

**CITY OF VERO BEACH RESIDENTIAL**

**COMBINATION BUILDING PERMIT APPLICATION  
INFORMATION/CHECKLIST  
BUILDING DIVISION**

**Checklist**

- Complete Building Permit Application \_\_\_\_\_
- Fill Out Planning Department Forms – (Single Family Residential (RSF) Review Form & School Impact Analysis Form) \_\_\_\_\_
- Submit Utilities Department Sign-Off Form \_\_\_\_\_
- Submit Four Sets of Plans \_\_\_\_\_
- Sub-contractor Summary (if known, may be submitted later) \_\_\_\_\_
- Each Sub-contractor must submit a separate affidavit from (copy attached) \_\_\_\_\_

**(MINIMUM PLAN SIZE: 18 X 24)**

Plans Must Include the Following:

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

**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; 17<sup>th</sup> Street from U.S.#1 to A1A; State Road 60;  
 I-95; 27<sup>th</sup> Avenue from State Road 60 to County Line) \_\_\_\_\_

**\*\* Conceptual Drainage Plan:**  
 Per Chapter 912.08 (**Copies Available in Community Development**) Conceptual Drainage Plans Not Required If Located in Area With Pre-Approved Plan.

**COMBINATION BUILDING PERMIT APPLICATION (Page 1 of 2)**  
**CITY OF VERO BEACH**

**I. LEGAL DESCRIPTION:** LOT \_\_\_\_ BLOCK \_\_\_\_ SUBDIVISION \_\_\_\_\_ **App. Date:** \_\_\_\_\_  
 PARCEL NUMBER: \_\_\_\_\_ **FL Bldg Code:** \_\_\_\_\_  
 (from tax notice \ receipt) **Supplements:** \_\_\_\_\_  
 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	Job Email to
OWNER		Name:	
		E-MAIL:	
		DAYTIME PHONE NUMBER: Fax:	
TITLE HOLDER (If Other Than Owner)		Name:	
		E-MAIL:	
		DAYTIME PHONE NUMBER:	
CONTRACTOR	LICENSE NUMBER:  COMP CARD NUMBER:	Name:	
		E-MAIL:	
		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.**

**COMBINATION BUILDING PERMIT APPLICATION (Page 2 of 2)**  
**CITY OF VERO BEACH**

**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 \_\_\_\_\_

**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**

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

**ADD REF #** \_\_\_\_\_

**PROJECT #** \_\_\_\_\_

# NOTICE TO CONTRACTORS

## RE: NOTICE OF COMMENCEMENT

**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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: \_\_\_\_\_

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: \_\_\_\_\_
- b. Phone number: \_\_\_\_\_ fax 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**

## STRUCTURAL NOTES:

### **BLOCK CONSTRUCTION:**

**Monolithic Footings:** 16" deep X 20" wide with (2) #5 rods for single story; 16" deep X 24" wide with (3) #5 rods for two story.

**Stemwall Footings:** 8" deep X 20" wide, with (2) #5 rods for single story; 10" deep X 24" wide with (3) #5 rods for two story.

### **FRAME CONSTRUCTION:**

**Monolithic Footings:** 20" deep X 16" wide with (2) #5 rods for single story; 20" deep X 24" wide with (3) #5 rods for two story.

**Stemwall Footings:** 10" deep X 20" wide with (2) #5 rods for single story; 10" deep X 24" wide with (3) #5 rods for two story.

**NOTE:** Bottom of all foundations must extend a minimum of 12" below finish grade per Standard Building Code.

### **ROOF CONSTRUCTION AND (WOOD FRAMED FLOORS):**

#### **Hand Framed:**

- \_\_\_ Show lumber grade and species
- \_\_\_ Show load bearing walls and related foundation details
- \_\_\_ Include complete framing plan

#### **Pre-Engineered Trusses:**

- \_\_\_ Show truss layout (from Truss Manufacturer)
- \_\_\_ Complete engineered Truss package must be on the job at the time of the framing inspection.

### **ELEVATIONS:**

- \_\_\_ Show all four views of the building

**NOTE:** Footings on fill require soil density reports by a qualified Engineer, as well as fill under slabs in excess of 20" deep, or as may be determined by field conditions.

**SINGLE-FAMILY RESIDENTIAL (RSF)  
REVIEW FORM**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

UNIT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

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**(DO NOT WRITE BELOW THIS LINE)**

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**OFFICE USE ONLY**

PROJECT NUMBER: \_\_\_\_\_ ADDRESS REFERENCE: \_\_\_\_\_

TRACT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ PBI: \_\_\_\_\_

UNIT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SQ. FEET UNDER AIR : \_\_\_\_\_ TIF DIST: \_\_\_\_\_ TIF FEE: \_\_\_\_\_

ZONING: \_\_\_\_\_

TAZ: \_\_\_\_\_ DATE TO POD: \_\_\_\_\_

UNITY OF TITLE: \_\_\_\_\_ RELEASE OF EASEMENT: \_\_\_\_\_

METES & BOUNDS: \_\_\_\_\_ AIRPORT HN / NI ZONE: \_\_\_\_\_

LOT SPLIT: \_\_\_\_\_ DATE TO CURRENT DEVELOPMENT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

1 ACRE / 5 ACRES: \_\_\_\_\_ RIVERFRONT / OCEANFRONT: \_\_\_\_\_

HISTORICAL ROAD: \_\_\_\_\_ DATE TO ENVIRONMENTAL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**INDIAN RIVER COUNTY/CITY OF VERO BEACH  
COMBINATION PERMIT**

**SUB-CONTRACTOR SUMMARY**

\_\_\_\_\_ will be using the following sub-contractors for the  
(company/individual name)

project located at \_\_\_\_\_. It is understood that if there  
(street address and parcel #)

are any changes in status regarding the participation of any of the sub-contractors listed below, I  
will immediately advise the Indian River County Building Department.

Trade	Name of Company/Contractor	Indian River Co./ State of Florida Number
Plumbing		
Electrical		
Mechanical		
Roofing	*Note: Roof coverings other than shingles require licensed roofing contractor.	
Insulation		
Irrigation		
Burglar Alarm		
Aluminum (Infill Only)		
Garage Door		
Other		

Attached or Detached Screen Rooms, Swimming pools and other accessory structures require separate permits.

**CONTRACTOR** (original signature required):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**INDIAN  
RIVER COUNTY/CITY OF VERO BEACH  
COMBINATION PERMIT  
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT**

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**\*ALL AFFIDAVITS MUST BE SUBMITTED WITH ORIGINAL SIGNATURE\***

**\*Note: Roof coverings other than shingles require licensed roofing contractor.**

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Indian River County Contractor Certificate Number: \_\_\_\_\_

State of Florida Certification Number (if applicable): \_\_\_\_\_

Combination Permit Number (if known): \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ has agreed to be the \_\_\_\_\_  
(company/individual name) (type of construction trade)

sub-contractor for \_\_\_\_\_ for the project located at  
(Name of prime contractor)

\_\_\_\_\_. It is understood that, if there is any change of status  
(street address)

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

**Fill out below if address information has changed from current data on file:**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**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:

School Impact Analysis Form

Instructions: Submit one copy of completed application, location map, and applicable fee for each new residential project or building permit requiring a determination of school capacity to the applicable local government.

- Conditional School Capacity Availability Determination
- School Capacity Availability Determination
- Request for Exemption

Type of Application Request: \_\_\_\_\_

**Project Information**

Project Name: \_\_\_\_\_

Municipality (if applicable): \_\_\_\_\_

Parcel ID#: (attach separate sheet for multiple parcels): \_\_\_\_\_

Location/Address of subject property: \_\_\_\_\_

(Attach vicinity location map – with Closest Major Intersection)

**Ownership/Contact Information**

Owner/Contract Purchaser Name(s): \_\_\_\_\_

Agent/Contact Person: \_\_\_\_\_

(If agent or contact information is completed the District will forward all information to that person)

Mailing address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax: \_\_\_\_\_

**Development Information**

Current Land Use Designation		Proposed Land Use Designation	
Current Zoning		Proposed Zoning	
		Proposed # Dwelling units by type*:	SF: TH: MF: (rental) Condo:

\* Show only the # of units for this application not the total for the development

I hereby certify the statements and/or information contained in this application with any attachments submitted herewith are true and correct to the best of my knowledge.

Owner or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(If applicant is not the owner of record, a letter of authorization from the property owner(s) must be included with this form at time of application submittal.)