



FLOOD ZONE: \_\_\_\_\_

CITY OF INDIAN ROCKS BEACH  
1507 Bay Palm Boulevard  
Indian Rocks Beach FL 33785  
Ph: 727/595-2517 EMAIL: mkelley@irbcity.com  
**DRIVEWAY PERMIT APPLICATION**

Project Address \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Legal: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owners Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 # \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

State Certification/Registration # or Certificate of Competency # \_\_\_\_\_ PCCLB # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Present Occupancy /Use \_\_\_\_\_

Structure Type:       Commercial       Residential 1 or 2 Units      Residential 3 or more units

Contract Valuation \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Will be reviewed for impervious areas and drainage.*

Permit Fee:

\_\_\_\_\_



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Ph: 727/595-2517 Email: [mkelley@irbcity.com](mailto:mkelley@irbcity.com)  
[www.indian-rocks-beach.com](http://www.indian-rocks-beach.com)

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. 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 *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:  
Type: \_\_\_\_\_

Personally known     Identification produced:  
Type: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Signature of Notary Public

Application Approved by: \_\_\_\_\_