



Town of Indian Shores
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APPLICATION MUST BE FILLED OUT COMPLETELY

Indian Shores
FLORIDA

Milestone Application

(fillable PDF form)

Condominium Name: _____

Address: _____

Parcel I.D. _____

Date of original Certificate of Occupancy: _____

Date of Milestone Inspection: _____

Name of Architect or Engineer inspection performed by:

Name: _____

Phone: _____

Email: _____

Number of stories _____

Number of units _____

Property Manager or Managing Company: _____

Phone: _____ Email: _____

President _____

Phone: _____ Email: _____

Vice President _____

Phone: _____ Email: _____

Secretary _____

Phone: _____ Email: _____

Treasurer _____

Phone: _____ Email: _____

Milestone Inspection Certification fee of \$300.00 payable by cash, check, or credit card (3% fee applicable).

Authorized Agent Signature: _____

Date: _____