

**SCOPE OF WORK APPLICATION
INDIAN RIVER COUNTY/CITY OF VERO BEACH**

PARCEL NUMBER: _____
(from tax notice \ receipt)

App. Date: _____
FL Bldg Code: _____
Supplements: _____

OWNER'S NAME: _____ **JOB ADDRESS:** _____

BUILDING PERMIT # (IF APPLICABLE): _____

CONTRACT PRICE: _____ * Permit Fee = Contract Price times .00415 = \$ _____

MINIMUM PERMIT FEE: \$75.00

- Fence
 Mechanical
 Electrical
 Plumbing
 Plumbing/Fuel Gas
 Insulation
 Irrigation
 Alarm - low voltage or wireless
 Shed Tie-Down (DCA approved sheds only)

Scope of the work anticipated in this permit application: _____

Attach additional sheets if necessary

***NOTICE OF COMMENCEMENT IS REQUIRED IF CONTRACT PRICE EXCEEDS \$2,500.** (Air Conditioning - \$7,500)

“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.”

Contractor
COMP CARD #: _____

Owner

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:

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: