



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

FLORIDA
Indian Shores

I. PROJECT LOCATION/FACILITY INFORMATION

PROJECT NAME		<u>OFFICE USE</u>
ADDRESS		CODE IN EFFECT:
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.



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

FLOODPLAIN DEVELOPMENT PERMIT APPLICATION

FLORIDA

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 _____

(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 _____

(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: _____