
   _ OTHER (Sprinkler, Timber Const)

Specify: ______________________________

NAME & ADDRESS  CONTACT INFORMATION  Job

<table>
<thead>
<tr>
<th>OWNER</th>
<th>Name:</th>
<th>E-MAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DAYTIME PHONE NUMBER:</td>
<td>Fax:</td>
</tr>
<tr>
<td>TITLE HOLDER (If Other Than Owner)</td>
<td>Name:</td>
<td>E-MAIL:</td>
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<tr>
<td></td>
<td>DAYTIME PHONE NUMBER:</td>
<td></td>
</tr>
<tr>
<td>CONTRACTOR</td>
<td>LICENSE NUMBER:</td>
<td>E-MAIL:</td>
</tr>
<tr>
<td></td>
<td>COMP CARD NUMBER:</td>
<td>DAYTIME PHONE NUMBER:</td>
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<td>Fax:</td>
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<tr>
<td>ARCHITECT</td>
<td>E-MAIL:</td>
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<td></td>
<td>DAYTIME PHONE NUMBER:</td>
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<tr>
<td>ENGINEER</td>
<td>E-MAIL:</td>
<td></td>
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<tr>
<td></td>
<td>DAYTIME PHONE NUMBER:</td>
<td></td>
</tr>
</tbody>
</table>

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, insurance, and worker’s compensation. I understand that sub-contractor affidavits must be obtained for electrical, plumbing, air-conditioning, roofing, insulation, pools, irrigation systems, wells, or any other work that is allowed to be included in this permit.

Properties on which earth spills or other debris falls shall be cleaned immediately. All streets, sidewalks, and curbs damaged due to this construction shall be repaired to the satisfaction of the engineering department prior to the issuance of certificate of completion.

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.

Signature of Owner or Agent
[To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary]
Date: ________________

And

Signature of Contractor
Date: ________________

As to Owner:

State of __________________
County of __________________

The foregoing instrument was acknowledged before me this _________ day of _________________, 20___ by ____________________ who is ______ personally known or who has _____ produced identification. Type identification produced: ____________________.

Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:

As to Contractor:

State of __________________
County of __________________

The foregoing instrument was acknowledged before me this _________ day of _________________, 20___ by ____________________ who is ______ personally known or who has _____ produced identification. Type identification produced: ____________________.

Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:

This Area for Building Division Use Only:

Building Living/Non Living Area: __________________ sq ft  BR ____ Bath ____ Garage ____

Value: = $ ____________________  Per: ☐ Plans Examination  ☐ Contract

Building Permit Fee: = $__________
Radon Fund (State Mandated) = $__________
BCAI Fund (State Mandated) = $__________
Other
Total Fees = $__________

ADD REF # ____________
PROJECT # ____________
WARNING: DO NOT RECORD THE NOTICE OF COMMENCEMENT UNTIL AFTER THE FINANCING PACKAGE HAS BEEN RECORDED

WARNING: PLEASE NOTE SECTION 713.13(1)(g) BELOW.

Florida State Statutes Section 713.13 OF COMMENCEMENT:

Section 713.13(1)(a):

...An owner or the owner’s authorized agent before actually commencing to improve any real property, or recommencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with s. 713.23, shall record a NOTICE OF COMMENCEMENT in the Clerk’s office and forthwith post either a certified copy thereof or a Notarized statement that the Notice of Commencement has been filed for recording along with a copy thereof...

Section 713.13(1)(g):

...The owner must sign the Notice of Commencement and no one else may be permitted to sign in his stead.

Section 713.135(1)(d):

If the direct contract is greater than $2,500 ($7,500 if repair or replace an existing heating or air conditioning system). The applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded NOTICE OF COMMENCEMENT or a notarized statement that the NOTICE OF COMMENCEMENT has been filed for recording, along with a copy thereof. In the absence of filing of a certified copy of the recorded NOTICE OF COMMENCEMENT the issuing authority shall not perform or approve subsequent inspections until the applicant files by mail, facsimile, hand delivery or any other means such certified copy with the issuing authority. This subsection does not require the recording of a NOTICE OF COMMENCEMENT prior to the issuance of a building permit.
NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS $2,500.00

State of Florida, County of Indian River, the undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with chapter 713, Florida statutes, the following information is provided in this notice of Commencement.

1. LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
________________________________________________________________________________________________________

2. GENERAL DESCRIPTION OF IMPROVEMENT:
________________________________________________________________________________________________________

3. ☐ OWNER INFORMATION or ☐ LESSEE INFORMATION (If Lessee contracted for the improvement)
   a. Name: ____________________________________________
      Address: _______________________________________
   b. Interest in property: ______________________________
   c. Name and address of fee simple title holder (if other than owner):
      ________________________________
      ________________________________

4. CONTRACTOR:
   a. Name: ____________________________________________
      Address: _______________________________________
   b. Phone number: ____________________________

5. SURETY COMPANY (IF Applicable, a copy of the payment bond is attached):
   a. Name & Address: __________________________________________________________
   b. Phone number: ___________________________   Bond amount: ___________________________

6. LENDER/MORTGAGE COMPANY:
   a. Name & Address: __________________________________________________________
   b. Phone number: __________________________

7. PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES:
   a. Name & Address: __________________________________________________________
      fax number: _________________________________________
   b. Phone number: ________________________________________

8. IN ADDITION TO HIMSELF OR HERSELF, 
   a. Owner designates _____________________________________ of ______________________________________ to receive 
      a copy of the lienor’s notice as provided in section 713.13(1)(b), Florida statutes.
   b. Phone number: _____________________________

9. EXPIRATION DATE OF NOTICE OF COMMENCEMENT:  _____________________________________________________
   (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).

WARNING TO OWNER:
ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN 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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES

SIGNATURE OF OWNER or LESSEE or OWNER’S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
___________________________________________________________________________
SIGNATORY’S TITLE/OFFICE
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _______DAY OF________________, 20____, BY:
_____________________________________________________________________________
AS__________________________________________FOR___________________________________________________________
NAME OF PERSON TYPE OF AUTHORITY    NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
☐ PERSONALLY KNOWN    OR    ☐ PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

NOTARY SIGNATURE                                              NOTARY PRINTED NAME                    NOTARY SEAL
PLAN SPECIFICATIONS
(Minimum Required for Building Department Review)

This information is intended to be a guideline, and does not necessarily indicate all details required to determine code compliance.

SIZE: 24" X 36" BLUE PRINTS RECOMMENDED
MINIMUM 18" X 24"

PLOT PLAN: (Must Include the Following)

- All streets and rights of way abutting the site
- North direction indication
- Any existing structures (exact location)
- Well and septic location (check Health Department requirements)
- Building Dimensions
- Set back dimensions from all property lines at 90 degrees from property line
- All easements
- Exact legal description of property (if lengthy, attach copy of deed)

FLOOR PLAN: (Drawn to 1/4" Scale - Must Include the Following)

- Exterior and interior dimensions
- All window, door and miscellaneous openings with sizes shown
- Plumbing fixtures and all fixed items - cabinets, counters, etc.
- Partitions
- Location of electrical outlets, fixtures, switches, main service panel, and proposed meter location
- Attic access panel location(s) (minimum size 22" X 30")
- A/C and heat equipment location. Show ducts and register sizes and locations
- Wind load certifications for windows and doors - including garage door - with attachment details.
- IMPORTANT: Smoke detector and emergency egress window locations

TYPICAL WALL SECTIONS: (Drawn to 1/2" or 3/4" Scale - Must Include the Following)

- Footing type and sizes indicated
- Vertical details (frame or block wall)
- Truss anchoring detail
- Truss, roof sheathing, type of roof covering (shingles, etc.)
- Vapor barrier, 3-1/2" minimum slab thickness shown - Indicate termite protection method
The following trades require Sub-Contractor Agreement Forms to be submitted and approved prior to requesting any related inspections

**Trades:**

- Mechanical
- Electrical
- Plumbing
- Roofing*
- Insulation
- Irrigation
- Fuel/Gas**

**Conditions:**

If the required affidavit forms are not received and approved prior to the inspection request the inspection request cannot be scheduled.

If there is a Sub-Contractor change for the project a new affidavit form along with Change of Contractor Form is required for the new Sub-Contractor and must also be submitted and approved prior to any related inspections.

If the Sub-Contractor’s license status changes to “Inactive” for any reason, related inspections cannot be scheduled. Changes could include but are not limited to license, liability insurance or worker’s compensation expiration.

**Notes:**

* Roof coverings other than shingles require licensed roofing contractor
** Piping installation only, tank installation requires a separate permit.
*Note: Roof coverings other than shingles require licensed roofing contractor.

Indian River County Contractor Certificate Number: _____________________

State of Florida Certification Number (if applicable): _____________________

Combination Permit Number (if known): ____________________

*******************************************************************************

_______________________________ has agreed to be the subcontractor (type of construction trade indicated below)

□ concrete □ stucco □ electric □ aluminum (in-fill only)
□ masonry □ insulation □ mechanical □ garage door
□ carpentry □ roofing* □ irrigation
□ drywall □ plumbing □ burglar alarm/low voltage

for ___________________________ for the project located at _______________________________.

(Name of prime contractor)     (street address)

It is understood that, if there is any change of status regarding our participation with the above mentioned project. I will immediately advise the Indian River County Building Department by personally filing a Change of Contractor.

*******************************************************************************

BUSINESS QUALIFIER (original signatures required):

Signature ___________________ Printed Name _______________ Date _______________

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}

State of _________________
County of _________________

The foregoing instrument was acknowledged before me this _____ day of _________________, 20___ by __________________________ who is ___ personally known or who has ___ produced identification. Type identification produced: _____________________________.

Official Signature of Notary Public _______________________

Notary’s Name, Typed, Printed or Stamped ________________________________

Notary Seal:
INDIAN RIVER COUNTY/CITY OF VERO BEACH
COMBINATION PERMIT
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

________________________________ will be conducting the work for the following trades
(company/individual name)

for the project located at ________________________________ under my license and not sub-contracting
(street address)

out this work. It is understood that, if there are any changes in status regarding any of the work indicated

below, I will immediately advise the Indian River County Building Department.

TRADE WORK BY MAIN CONTRACTOR:

☐ concrete ☐ stucco

☐ masonry ☐ insulation

☐ carpentry ☐ roofing*

☐ drywall

Any of the above not conducted by the main contractor and the following trades require subcontractor affidavit forms to be submitted

prior to requesting related inspections.

● plumbing  ● aluminum (in-fill only)

● electrical  ● garage door

● mechanical  ● burglar alarm

● irrigation

*Roof coverings other than shingles require licensed roofing contractor.

BUSINESS QUALIFIER:

Signature  Printed Name  Date

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}

State of _________________
County of _________________

The foregoing instrument was acknowledged before me this _____ day of _________________, 20___ by
____________________ who is ____ personally known or who has ____ produced identification. Type identification
produced: ________________________________.

____________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:
Product Approval Affidavit Form

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below. Product approval information can be obtained at the following sources:
https://www.floridabuilding.rg/pr/pr_app srch.aspx or http://www.miamidade.gov/building/po-search app.asp or directly from the manufacturer.

This form can be incorporated on the plans or submitted as a separate form. In the event any of the listed products in this form change during construction revisions to this form will be required. The following information must be available on the jobsite for inspections:
1. This entire product approval form, stamped as “Reviewed” by Indian River County Plans Examiner.
2. Miami-Dade NOA or Florida product approval referenced in the product approval form.
3. A copy of the manufacturer’s installation instructions, details and requirements for each product.

<table>
<thead>
<tr>
<th>Permit Number:</th>
<th>Address:</th>
<th>Contractor/Applicant:</th>
</tr>
</thead>
</table>

### A. EXTERIOR DOORS
1. Swinging
2. Sliding
3. Sectional
4. Roll up garage
5. Automatic
6. Other

### B. WINDOWS
1. Single hung
2. Horizontal slider
3. Casement
4. Double hung
5. Fixed
6. Awning
7. Pass-through
8. Projected
9. Mullion
10. Other

### C. PANEL WALL
1. Siding
2. Soffits
3. EIFS
4. Storefronts
5. Curtain walls
6. Wall louver
7. Glass block
### D. ROOFING PRODUCTS
1. Asphalt shingles
2. Underlayments
3. Roofing fasteners
4. Non-structural Metal RF
5. Built-up roofing
6. Modified bitumen
7. Single ply roofing sys
8. Roofing tiles
9. Roof tile adhesive
10. Roofing insulation
11. Wood shingles/shakes
12. Roofing slate
13. Liquid applied roof sys
14. Cements-adhesives-coatings
15. Spray applied polyurethane roof
16. Other

### E. SHUTTERS
1. Accordion
2. Bahama
3. Storm panels
4. Colonial
5. Roll-up
6. Others

### F. SKYLIGHTS
1. Skylight
2. Other

---

I have reviewed the above components or cladding and I have approved their use in this structure. These products provide adequate resistance to the wind loads and forces specified by current code provisions.

Name: ____________________________ Signature: _______________________________

Design Prof: ________________________ Cert. No. _______________________________ Date: _______________

Seal