



**CITY OF SEBASTIAN**  
**HOME OF PELICAN ISLAND**  
 BUILDING DEPARTMENT  
 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 # \_\_\_\_\_ TRACKING # \_\_\_\_\_ 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: \_\_\_\_\_  
 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** \_\_\_\_\_

**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:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**MORTGAGE LENDER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**FEE SIMPLE TITLE HOLDER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

## SUB-CONTRACTOR SUMMARY

PERMIT # \_\_\_\_\_ TRACKING # \_\_\_\_\_

\_\_\_\_\_ 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.

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**ELECTRICAL CONTRACTOR:** \_\_\_\_\_  
QUALIFIER: \_\_\_\_\_  
PHONE # \_\_\_\_\_ LICENSE # \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

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**PLUMBING CONTRACTOR:** \_\_\_\_\_  
QUALIFIER: \_\_\_\_\_  
PHONE # \_\_\_\_\_ LICENSE # \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

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**MECHANICAL CONTRACTOR:** \_\_\_\_\_  
QUALIFIER: \_\_\_\_\_  
PHONE # \_\_\_\_\_ LICENSE # \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

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**ROOFING CONTRACTOR:** \_\_\_\_\_  
QUALIFIER: \_\_\_\_\_  
PHONE# \_\_\_\_\_ LICENSE # \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

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**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 COUNTY COMPETENCY PLUS A COUNTY –WIDE LICENSE PRIOR TO OBTAINING PERMIT.

**(ALL ADDITIONS, ALTERATIONS OR REPAIRS MUST HAVE OWNER'S SIGNATURE ON APPLICATION OR PROVIDE COPY OF 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