

INDIAN RIVER COUNTY/CITY OF VERO BEACH
ALTERATIONS AND ADDITIONS – Generator
INFORMATION/CHECKLIST
BUILDING DIVISION

- Complete Building Permit Application including value of the work including the cost of the generator set
- Combination permits that include the LP tank and piping require the LP work to be included on the permit's scope of work , the location of the tank with property line and structure setback information , tie down information , piping diagram and a subcontractor affidavit at time of the permit application
- Submit Four Sets of Plans -Plans Include the Following As They Apply to Proposed Job:
 - Generator – Manufacturer's Installation instructions and Specifications
 - Load calculations and a wiring diagram per NEC 08
 - A detail for the supporting slab and attachment details
Commercial Generator slabs and attachments shall be designed by a Florida Licensed Engineer for the Wind Zone and exposure category for the proposed location.
 - A copy of an existing survey or plot plan with the generator location indicated with distances shown from the Generator to property lines , structures ,windows and doors
Commercial Generators will require a copy of an approved site plan or an Administrative Approval from the Planning Department
- Department of Natural Resources permit approval for projects located seaward of the 1987 Coastal Construction Control Line – Projects located in Turtle Protection Zone subject to specific review
- Fire Prevention Bureau Review (Commercial Projects Only)
- Environmental Health Department Review (Only Non LP Fuel and exceeds 550 Gallons)
- Submit Completed Flood Zone Application/Information For
- Contact the Indian River County Engineering Department for specific requirements for a generator or a LP fuel tank located in a VE zone
- Payment of Application Fee

WARNING: NOTICE OF COMMENCEMENT REQUIRED ON CONSTRUCTION PROJECTS VALUED OVER \$2,500. DO NOT RECORD UNTIL AFTER FINANCING PACKAGE HAS BEEN RECORDED. NOTICE OF COMMENCEMENT FORMS ARE AVAILABLE UPON REQUEST

All Applications MUST INCLUDE PARCEL NUMBER:

Applications Will Not Be Accepted Without a Parcel Number Assigned by the Property Appraiser's Office

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

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

II. CONTRACT / ESTIMATED CONSTRUCTION COST: \$ _____ (Include value of the Generator)
 Permit Fee = Construction value multiplied by .00415 Minimum Permit Fee = \$225

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: ____ Generator _____

	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: 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 / 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: _____

Signature of Contractor

Date: _____

As to Owner:

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:

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: _____.

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary Seal:

**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		
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

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

Business Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

NOTARY 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: _____.

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary Seal:

**FLOOD ZONE APPLICATION INFORMATION FORM
SUBSTANTIAL IMPROVEMENT INFORMATION**

APPLICANT: _____

SITE LOCATION: _____

PARCEL NUMBER/TAX I.D. NUMBER: _____

FLOOD ZONE DESIGNATION: _____

(To Be Determined by: Planning/Engineering for Indian River County or Plans Examiner for City of Vero Beach)

If the property is located in a flood zone, the following information must be submitted with your application:

1. **BUILDING MARKET VALUE*** \$ _____**
(Building Staff)

Applicant must provide Property Appraiser's Record of Building Value. Available from Property Appraiser's office, 1st Floor, County Administration Building. Alternate sources listed below.

**To Be Filled in by Building Department Staff

(STAFF: Value determined by Property Appraiser's Record of Building Value Only X 115%)

2. **ESTIMATED COST OF IMPROVEMENT** \$ _____
(Owner/Contractor)

I hereby certify that the cost estimate submitted includes **all the costs** of improvements to structure located at the above referenced location.

OWNER OR PRIME CONTRACTOR

LICENSE NUMBER

PRINTED SIGNATURE

If property is located in the Coastal Building Zone (**Barrier Island**):

1. Applicant must provide total cost of **Improvements** based on five year tracking rule which extends back five years from the date of application.
2. Estimated Cost of **Substantial Improvements** \$ _____
during past five years (refer to #1 above) (Owner)

(STAFF: Check Address Reference Number on Computer for Prior Improvements)

I hereby certify that the referenced costs include **all improvements** to the above referenced structure for the last five years.

OWNER OR PRIME CONTRACTOR

***Acceptable estimate of market value can be obtained from the following sources:**

1. Property Appraisals used for tax assessment purposes. Print-out available from Property Appraiser's office on 1st-floor of County Administration Building.
2. Independent appraisals by a professional appraiser.
3. Detailed estimates of the structure's actual cash value (used as a substitute for market value based on the preference of the community).
4. The value of buildings taken from National Flood Insurance Program Claims data.
5. **"Qualified Estimates"** based on sound professional judgment made by staff of the local Building Department or local or state Tax Assessor's office.

BRING ONE OF THE ABOVE WITH YOU TO THE BUILDING DEPARTMENT