INDIAN RIVER COUNTY
INTERNAL STRUCTURE MODIFICATIONS

(TO BE COMPLETED BY APPLICANT)

DATE: _____

_____ _____ _____
Applicant's Name Address Daytime Phone Number

_____ _____ _____
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 Building 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 Planning Department, Current Development Section. Please review your project with a Current Development 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