



Town of Indian Shores
19305 Gulf Boulevard
Indian Shores, FL 33785
(727) 474-7786 (office)
(727) 596-0050 (fax)
permits@myindianshores.com

Permit Number: _____

FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY

Indian Shores
FLORIDA

I. PROJECT LOCATION/FACILITY INFORMATION				OFFICE USE			
PROJECT NAME				CODE IN EFFECT:			
ADDRESS							
SUBDIVISION/FACILITY NAME		LOT / UNIT#		FLOOD ZONE			
TAX FOLIO # / PARCEL #		ZONING DISTRICT		ZONING APPROVAL			
LEGAL DESCRIPTION							
II. IDENTIFICATION							
A. OWNER OR LESSEE			EMAIL ADDRESS		FAX NO.		
NAME					TELEPHONE NO.		
ADDRESS			CITY	STATE	ZIP CODE		
B. BONDING/MORTGAGE NAMES							
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement > \$7,500).							
NAME		ADDRESS, CITY, STATE & ZIP			TELEPHONE NO.		
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER) <input type="checkbox"/> SAME AS OWNER							
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE							
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE							
DESIGN PROFESSIONAL		LICENSE #					
C. CONTRACTORS		*All subs to sign Contractor Add-On Form		PRIMARY CONTACT EMAIL ADDRESS		PRIMARY CONTACT CELL PHONE NO.	
LICENSE #	TYPE	COMPANY NAME	ADDRESS, CITY, STATE & ZIP		TELEPHONE NO.	EMAIL ADDRESS	
GENERAL							
PLUMBING							
GAS							
ELECTRICAL							
HVAC							
OTHER							
III. TYPE OF IMPROVEMENT							
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> MANUFACTURED	<input type="checkbox"/> SHELL	<input type="checkbox"/> DECK			
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DOCK/SEAWALL	<input type="checkbox"/> TENANT SPACE				
<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION					
<input type="checkbox"/> POOL/SPA:	<input type="checkbox"/> IN-GROUND	<input type="checkbox"/> ABOVE GROUND					
<input type="checkbox"/> OTHER			ESTIMATED COST OF CONSTRUCTION: \$				
A. WORK DESCRIPTION (Residential and Non-Residential Projects)							
Provide a description of the work to be covered by the permit. As examples; 20,000 sq. ft. office building, building a 2,300 sq. ft. office addition, replace 5 exterior windows, renovate kitchen. etc.							



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B. DIMENSIONS/DATA

BASIC USAGE: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ MUNICIPAL
CONSTRUCTION AREA: TYPE OF CONSTRUCTION: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB
CONDITIONED _____ S.F. ELECTRICAL SERVICE: PHASE _____ SIZE _____ AMPS _____ ☐ OVERHEAD ☐ UNDERGROUND
GARAGE _____ S.F. MECHANICAL (HVAC): ☐ GAS ☐ ELECTRICAL
OTHER _____ S.F. WATER SUPPLY: ☐ MUNICIPAL ☐ PRIVATE WELL
TOTAL AREA: _____ S.F. SEWAGE DISPOSAL: ☐ MUNICIPAL ☐ SEPTIC SYSTEM

IV. OWNER'S AFFIDAVIT / NOTICE OF COMMENCEMENT

Application is hereby made to obtain a permit to perform work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a building permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS & AIR CONDITIONERS, etc. The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit. Failure to comply may result in suspension or revocation of this permit or other penalty. Applicant understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector.

To schedule an inspection, have the permit number and address ready and call 1-727-474-7786 or email permits@myindianshores.com

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 this jurisdiction.

713.135, FS: 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

FS 553.79(10), FS: NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by means of ___ physical presence or ___ online notarization who is personally known to me
or has produced _____ as identification.

(Signature of Owner or Agent)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by means of ___ physical presence or ___ online notarization who is personally known to me or
has produced _____ as identification.

(Signature of Contractors)

(Name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

V. FOR OFFICE USE ONLY

Contractor's State Certification or Registration No. _____

APPLICATION APPROVED BY: _____
(Building Official/Permit Official)

DATE : _____

COMMENTS: _____