

INDIAN SHORES

Ph 727.595.4020 Fax 727.596.0050
19305 Gulf Boulevard, Indian Shores, FL 33785
www.myindianshores.com

STRUCTURAL INSPECTIONS THRESHOLD BUILDING



Building Permit # _____

I, _____
Print Name License # _____

Address _____ Telephone # _____

I hereby certify that I am the Special Inspector as required by Chapter 553.79(5)(c), Florida Statutes, for the purposed Threshold Building herein identified as:

I hereby certify that I possess the competency to perform the structural inspections and all other associated duties as required by Chapter 553.79(5)(c), Florida Statutes and am duly Licensed, Certified or Registered as specified below:

Registered Architect (Ch. 481 F.S.) Reg. No. _____

Registered Engineer (Ch. 471 F.S.) Reg. No. _____

FURTHER, I CERTIFY THAT THERE EXISTS BETWEEN MYSELF AND THE OWNER OF THIS PROPOSED THRESHOLD BUILDING, AN AGREEMENT COVERING THE AMOUNT, METHOD AND PROCEDURE FOR PAYING THE COST OF MY EMPLOYMENT FOR THIS PROJECT.

I hereby acknowledge and accept that I shall be responsible for performing all structural inspections pursuant to the inspection plan prepared by the Architect or Engineer of Record and procuring all related structural tests as required by the current adopted Florida Building Code, as amended.

I agree to submit reports to the Town of Indian Shores Building Department on a timely basis as the work progresses and to coordinate such work with the Town of Indian Shores Building Department in regard to required non-structural inspections to be made by the Town of Indian Shores Building Department. All reports shall provide the permit number, date, and time of inspection.

Upon completion of my duties as Special Inspector on this Threshold Building, I shall submit to the Town of Indian Shores Building Department a signed and sealed statement in substantially the following form:

To the best of my knowledge and belief, the above described construction of all structural load-bearing components complies with the permitted documents, and the shoring and re-shoring plans submitted to the Town of Indian Shores Building Department.

Signature of Special Inspector

Date

State of Florida

County of Pinellas

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

By _____, who is personally known _____ or produced ID.

Type of ID Produced _____

Patrick C. Soranno
Mayor

Diantha Schear
Vice Mayor

Mike Hackerson
Councilor

Notary Signature
Michael (Mike) Petrucci
Councilor

William F. (Bill) Smith
Councilor

Bonnie Dhonau
Town Administrator

Richard (Rick) Swann
Chief of Police

Susan L. Scrogam
Director of Finance
and Personnel

Freddie G. Lozano
Town Clerk

Regina Kardash, Esq.
Town Attorney