

INDIAN RIVER COUNTY RESIDENTIAL

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

	Checklist
Complete Building Permit Application	___
Fill Out Planning Dept. Forms- Single Family Residential (RSF) Review Form, Land Clearing/Tree Removal Exemption Acknowledgement Form, Single-Family Lot Two-Canopy Tree Requirement Acknowledgement Form, School Impact Analysis Form	___
Fill Out Right-of-Way Form and Sign	___
Fill Out Utilities Department Sign-Off Form	___
A boundary & topographic survey or plot plan with boundary survey (signed and sealed by surveyor, Architect or engineer) of the property is required (Engineering Department requirement)	___
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)	___
Plans Must Include the Following: (MINIMUM PLAN SIZE: 18 X 24)	
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; 17th Street from U.S.#1 to A1A; State Road 60;
 I-95; 27th 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)
INDIAN RIVER COUNTY

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)
INDIAN RIVER COUNTY

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: _____

(DO NOT WRITE BELOW THIS LINE)

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**

ALL AFFIDAVITS MUST BE SUBMITTED WITH ORIGINAL SIGNATURE

***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 _____
(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:

RIGHT-OF-WAY & RESIDENTIAL SINGLE FAMILY PERMIT APPLICATION CHECKLIST

This checklist is to assist you, the applicant, in the preparation and submittal of information necessary for the review of all Residential Single Family (**RSF**) permit applications. The information requested is utilized by Indian River County during building permit review including a Right-of-Way (**ROW**) permit and a Type C permit as may be required. A ROW permit is required for any construction within a county road right-of-way. A Type C permit is required for a detached single family, duplex, triplex or quadraplex residential structure, or accessory structure located within Special Flood Hazard Areas A, AE, AO and VE.

Check () all applicable items supplied with this permit application. The review for permitting will not begin until a complete application has been submitted. For questions or assistance on this checklist or a permit review, call the IRC Engineering Division at 772-567-8000, ext. 1597.

1. Is the residence within a platted subdivision?

- Yes Lot ____ Block ____ Sub. Name _____
- No Tax Parcel # _____

2. The driveway to the residence is on a: (The street name is required on the survey or plan)

- County (public) roadway [Right-of-way drainage permit required]
- Private roadway [Right-of-way drainage review required]

3. A boundary & topographic survey or plot plan with boundary survey (signed and sealed by surveyor, architect or engineer) **of the property is required and shall include the following:**

- Original signature and legible embossed seal
- Structure(s) located and referenced to the front and one side property line
- F.I.R.M. panel number and effective date
- Flood Zone(s) and Base Flood Elevation; show boundary line(s) if multiple zones
- Reference Elevation in feet; show location and provide in NGVD-29
- Minimum allowable Finish Floor Elevation (state required minimum FFE on plan)
- Proposed Finish Floor Elevation (state the proposed FFE within the building envelope for each proposed structure)
- Proposed equipment pad elevation for all exterior electrical and mechanical equipment (heating, plumbing and air conditioning equipment and other service facilities including duct work)
- Demonstrate existing and proposed property topographic information (demonstrate positive drainage in final grading)
- Finish Floor Elevation of the adjacent property structures
- Roadway: Right-of-way width, edge of road or curb, type of surface, location of swale(s) and existing culvert(s)
- Proposed driveway & culvert: Driveway width and distance from the side property line to the edge of the driveway (show proposed culvert(s) where required)
- Type of driveway stated on plan (concrete, asphalt, gravel, etc.)
- Septic system: If onsite septic is required, indicate the septic tank location and drainfield setback from property line(s)

R.O.W. & R.S.F. PERMIT APPLICATION CHECKLIST - continued

4. Attach a copy of the following:

- Typical lot grading plan from approved Land Development Permit plans. (A copy may be obtained from the IRC Engineering Division for approved subdivisions.)
- Certification statement by the Professional Engineer or Architect: *“the proposed structure(s) and site work design meets the applicable criteria set forth in chapter 930 of the Indian River County Land Development Regulations”* (Required for projects in a special flood hazard area only. Must have original signature and embossed seal on statement.)

5. For properties one acre or larger, Cut and Fill balance:

- A. Is the lot within special flood hazard area A or AE? Yes No (skip B & C)
- B. Did this parcel / lot exist in its present configuration before July 1, 1990? Yes No
- C. Is the lot within:
 - Vero Lake Estates MSTU Yes No
 - St. Johns Marsh Yes No
 - 100-year flood plain of Indian River Lagoon Yes NoIf the property is in one of these three areas, are you requesting* a cut and fill balance waiver? Yes No

(* a request must be submitted in writing including floodplain displacement calculations)

6. Does the property include any underground storage tanks? Yes No
If “yes”, include the following:

- Location of the storage tanks on the survey
- Certification statement; signed and sealed by the Professional Engineer stating that the tank is adequately designed to prevent flotation, collapse or lateral movement during the base flood event.

7. Does the property meet any of the following conditions? If so, additional information may be required.

- Is any part of the structure less than 0.5 feet above the base flood elevation
- Building addition or interior rehabilitation of an existing structure
- Located in Special Flood Hazard Area Zone A, AO or VE
- Onsite sewage treatment system

The information requested on this form is necessary for a complete review of this application. Failure to complete and supply this checklist as part of the application constitutes an incomplete application. Incomplete applications will not be accepted by the County. **Failure to supply the pertinent information or providing erroneous information may result in a delay in the review and permitting process while the information is sought.**

Re-submittals: Any revisions made to building plans require a minimum of four (4) signed and sealed copies. Any revisions made to surveys require a minimum of five (5) copies signed and sealed. The Project No. must accompany any correspondence.

RIGHT-OF-WAY CONDITIONS

1. Applicant shall not begin construction of any kind in the County right-of-way prior to application and issuance of a valid permit by the Department of Public works.
2. Any areas disturbed in the County right-of-way must be restored by applicant to a condition equal to or better than existing just prior to construction, including but not limited to compaction, grading, paving, seeding mulching and sodding, etc., as the case may be. The quality of construction, materials, and workmanship shall be in accordance with County standards.
3. *Applicant shall notify the Engineering Division at least 48 hours prior to the placement of concrete, paving of asphalt, installation of culverts, or backfilling of trenches, so that the County may inspect installations as necessary. Applicant shall further notify the County in writing of its request for final inspection and approval at the completion of the permitted activity.
4. This permit shall EXPIRE WITH THE ASSOCIATED LAND DEVELOPMENT OR SITE PLAN PERMIT unless otherwise stated in writing on the face of this permit by an authorized representative of the Engineering Division.
5. The applicant shall assume the responsibility for all maintenance, replacement or removal of any right-of-way improvement authorized by this permit; and applicant further agrees by acceptance of this permit to indemnify and save harmless the county, its officers, employees, or agents, from any damages, claims, causes of actions, or losses whether for personal injury, loss of life or property damage, arising from the actions or omissions of applicant, its officers, agents, or employees, associated with the placement, maintenance or removal of installations authorized by this permit. The applicant agrees to use all reasonable care under the given circumstances to assure that members of the traveling public are not unreasonably inconvenienced nor endangered by the activities conducted hereunder, including the use of reflectorized barriers, warning signals, flagmen or other prudent measures as described in the Manual on Uniform Traffic Control Devices, (MUTCD), 2000 Edition, published by US Department of Transportation, Federal Highway Administration.
6. The validity of this permit is contingent upon applicant obtaining necessary permits from any other agencies having jurisdiction. Issuance of this permit does not relieve applicant of liability for trespass to private property.
7. This permit shall be considered a license only, for the limited purpose of installation, placement and maintenance of the improvements specified on the face hereof, and does not convey any other right, title, or interest of the Count in the subject right-of-way property.
8. Applicant agrees to remove or alter such installations without objection or cost to the County as the County may direct, at any time and within a reasonable time after receipt of direction by the County Engineer or his authorized representative.
9. Applicant is cautioned that electrical, water and sewer, or other installations or utilities may be located within the construction area, and applicant shall use diligent efforts to first detect and locate all such installations, and shall coordinate construction with all lawful users of said fight-of-way. Applicant shall be liable in every manner for all damages proximately resulting from its interference with or interruption of services provided by other lawful right-of-way users.
10. *In cases where a concrete driveway is to extend to a paved road, that portion of the driveway from property line to edge of the road pavement shall be a minimum thickness of four inches for residential, local roads only, all others will be six inches, as specified in Chapter 312.19(2B) of the County Right-of-Way Ordinance. If road is unpaved concrete/asphalt driveway shall not extend beyond the property line.

INDIAN RIVER COUNTY RIGHT-OF-WAY INFORMATION & FEE SCHEDULE

<u>PERMIT/REVIEW TYPE</u>	<u>FEE</u>
STORMWATER TYPE C	\$100.00
SINGLE FAMILY ROW & DRAINAGE REVIEW (PRIVATE)	\$ 45.00
SINGLE FAMILY ROW & DRAINAGE REVIEW/PERMIT (PUBLIC)	\$ 75.00
UTILITY ROW PERMIT	\$350.00
LAND DEVELOPMENT ROW PERMIT	\$550.00
COMMERCIAL ROW PERMIT	\$300.00

ADDITIONAL FEES

- RE-INSPECTION AFTER 2 SITE VISITS – (CHARGED @ AN HOURLY RATE)
- PLAN REVIEW AFTER 3rd RESUBMITTAL – (CHARGED @ AN HOURLY RATE)

INDIAN RIVER COUNTY
LAND CLEARING/TREE REMOVAL
EXEMPTION ACKNOWLEDGMENT FORM

THIS FORM IS TO BE COMPLETED IF IT IS THE APPLICANT'S POSITION THAT NO LAND CLEARING AND/OR TREE REMOVAL PERMIT IS REQUIRED FOR THE PROPOSED DEVELOPMENT PROJECT, IN ACCORDANCE WITH SECTION 927.06, EXEMPTIONS, OF THE INDIAN RIVER COUNTY TREE PROTECTION AND LAND CLEARING ORDINANCE.

Please mark the following appropriate reason(s) as to why a land clearing and/or tree removal permit is not required:

LAND CLEARING EXEMPTION

- _____ The project will not entail the removal or destruction of any living rooted shrubbery or the denuding of a parcel by digging, raking or dragging (ref. Chp. 901, Definitions, Land Clearing).
- _____ The land clearing will not alter any protected vegetation and is for the purpose of a survey (4' wide path max.) Ref. Sec. 927.06 (1)).
- _____ The project is a bona fide commercial nursery, tree farm, agricultural operation, silvicultural operation, ranch, or similar operation, and the land clearing to be conducted is in pursuit of said activity. No non-agricultural/non-silvicultural activity will occur on the subject property within two (2) years of clearing completion (ref. Sec. 927.06(5)).

TREE REMOVAL EXEMPTION

- _____ No protected tree is to be damaged or removed. A protected tree is any tree having a dbh of 4 inches or more, all specimen and historic trees, and all significant groupings of trees of West Indian or tropical origin of any size, and all mangroves regardless of size; excluding, however, the following trees, regardless of size:

Casuarina spp. - Australian pine
Schinus terebinthifolius - Brazilian pepper
Melaleuca quinquenervia - Melaleuca (punk tree)
Melia azedarch - Chinaberry
(Cabbage palms and citrus trees are not protected trees.)

- _____ Any trees to be removed are diseased, dead, or dying, as verified by County environmental planning staff. (Note: Removal of dead mangroves requires a County mangrove alteration permit).

ACKNOWLEDGMENT

I hereby proclaim, to the best of my knowledge, that the proposed land development project will not result in the need for a County land clearing and/or tree removal permit, based on the reason(s) note

Project Agent or Owner Signature

Date

Project Name and Project Number



ACKNOWLEDGEMENT FORM

SINGLE-FAMILY LOT

TWO-CANOPY TREE REQUIREMENT

(Unincorporated Indian River County)

I, the undersigned, hereby acknowledge that two canopy (shade) trees are required to be planted or preserved on the herein described lot prior to County issuance of a certificate of occupancy for a new residence on the property (reference County Code Section 926.15).

I also acknowledge that trees planted to meet this requirement must be Florida No. 1 quality, at least 2” caliper and 10 feet in height at time of planting. Pre-approved species:

- | | |
|--|---|
| Live oak (<i>Quercus virginiana</i>) | Laurel oak (<i>Quercus hemisphaerica</i>) |
| Diamond-leaf oak (<i>Quercus laurifolia</i>) | Red maple (<i>Acer rubrum</i>) |
| American holly (<i>Ilex opaca</i>) | Southern magnolia (<i>Magnolia grandiflora</i>) |
| Sweet gum (<i>Liquidambar styraciflua</i>) | Sycamore (<i>Platanus occidentalis</i>) |
| Seagrape (<i>Coccoloba uvifera</i>) | Red mulberry (<i>Morus rubra</i>) |
| Slash pine (<i>Pinus elliotii</i>) | Cypress (<i>Taxodium distichum</i>) |

SUBJECT PROPERTY DESCRIPTION:

Tax ID Parcel No. _____
 Address: _____
 Subdivision: _____
 Property Owner: _____

SIGNATURE OF ACKNOWLEDGEMENT

 Project Agent or Owner Signature
 Print Name: _____
 Date: _____

 To be filled out by County Planning Staff:

CD-Plus Project No. _____
 CD-Plus BP No. _____

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.)