

SFHA (SPECIAL FLOOD HAZARD AREA) TOWN OF INDIAN SHORES FBC - 7th Edition 2020

19305 Gulf Blvd. Indian Shores, FL 33785

Office: 727-595-4020 Fax: 727-595-0050

BUILDING PERMIT APPLICATION

1. Job Address 2. Bonding Company (Name, Number & Address)				
3. Total Valuation: 4. Parcel #				
5. Owner Mail Address Zip Phone				
6. Contractor and Company Name	Mail Address	Zip	Phone	License#
7. Contractor/Company email address:				
8. Architect/Designer Mail Address Zip Phone License#				
9. . Engineer Mail Address Zip Phone License#				
10. Present use of building (s)				
11. Substantial Improvement Yes No Just valuation of existing building \$				
12. Check one: New Addition Alteration Repair Remodel Other				
13. Description of work:				

READ AND SIGN BELOW

A permit issued shall be construed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the work is commenced. Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local Law regulating construction or the performance thereof. By signing below, I acknowledge receipt of Town permit regulations; NPDES; and EPA asbestos-lead notifications per state statutes and agree to abide by all requirements of the same.

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 standard of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING and MECHANICAL work associated with this permit.

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.

In accordance with 713.135, Florida Statutes: 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 License Holder Date OR Signature of Owner (if owner doing work) Date

Printed name of License holder Date OR Printed name of Owner (if owner doing work) Date

This SIGNATURE OF THE LICENSE HOLDER OR OWNER was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or who produced _____ as identification.

Notary Signature Date Notary Seal

(Continued)

ATTENTION

Building Owners and Contractors

Because of serious health risks associated with asbestos exposure, the Pinellas County Air Quality Division, the State of Florida Department of Environmental Protection (FDEP), the U.S. Environmental Protection Agency (EPA), the U.S. Department of Labor (OSHA), and the Florida Department of Business and Professional Regulation (DBPR) have established regulations, which apply to building renovation, and demolition activities.

Renovation*: *(disturbing building materials – interior, exterior, roofing)*

- A written asbestos survey must be performed prior to interior and exterior renovation activities.
- A licensed asbestos consultant must perform the asbestos survey.
- The asbestos survey report must be available on-site during any renovation activity (see Pinellas County Code).
- Prior to commencement of any renovation activity, all Asbestos-Containing Materials (ACM) that would be disturbed during the course of the renovation must be removed by a licensed asbestos contractor.

Demolition*: *(removing load bearing structures - full demolition and selective demolition)*

- A written asbestos survey for the purposes of the demolition must be performed in accordance with Pinellas County Code prior to demolition activities.
- A licensed asbestos consultant must perform the asbestos survey.
- A completed "Pinellas County Notification Form for Demolition Project" must be delivered to Pinellas County Air Quality Division **ten (10) working days prior** to the start of demolition activities; along with a copy of the written demolition asbestos survey (applicable fees apply).
- **All** RACM must be removed, by a licensed asbestos contractor, prior to commencement of any demolition activity.
- Demolition in Pinellas County may only be performed by a State of Florida/Pinellas County certified/licensed general contractor or a contractor with a specialty license for demolition from the Pinellas County Construction Licensing Board.

* **Exemptions:** Under certain conditions, a single-family residential home, or an apartment building with four (4) dwellings or less, may be exempt from specific asbestos requirements. You must contact Pinellas County, Air Quality Division to verify if your project or structure meets these exemptions.

Please Complete Information Below

Check the Appropriate Box: **Renovation Activity** **Demolition**

Bldg. Dept. Permit No. _____ County/City: _____

Building Name: _____ City/Town: _____

Building Street Address: _____

Building Owner's Name: _____ Phone #: _____

Permit Applicant/Contractor Name: _____ Phone #: _____

Asbestos Survey Performed By: _____

I, *(print name)* _____ understand the requirements stated above, acknowledge receipt of the pamphlet "Asbestos Requirements", and I further understand that there may be additional requirements within these rules, which may apply to me. I understand that any violations of these requirements can result in monetary penalties, license forfeiture, or suspension, and criminal prosecution to the owner/operator.

Signature: _____ Date: _____

**** This form is not the official asbestos notification form referenced above. Please contact the Pinellas County Air Quality Division at 727-464-4422.**