

**BUILDING PERMIT  
INDIAN RIVER COUNTY / CITY OF VERO BEACH**

**IMPORTANT: Applicant to complete all items in I, II, III, IV & V**

**I. LEGAL DESCRIPTION:** LOT \_\_\_\_ BLOCK \_\_\_\_ SUBDIVISION \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

**II. ESTIMATED CONSTRUCTION COST:** \$ \_\_\_\_\_

**III. TOTAL SQUARE FOOTAGE UNDER-ROOF:** \_\_\_\_\_ **# of Bedrooms:** \_\_\_\_\_

**Living Area:** \_\_\_\_\_ **# of Bathrooms:** \_\_\_\_\_

**Non-Living Area:** \_\_\_\_\_ **# of Garages:** \_\_\_\_\_

IV. PROPOSED USE (Check One)	(Check One)	Type Construction (Check One)
____ RESIDENTIAL	____ NEW CONSTRUCTION	____ FRAME
____ COMMERCIAL	____ ADDITION	____ CONCRETE
____ MULTI-FAMILY	____ ALTERATION	____ METAL
____ OTHER Specify: _____	____ DEMOLITION	____ OTHER Specify: _____

**V. PARCEL NUMBER:** \_\_\_\_\_

**(FROM TAX NOTICE \ RECEIPT)**

	NAME	ADDRESS
OWNER		
		DAYTIME PHONE NUMBER:
TITLE HOLDER (If Other Than Owner)		
		DAYTIME PHONE NUMBER:
CONTRACTOR	LICENSE NUMBER:	
	COMP CARD NUMBER:	DAYTIME PHONE NUMBER:
ARCHITECT		
		DAYTIME PHONE NUMBER:
ENGINEER		
		DAYTIME PHONE NUMBER:
BONDING COMPANY		
MORTGAGE LENDER		

**PLEASE READ AND COMPLETE PAGE TWO OF APPLICATION**

**APPLICATION FOR BUILDING PERMIT**

- 2 -

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, INSURANCE, AND WORKMAN'S COMPENSATION. I UNDERSTAND THAT SEPARATE SUB-PERMITS MUST BE OBTAINED FOR ELECTRICAL WORK, PLUMBING, AIR-CONDITIONING, ROOFING, INSULATION, POOLS, IRRIGATION SYSTEMS, WELLS, ETC.

PROPERTIES ON WHICH EARTH SPILLS OR OTHER DEBRIS FALLS SHALL BE CLEANED IMMEDIATELY. ALL STREETS, SIDEWALKS, AND CURBS DAMAGED DUE TO THIS CONSTRUCTION SHALL BE REPAIRED TO THE SATISFACTION OF THE ENGINEERING DEPARTMENT PRIOR TO THE ISSUANCE OF CERTIFICATE OF COMPETENCY.

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

\_\_\_\_\_  
Signature of Owner or Agent

or

\_\_\_\_\_  
Signature of Contractor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

**BELOW THIS LINE - FOR OFFICE USE ONLY**

**Zone:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

<b>Living/Building Area:</b>	_____	<b>sq ft</b>	<b>\$</b> _____
<b>Accessory Building Area:</b>	_____	<b>sq ft</b>	<b>\$</b> _____
<b>Value Per Plans Examination:</b>	= \$ _____		

**Project Number:** \_\_\_\_\_

**Address Reference #:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

<b>Building Permit Fee:</b>	= \$ _____
<b>Driveway</b>	= \$ _____
<b>Plans Examiner Fee</b>	= \$ _____
<b>Radon Fund (State Mandated)</b>	= \$ _____
<b>BCAI Fund (State Mandated)</b>	= \$ _____
<b>Other</b>	= \$ _____
<b>Other</b>	= \$ _____
<b>Total Fees</b>	= \$ _____

**FLOOD ZONE APPLICATION INFORMATION FORM  
SUBSTANTIAL IMPROVEMENT INFORMATION**

APPLICANT: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

PARCEL NUMBER/TAX I.D. NUMBER: \_\_\_\_\_

FLOOD ZONE DESIGNATION: \_\_\_\_\_

(To Be Determined by: Planning/Engineering for Indian River County or Plans Examiner for City of Vero Beach)

If the property is located in a flood zone, the following information must be submitted with your application:

1. **BUILDING MARKET VALUE\*** \$ \_\_\_\_\_\*\*  
(Building Staff)

Applicant must provide Property Appraiser's Record of Building Value. Available from Property Appraiser's office, 1<sup>st</sup> Floor, County Administration Building. Alternate sources listed below.

\*\*To Be Filled in by Building Department Staff

(STAFF: Value determined by Property Appraiser's Record of Building Value Only X 115%)

2. **ESTIMATED COST OF IMPROVEMENT** \$ \_\_\_\_\_  
(Owner/Contractor)

I hereby certify that the cost estimate submitted includes **all the costs** of improvements to structure located at the above referenced location.

\_\_\_\_\_  
**OWNER OR PRIME CONTRACTOR**

\_\_\_\_\_  
**LICENSE NUMBER**

\_\_\_\_\_  
**PRINTED SIGNATURE**

If property is located in the Coastal Building Zone (**Barrier Island**):

1. Applicant must provide total cost of **Improvements** based on five year tracking rule which extends back five years from the date of application.
2. Estimated Cost of **Substantial Improvements** \$ \_\_\_\_\_  
during past five years (refer to #1 above) (Owner)

(STAFF: Check Address Reference Number on Computer for Prior Improvements)

I hereby certify that the referenced costs include **all improvements** to the above referenced structure for the last five years.

\_\_\_\_\_  
**OWNER OR PRIME CONTRACTOR**

**\*Acceptable estimate of market value can be obtained from the following sources:**

1. Property Appraisals used for tax assessment purposes. Print-out available from Property Appraiser's office on 1<sup>st</sup>-floor of County Administration Building.
2. Independent appraisals by a professional appraiser.
3. Detailed estimates of the structure's actual cash value (used as a substitute for market value based on the preference of the community).
4. The value of buildings taken from National Flood Insurance Program Claims data.
5. **"Qualified Estimates"** based on sound professional judgment made by staff of the local Building Department or local or state Tax Assessor's office.

**BRING ONE OF THE ABOVE WITH YOU TO THE BUILDING DEPARTMENT**

**REVIEW PROCESS FOR  
SUBSTANTIAL IMPROVEMENTS OF EXISTING  
SINGLE-FAMILY STRUCTURES IN  
SPECIAL FLOOD HAZARD ZONES**

All single family lateral and vertical additions, interior modifications, and remodels, in Special Flood Hazard zones will have determination of substantial improvement conducted by the Indian River County/City of Vero Beach Building Division.

**CITY OF VERO BEACH PROJECTS:**

Forward improvements cost information (completed flood zone application/information form) to the City of Vero Beach Engineering Department, Attn: Monte Falls, Assistant City Engineer.

**INDIAN RIVER COUNTY PROJECTS:**

If cost of construction/improvements exceed 50% of the market value of the primary structure, forward a copy of the completed flood zone application/information form to County Engineering Department, Attn: Dave Cox.

**NOTE A:** Applicant may obtain market value, excluding land value from Property Appraisers Office (add 15% more to Property Appraiser's value for total market value); or use one of the other four sources listed on the Flood Zone Application/Information form.

**NOTE B:** The cost of pools, open decks, and open or screen porches may be deducted from the total when they are added individually or as part of an overall improvement project.

**NOTE C:** The cost of attached garage and second story additions must be included in the total.

**NOTE D:** Additions (where the cost does not exceed 50% of the market value of the primary structure): Plans Examiners will stamp plans requiring addition to meet flood zone requirements. If applicant objects, send application to Engineering for further review.

**NOTE E:** Additions (detached buildings): Send to Engineering for review regardless of cost.

**NOTE F:** Additions (NOT HABITABLE- detached buildings) if located in A and AE Zones, and the cost is less than \$10,000, DO NOT send to Engineering for review.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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**FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY**

# **ATTENTION**

## **BUILDING PERMIT APPLICATIONS ON PROPERTIES SERVED BY A SEPTIC SYSTEM**

**The Health Department must review and approve your plan before your building permit can be issued.**

To **expedite** this process, please indicate the location of the septic tank, drainfield, and any well on your site plan, along with the proposed improvement. This includes building applications for pools, detached garages, and additions.

Residential building additions may require modification of the existing septic system.

## **QUESTIONS?**

Call the Indian River County Environmental Health office at 772-794-7440, or stop by our office at 1900 27<sup>th</sup> Street (across the street).

