



HOME OF PELICAN ISLAND
BUILDING DEPARTMENT
FIRE PREVENTION OFFICE

1225 MAIN STREET • SEBASTIAN, FLORIDA 32958
TELEPHONE: (772) 589-5537 FAX (772) 589-2566

PERMIT APPLICATION

ALL OF THE FOLLOWING MUST BE FILLED IN BY APPLICANT, ACCORDING TO FS 713.135

PERMIT # _____ DATE: _____

INDIAN RIVER COUNTY PARCEL ID # _____ RECEIVED BY: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____ FLOOD ZONE: _____

TYPE OF WORK: NEW STRUCTURE ADDITION ALTERATION REPAIR DEMOLITION OTHER

WORK INCLUDES: STRUCTURAL ELECTRICAL PLUMBING MECHANICAL ROOFING - SLOPE: _____

FIRE SYSTEM POOL ALUMINUM STRUCTURE SHED FENCE SLAB OR DECK OTHER

WORK DESCRIPTION: _____

ESTIMATED JOB VALUE: \$ _____ TOTAL S/F _____ UNDER AIR _____

JOB NAME: _____

JOB ADDRESS: _____ SUITE/UNIT NO. _____

PROPERTY OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE _____

CONTACT E-MAIL ADDRESS: _____

CONTRACTOR BUSINESS NAME: _____ LICENSE #: _____

ADDRESS: _____ CONTACT PHONE: _____

CITY/STATE: _____ ZIP CODE _____

CONTACT E-MAIL ADDRESS: _____

ARCHITECT/ENGINEER: _____ PHONE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

CONTACT E-MAIL ADDRESS: _____

PRESENT USE: _____ PROPOSED USE: _____ OCCUPANT LOAD: _____

NUMBER OF: STORIES BAYS UNITS BEDROOMS HEIGHT _____

TYPE OF CONSTRUCTION: _____ GROUP OCCUPANCY: _____ AREA _____

IS THE BUILDING PRESENTLY EQUIPPED WITH AN AUTOMATIC FIRE SPRINKLER SYSTEM? YES NO

BONDING COMPANY: _____ ADDRESS: _____

MORTGAGE HOLDER: _____ ADDRESS: _____

SUB-CONTRACTOR SUMMARY

PERMIT # _____

_____ will be using the following sub-contractors
(Company/Business Name)
for the project located _____
(Street Address)

It is understood that **ALL** sub-contractors are required to be licensed regardless if a Separate permit is required. If there are any changes in status regarding the participation of the sub-contractors listed below, I will immediately advise the City of Sebastian Building Department.



ELECTRICAL CONTRACTOR: _____
QUALIFIER: _____
PHONE # _____ LICENSE # _____
E-MAIL ADDRESS: _____



PLUMBING CONTRACTOR: _____
QUALIFIER: _____
PHONE # _____ LICENSE # _____
E-MAIL ADDRESS: _____



MECHANICAL CONTRACTOR: _____
QUALIFIER: _____
PHONE # _____ LICENSE # _____
E-MAIL ADDRESS: _____



ROOFING CONTRACTOR: _____
QUALIFIER: _____
PHONE# _____ LICENSE # _____
E-MAIL ADDRESS: _____



OTHER CONTRACTOR: _____
QUALIFIER: _____
PHONE# _____ LICENSE # _____
E-MAIL ADDRESS: _____

NOTE: THE ABOVE CONTRACTORS ARE REQUIRED TO PULL BUILDING PERMITS AND SHALL BE REQUIRED TO SUBMIT A "SUB-CONTRACTOR PERMIT APPLICATION" PRIOR TO ISSUANCE OF THE MASTER PERMIT.

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS INDICATED. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A 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 AND AIR CONDITIONERS, ETC.**

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.

A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT SIGNED BY THE OWNER, SHALL BE FILED WITH THE PERMITTING AUTHORITY IF THE VALUE IS \$2,500 OR MORE, EXCEPT HEATING OR AIR CONDITIONING CHANGE OUTS LESS THAT \$7,500.

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 THE COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

ANY CHANGE IN BUILDING PLANS OR SPECIFICATIONS **MUST** BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO STARTING. IN CONSIDERATION OF GRANTS, THIS PERMIT, THE OWNER, AND THE BUILDING CONTRACTOR AGREE TO ERECT THIS STRUCTURE IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES OF THE CITY OF SEBASTIAN.

NOTE: THIS PERMIT APPLICATION IS VOID AFTER 180 DAYS UNLESS THE WORK, WHICH IT COVERS, HAS COMMENCED. **ALL CONTRACTORS MUST** HAVE A VALID STATE CERTIFICATION, STATE REGISTRATION, OR CERTIFICATE OF COMPETENCY ISSUED BY THE CITY OF SEBASTIAN PRIOR TO OBTAINING PERMIT.

❖ (ALL ADDITIONS, ALTERATIONS OR REPAIRS MUST HAVE OWNER'S SIGNATURE ON APPLICATION OR PROVIDE COPY OF EXECUTED CONTRACT)

❖ SIGNATURE OF OWNER/AGENT

QUALIFIER'S SIGNATURE

PRINTED NAME OF OWNER/AGENT

PRINTED NAME OF QUALIFIER

DATE: _____

DATE: _____

❖ Individuals who sign as the owner's agent must first obtain owner's written authorization to sign on their behalf

STATE OF FLORIDA
COUNTY OF

****NOTARY IS FOR QUALIFIER'S SIGNATURE****

I hereby certify that on this _____ day of _____, 20____ personally appeared _____ who is _____ personally known to me or has _____ produced identification.

Type of identification produced: _____.

Official Signature of Notary Public

Notary Seal