



CITY OF INDIAN ROCKS BEACH
BUILDING PERMIT APPLICATION

1507 Bay Palm Blvd Indian Rocks Beach FL 33785
Ph: 727/517-0404 Fax: 727/596-4759
www.indian-rocks-beach.com

CODE: _____

FLOOD ZONE: _____

Project Address _____

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

Owners Name _____ Ph # _____

Owners Address _____ City _____ State _____ Zip _____

E-mail _____

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address (if other than owner)

Address _____ City _____ State _____ Zip _____

Contractors Company Name _____

Contractors Address _____ City _____ State _____ Zip _____

Fax # _____ Ph # _____ E-mail _____

State Certification/Registration # or Certificate of Competency # _____ PCCLB # _____

Contact Person _____ Ph # _____

Bonding Company _____

Bonding Company's Address _____ City _____ State _____ Zip _____

Ph # _____ E-mail _____

Architect/Engineer's Name _____ Ph # _____

Architect/Engineer's Address _____ City _____ State _____ Zip _____

E-mail _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____ City _____ State _____ Zip _____

Ph # _____ E-mail _____

Present Occupancy/Use _____ Proposed Occupancy/Use _____

Structure Type: [] Commercial [] Residential (1 or 2 units) [] Residential (3 or more units)

Type of Work: [] New [] Addition [] Alteration [] Repair [] Replace [] Demolition

Project Valuation \$ _____

Description of Work: _____

Permit Fee:

PLEASE COMPLETE REVERSE SIDE



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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 \$100 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.

Signature of Contractor OR Signature of Owner or Agent

Print Name OR 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

Asbestos Notification Statement
Be advised that building materials encountered may contain asbestos. I understand my obligations and will comply with all federal, state, and local regulations pertaining to asbestos including Section 469.003, Florida Statutes. I also acknowledge my responsibility to notify the Dept. of Environmental Protection of my intentions to remove asbestos, when applicable, in accordance with state and federal law.
Signature of Applicant Date

Application Approved by: _____