

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

I. LEGAL DESCRIPTION: LOT ____ BLOCK ____ SUBDIVISION _____

PARCEL NUMBER: _____
 (from tax notice \ receipt)

JOB ADDRESS: _____

II. CONTRACT / ESTIMATED CONSTRUCTION COST: \$ _____

Permit Fee = Construction value multiplied by .00415 Minimum Permit Fee = \$200

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

SF Under Air _____ # 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	__X__ OTHER (Sprinkler, Timber Const) Specify: <u>SHED</u>

	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

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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.

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: _____

And/or _____
Signature of Contractor
Date: _____

As to Owner:
State of _____
County of _____

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: _____.

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

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary's Name, Typed, Printed or Stamped

Notary Seal:

Notary Seal:

