

**CONSTRUCTION TRAILER BUILDING PERMIT APPLICATION (Page 1 of 2)
INDIAN RIVER COUNTY / CITY OF VERO BEACH**

I. LEGAL DESCRIPTION: LOT ____ BLOCK ____ SUBDIVISION _____

App. Date: _____

PARCEL NUMBER: _____
(from tax notice \ receipt)

FL Bldg Code: _____

Supplements: _____

JOB ADDRESS: _____

II. CONTRACT / ESTIMATED CONSTRUCTION COST: \$ _____ (Total value of the unit in place)

Permit Fee = Construction value multiplied by .00415

Minimum Permit Fee = \$200

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

Water: City County Well **Sewer:** City County Septic Sq Ft Under Air _____ # of Bathrooms: _____ # of Garages: _____
(Circle one) (Circle one)

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: _____

	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.

CONSTRUCTION TRAILER 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: _____

And/or _____

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:

This Area for Building Division Use Only:

Building Living/Non Living Area: _____ sq ft **BR** ___ **Bath** ___ **Garage** ___

Value: = \$ _____ **Per:** **Plans Examination** **Contract**

Building Permit Fee: = \$ _____

Radon Fund (State Mandated) = \$ _____

BCAI Fund (State Mandated) = \$ _____

Other

Total Fees = \$ _____



**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	*Note: Roof coverings other than shingles require licensed roofing contractor.	
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**

ALL AFFIDAVITS MUST BE SUBMITTED WITH ORIGINAL SIGNATURE

***Note: Roof coverings other than shingles require licensed roofing contractor.**

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

Fill out below if address information has changed from current data on file:

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

NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}

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: