

**Design Professional  
Master Plan  
Letter of Approval**

Date: \_\_\_\_\_

Applicant / Contractor: \_\_\_\_\_

Model # or name: \_\_\_\_\_

Original Master Plan Permit Number: \_\_\_\_\_

Design Professional Company: \_\_\_\_\_

Design Professional Name: \_\_\_\_\_

I certify that the above referenced Master Plan can be used for construction at the following location:

Address: \_\_\_\_\_

Lot: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Block: \_\_\_\_\_

Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NOTICE:**  
No structural changes, alterations or deviations are allowed to the original Master Plan without first obtaining approval from the Indian River County Building Division and the Design Professional of record.

Design Professional of record  
Signature, Seal, and date

