



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

Permit Number: _____

PERMIT APPLICATION
 APPLICATION MUST BE FILLED OUT COMPLETELY



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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 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 _____

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: _____ DATE : _____
 (Building Official/Permit Official)

COMMENTS: _____