

**COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION
NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS
CITY OF VERO BEACH/INDIAN RIVER COUNTY
INFORMATION CHECKLIST**

Checklist

- | | | |
|--|---|------------|
| <input type="checkbox"/> Complete Building Application (2 pages) for each building | — | Pgs. 1 & 2 |
| <input type="checkbox"/> Subcontractor Summary (Attach Sub-Contractor Agreement/Affidavit Forms as applicable) | | |
| NOTICE TO ALL CONTRACTORS (Informational) | — | |
| <input type="checkbox"/> Indian River County/City of Vero Beach Internal Structure Modification Forms (as applicable) | — | Addendums |
| <input type="checkbox"/> Florida Accessibility Code Compliance Form | — | Addendum |
| <input type="checkbox"/> Complete Traffic Impact Fee Application | — | Addendum |
| <input type="checkbox"/> Four Sets of Plans (18" X 24") Minimum with Four Site Plans (As proposed where Approved not available for review) <u>Provide Code Analysis Summary</u> | — | |
| <input type="checkbox"/> Energy Code Calculations with Manual N HVAC Sizing Calculations | — | |
| <input type="checkbox"/> Payment of Application Fee (Non-Refundable) Minimum Fee = \$200 | — | |
| <input type="checkbox"/> Soils Investigation | — | |
| <input type="checkbox"/> All Applications MUST INCLUDE PARCEL NUMBER | — | |

(Note: Solid Waste Department will require one set of certified final plans (site and floor) prior to certificate of occupancy for calculation of fees.)

COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION

NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS

CITY OF VERO BEACH/INDIAN RIVER COUNTY (Page 1 of 2)

I. LEGAL DESCRIPTION: LOT ____ BLOCK ____ SUBDIVISION _____
 PARCEL NUMBER: _____
 (from tax notice \ receipt)
 JOB ADDRESS: _____

App. Date: _____
 FL Bldg Code: _____
 Supplements: _____

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

III. TOTAL SQUARE FOOTAGE UNDER-ROOF: _____ # of Bedrooms: _____
 # of Bathrooms: _____ # of Garages: _____

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	Address: License/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.

**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:

NOTICE TO ALL CONTRACTORS

SUB-PERMITS:

ALL SUB-PERMITS (PLUMBING, MECHANICAL, ELECTRIC, INSULATION, ROOFING, AND OTHERS LISTED BY CITY/COUNTY ORDINANCES) ARE NOW INCLUDED IN COMBINATION PERMITS BY PRESENTATION OF SUBCONTRACTOR AFFIDAVITS (FORMS ATTACHED)

NOTICE OF COMMENCEMENT: (FORMS AVAILABLE ONLINE)

Section 1, Paragraph (A) Subsection (1) of Section 713.13 Florida State Statutes: . . . An owner or his authorized agent before 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 713.135(1)(d): . . . The issuing authority shall verify at the first inspection that 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, has been filed.

WARNING: DO NOT RECORD THE NOTICE OF COMMENCEMENT UNTIL AFTER THE FINANCING PACKAGE HAS BEEN RECORDED.

TRAFFIC IMPACT FEES:

TRAFFIC IMPACT FEE PROCEDURES. Any Traffic Impact Fee required under County Ordinances in connection with this building permit shall be assessed at the time the permit is issued based upon the fee structure approved in the **Ordinance** which is in effect at the time the permit is picked up. An exception to this will be when a complete application for a building permit has been filed with this department prior to the effective date of any traffic impact fee increase, and the applicant picks up the building permit and pays the impact fee within thirty (30) days after notification that the building permit application has been approved.

ASBESTOS NOTIFICATION: Owner/Contractor must comply with the provisions of Florida State Statutes 455.302, and notify the Department of Environmental Regulations of his intentions to remove asbestos, when applicable, in accordance with State and Federal Law.

SOLID WASTE DISPOSAL DISTRICT NOTICE: Solid Waste Disposal (Landfill) fees must be paid prior to issuance of any **Certificate of Occupancy**. **NO permanent utilities (electric)** shall be connected or be put in use until fees are paid. Please contact the Solid Waste Disposal District Office in the Indian River County Utilities Department for payment of fees.

CITY OF VERO BEACH INTERNAL STRUCTURE MODIFICATIONS

(TO BE COMPLETED BY APPLICANT)

DATE: _____

Applicant's Name Address Daytime Phone Number E-Mail Address

Owner's Name Address Daytime Phone Number

Site Address Project Name

Tax Identification Number or (Parcel Identification Number)

Existing Use/Name of Tenant and Type of Business (*): IF SPACE IS VACANT, A SIGN-OFF IS REQUIRED BY THE PLANNING DEPARTMENT: _____

Proposed Use: _____

Description of Modification:

Check the appropriate space for the proposed construction:

1. ___ WILL ___ WILL NOT Add Occupancy Area to An Existing Building

If you checked "WILL", what is square foot increase in building area: _____ sq ft

2. ___ WILL ___ WILL NOT Change the Use of the Existing Building

If you checked "WILL" for question number one or two above, then you must obtain a sign-off from the City of Vero Beach Planning Department, 1053 20th Place, Vero Beach. Please review your project with a Planner, and have the Planner sign-off the following approval.

Date: _____ Planner: _____

Comments:

ACKNOWLEDGEMENT:

I hereby acknowledge that Indian River County staff is relying on the accuracy of the above information to determine site plan and zoning compliance for the proposed project.

Applicant's Signature

**INDIAN RIVER COUNTY
IMPACT FEE INFORMATION FORM***

*To be filled out completely and turned in with Building Permit Application. (This form should accelerate the review process.)

1. APPLICANT'S NAME: _____
2. PROJECT'S NAME: _____
3. LOCATION: _____
 SUBDIVISION NAME: _____ BLOCK #: _____ LOT(S): _____
 STREET ADDRESS: _____
4. PARCEL NUMBER: _____ \ _____ \ _____ \ _____ \ _____
5. SITE PLAN NUMBER: _____
(COUNTY OR CITY OF VERO BEACH SITE PLAN NUMBER)
6. TYPE OF USE(S) & SQUARE FEET: _____
(FOR YOUR CONVENIENCE A LIST OF USES IS PROVIDED. IF YOUR PARTICULAR USE IS NOT LISTED PLEASE WRITE IN USE AND TOTAL SQUARE FEET.)

OFFICE:	INDUSTRIAL:	RESIDENTIAL	RETAIL:
Bank/Financial _____	Warehouse _____	Multi-Family Number of Units _____	Restaurant _____
Bank/ Financial With Drive-In _____	General/Industrial _____	Hotel Number of Bedrooms _____	Convenience Store _____
Medical _____	Concrete Plant _____	Motel Number of Bedrooms _____	Fast Food Restaurant _____
Other _____	Land Mining (Acres) _____	Existing Home Number of Square Feet _____	Gas Station (Pumps) _____
			Used Auto (Sales) (Sq. Ft.) _____

USE(S) NOT LISTED AND SQUARE FEET: _____

7. PROJECT CONTACT PERSON: _____
 Name Phone E-Mail
8. CREDIT (IF YOU ARE DEMOLISHING A STRUCTURE, PLEASE INCLUDE SQUARE FOOTAGE, NUMBER OF APARTMENTS, OR ANY PERTINENT INFORMATION IN THE SPACE PROVIDED.)

9. BRIEF DESCRIPTION OF EXISTING USE(S) AND PROPOSED USE(S).

CERTIFICATE OF COMPLIANCE

WITH THE FOLLOWING:

"FLORIDA AMERICANS WITH DISABILITIES ACCESSIBILITY IMPLEMENTATION ACT"

AS CITED IN CHAPTER 553, PART II - FLORIDA STATUTES.

TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (THE FAIR HOUSING ACT)

By this instrument, I hereby certify that, to the best of my knowledge and belief, the following described project complies with the Florida Americans With Disabilities Accessibility Implementation Act.

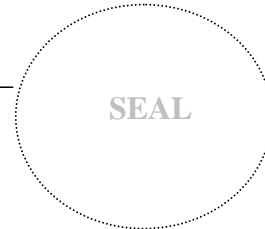
Project Name: _____

Project Address: _____

I further swear and affirm that the plans and specifications submitted for review conform to applicable sections of this code as they apply to this project.

Signed, sealed and delivered this _____ day of _____, 20__.

Architect/Engineer



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: