

**COMBINATION BUILDING PERMIT APPLICATION (Page 1 of 2)  
INDIAN RIVER COUNTY / CITY OF VERO BEACH**

**I. LEGAL DESCRIPTION:** LOT \_\_\_\_ BLOCK \_\_\_\_ SUBDIVISION \_\_\_\_\_ App. Date: \_\_\_\_\_  
 PARCEL NUMBER: \_\_\_\_\_ FL Bldg Code: \_\_\_\_\_  
 \_\_\_\_\_ Supplements: \_\_\_\_\_  
 (from tax notice \ receipt)  
 JOB ADDRESS: \_\_\_\_\_

**II. CONTRACT / ESTIMATED CONSTRUCTION COST:** \$ \_\_\_\_\_  
 Permit Fee = Construction value multiplied by .00415 Minimum Permit Fee = \$200

**III. TOTAL SQUARE FOOTAGE UNDER-ROOF:** \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

**Water:** City County Well **Sewer:** City County Septic Sq Ft Under Air \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ # of  
 Garages: \_\_\_\_\_

(Circle one) (Circle one)

IV. PROPOSED USE (Check All That Apply)	(Check All That Apply)	Type Construction (Check All That Apply)
____ RESIDENTIAL	____ NEW CONSTRUCTION	____ TYPE V – Combustible (All Wood Frame)
____ COMMERCIAL	____ ADDITION	____ TYPE III – Exterior Non-Combustible/ Interior Any Material
____ MULTI-FAMILY	____ ALTERATION	____ TYPE I or II All Non-Combustible (Specify)
____ ACCESSORY Specify: _____	____ DEMOLITION	____ OTHER (Sprinkler, Timber Const) Specify: _____

	NAME & ADDRESS	CONTACT INFORMATION
OWNER		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER: Fax:
TITLE HOLDER (If Other Than Owner)		Name:
		E-MAIL:
		DAYTIME PHONE NUMBER:
CONTRACTOR	LICENSE NUMBER:	E-MAIL:
	COMP CARD NUMBER:	DAYTIME PHONE NUMBER: Fax:
ARCHITECT		E-MAIL:
		DAYTIME PHONE NUMBER:
ENGINEER		E-MAIL:
		DAYTIME PHONE NUMBER:

**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.**

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**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/or \_\_\_\_\_  
**Signature of Contractor**  
**Date:** \_\_\_\_\_

**As to Owner:**  
  
 State of \_\_\_\_\_  
 County of \_\_\_\_\_

**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: \_\_\_\_\_.

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

\_\_\_\_\_  
 Official Signature of Notary Public

\_\_\_\_\_  
 Notary's Name, Typed, Printed or Stamped

\_\_\_\_\_  
 Notary's Name, Typed, Printed or Stamped

Notary Seal:

Notary Seal:

**This Area for Building Division Use Only:**

**Building Living/Non Living Area:** \_\_\_\_\_ sq ft      **BR** \_\_\_\_ **Bath** \_\_\_\_ **Garage** \_\_\_\_

**Value:** = \$ \_\_\_\_\_      **Per:**     **Plans Examination**     **Contract**

<b>Building Permit Fee:</b>	= \$ _____
<b>Radon Fund (State Mandated)</b>	= \$ _____
<b>BCAI Fund (State Mandated)</b>	= \$ _____
<b>Other</b>	
<b>Total Fees</b>	= \$ _____

**OWNER/BUILDER**

**DISCLOSURE STATEMENT**

**REFERENCE: FLORIDA STATE STATUE 489.103(7)**

**THE OWNER MUST PERSONALLY APPEAR AND SIGN FOR THE BUILDING PERMIT**

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**STATE OF FLORIDA, COUNTY OF INDIAN RIVER:**

Before me this day personally appeared: \_\_\_\_\_ who, being duly sworn, deposes and says as follows: **I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS OF THIS INSTRUMENT.**

Florida State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building.

It is your responsibility to make sure that people employed by you have a license required by state law and by county, or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers compensation for that employee, all as prescribed by law.

Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

The undersigned further agrees that should he be unable to comply with the above requirements, he shall hire a licensed contractor to take over and complete the job in strict compliance with applicable local codes and ordinances.

\_\_\_\_\_  
**Owners Signature**

\_\_\_\_\_  
**Present Address**

\_\_\_\_\_  
**Owners Printed Name**

**STATE OF FLORIDA, COUNTY OF INDIAN RIVER:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who:

\_\_\_\_\_ is personally known by me - OR -  
\_\_\_\_\_ produced as identification:

\_\_\_\_\_  
**Type of Identification**

\_\_\_\_\_  
**NOTARY PUBLIC: STATE OF FLORIDA**