

FORM BOARD SURVEY FORM

Please Complete All Fields. Incomplete Forms Will Not Be Accepted or Reviewed. Thank you

DATE: _____/_____/_____

[MANDATORY]

PERMIT #: _____

PROJECT #: _____

PROPERTY OWNER NAME: _____

PHYSICAL ADDRESS: _____

PARCEL #: _____

LICENSED CONTRACTOR INFORMATION :

COMPANY/QUALIFIER NAME: _____

LICENSE #: _____ CONTACT PERSON: _____

OFFICE #: _____ CELL: _____ FAX: _____

(Check one) RESIDENTIAL _____ COMMERCIAL _____ MULTI-FAMILY _____

(Check one) Indian River County _____ City of Vero Beach _____

****ALL PERMITS MUST BE IN ISSUE STATUS @ TIME OF SUBMISSION, OR THEY WILL BE DISCARDED****

FOR OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

RESULTS: _____ APPROVED _____ REJECTED

REJECTIONS:

_____ SETBACKS _____ ELEVATION _____ BENCHMARK IS MISSING

NOTES:

CONTACTED: _____

DATE: _____

REVIEWER: _____

DATE: _____