



CITY OF INDIAN ROCKS BEACH
ACCESSORY STRUCTURES PERMIT APPLICATION
 1507 Bay Palm Boulevard—Indian Rocks Beach FL 33785
 Ph: 727/595-2517
www.indian-rocks-beach.com

CODE: _____

FLOOD ZONE: _____

Project Address _____

Parcel ID # _____ **Legal: Lot** _____ **Block** _____ **Subdivision** _____

Owners Name _____

Phone # _____ **Email** _____

Owners Address _____

City _____ **State** _____ **Zip** _____

Contractors Company Name _____

Contractors Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **E-mail** _____

State Certification/Registration # or Certificate of Competency # _____

Contact Person _____

Phone # _____

Structure Base _____

Structure Material _____

Structure Size _____

Anchor System _____

Contract Valuation \$ _____

Description of Work: _____

Permit Fee:



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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 in this jurisdiction. **I understand that failure to request a final inspection will result in the assessment of a \$500 fee. Additionally, the expiration of my permit through failure to obtain an approved inspection within 180 days of issuance will result in re-permitting fees equal to 50% of the original fees.**

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. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Contractor

Signature of Owner or Agent

Print Name

Print Name

State of Florida, County of Pinellas
Sworn to (or affirmed) and subscribed before
me this _____ day of _____
20 ____.

State of Florida, County of Pinellas
Sworn to (or affirmed) and subscribed before
me this _____ day of _____
20 ____.

Personally known Identification produced:

Personally known Identification produced:

Type: _____

Type: _____

Signature of Notary Public

Signature of Notary Public

Application Approved by: _____