



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

1801 27th Street, Vero Beach, FL 32960 772- 226-1260

**COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION
NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS
INFORMATION CHECKLIST**

THIS PAGE TO BE SUBMITTED WITH PERMIT APPLICATION

- Complete Building Permit Application (Page 2 & 3). Multiple buildings will require separate permit applications for each building.
- Sub-contractor Agreement/Affidavits are required for each trade that either the Prime Contractor or the Owner/Builder is going to self-perform. (Page 5)
- Sub-Contractor Agreement/Affidavits are required for each sub-contractor prior to their first inspection. (Page 6)
- Five (5) Sets of Signed and Sealed Plans from a Florida Licensed Design Professional which include a Code Analysis Summary per the current Florida Building Code and NFPA (18" x 24" Minimum Size).
- Five (5) Site Plans.
- Three (3) Energy Code with Manual N HVAC Sizing Calculations.
- Three (3) Signed and Sealed Indian River County Product Approval Affidavit from a Florida Licensed Design Professional. (Page 8 & 9)
- One (1) complete truss package with uplifts and three (3) truss manufacturer truss layout plans.
- Signed and Sealed Soils Investigation Report from a Florida Licensed Design Professional for all new buildings and additions.
- Completed Indian River County/City of Vero Beach Internal Structure Modification form (as applicable). Permit application will not be accepted without this page completed. (Page 7)
- Additions and Alterations to existing buildings that are applied for by the tenant will be required to either provide a signed and notarized application by the building owner or provide a signed and notarized letter from the owner authorizing proposed work.
- Building Division Application Fee \$200.00

Additional Information

- ❖ Solid Waste Department will require one set of certified final plans (site and floor) prior to Certificate of Occupancy for calculation of fees.
- ❖ Submit a recorded Notice of Commencement to the Building Division prior to the first inspections. Forms can be found online at <https://www.ircgov.com/communitydevelopment/>
- ❖ The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.



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BUILDING PERMIT APPLICATION

PARCEL NUMBER: _____

JOB ADDRESS: _____ **SUBDIVISION:** _____

CONTRACT PRICE: _____

TOTAL SQUARE FOOTAGE UNDER-ROOF: _____

JOB DESCRIPTION:

- COMMERCIAL**
 MULTI-FAMILY
 NEW
 ADDITION
 ALTERATION
 NO MECHANICAL, ELECTRICAL OR PLUMBING-STRUCTURAL ONLY

	NAME & ADDRESS	CONTACT INFORMATION
OWNER	_____	Name:
	_____	E-MAIL:
	_____	DAYTIME PHONE NUMBER: Fax:
TITLE HOLDER (If Other Than Owner)	_____	Name:
	_____	E-MAIL:
	_____	DAYTIME PHONE NUMBER: Fax :
CONTRACTOR	_____	Name:
	_____	E-MAIL:
	_____	DAYTIME PHONE NUMBER: Fax:
	License # _____	
	Comp. Card # _____	
ARCHITECT		E-MAIL:
		DAYTIME PHONE NUMBER:
ENGINEER		E-MAIL:
		DAYTIME PHONE NUMBER:



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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 worker's compensation.

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 completion.

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.

Signature of Owner or Agent And Contractor Signature
Date: Date:

Notary as to Owner or Agent: STATE OF FLORIDA, COUNTY OF Sworn to and subscribed before me this ___ day of ___ 20___, by ___ who is [] personally known or [] produced identification Type of ID produced ___ Printed Name of Notary ___ Signature of Notary ___ Notary Seal

This Area For Building Use Only:

Building Square Footage: ___ Construction Type: ___
of Floors: ___ Occupancy Type: ___
Total Square Footage ___ x ICC Multiplier ___ = ___
Or
Contract Value ___

ADD REF #: ___
PROJECT #: ___



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SUB-CONTRACTOR AFFIDAVIT REQUIREMENTS

The following trades require Sub-Contractor Agreement Forms to be submitted and approved prior to requesting any related inspections

Trades:

Mechanical	Burglar Alarm
Electrical	Concrete
Plumbing	Masonry
Roofing*	Carpentry
Insulation	Stucco
Irrigation	Drywall
Fuel/Gas**	Garage Door

Conditions:

If the required affidavit forms are not received and approved prior to the inspection request the inspection request cannot be scheduled.

If there is a Sub-Contractor change for the project a new affidavit form along with Change of Contractor Form is required for the new Sub-Contractor and must also be submitted and approved prior to any related inspections.

If the Sub-Contractor's license status changes to "Inactive" for any reason, related inspections cannot be scheduled. Changes could include but are not limited to license, liability insurance or worker's compensation expiration.

Notes:

*Roof coverings other than asphalt shingles, wood shingles or wood shakes require a licensed roofing contractor

** Piping installation only, tank installation requires a separate permit.



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INDIAN RIVER COUNTY/CITY OF VERO BEACH
PRIME CONTRACTOR AGREEMENT/AFFIDAVIT

Indian River County Contractor Certificate Number: _____

State of Florida Certification Number (if applicable): _____

Permit Number: _____

_____ will be conducting the work for the following trades:

(Company/Individual name)

- checkbox concrete, checkbox stucco, checkbox electric, checkbox aluminum (in-fill only), checkbox other
checkbox masonry, checkbox insulation, checkbox mechanical, checkbox garage door
checkbox carpentry, checkbox roofing*, checkbox irrigation, checkbox fuel gas (lines only)
checkbox drywall, checkbox plumbing, checkbox burglar alarm/low voltage

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will immediately advise the Indian River County Building Division by personally filing a Change of Contractor.

*Roof coverings other than asphalt shingles, wood shingles or wood shakes require a licensed roofing contractor.

PRIME CONTRACTOR QUALIFIER

Signature: _____

Printed Name: _____

Date: _____

STATE OF FLORIDA, COUNTY OF _____
Sworn to and subscribed before me _____ day of _____ 20_____,
by _____ who is [] personally known or [] produced identification
Type of ID produced _____
Printed Name of Notary _____
Signature of Notary _____
Notary Seal



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INDIAN RIVER COUNTY/CITY OF VERO BEACH
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

Indian River County Contractor Certificate Number: _____

State of Florida Certification Number (if applicable): _____

Permit Number: _____

_____ has agreed to be the:

(Company/Individual name)

- checkbox concrete, stucco, electric, garage door, other
checkbox masonry, insulation, mechanical, fuel gas (lines only)
checkbox carpentry, roofing*, irrigation, burglar alarm/low voltage
checkbox drywall, plumbing, aluminum (in-fill only)

Sub-contractor for _____ for the project located at _____
(Name of prime contractor) (Street address)

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will immediately advise the Indian River County Building Division by personally filing a Change of Contractor.

*Roof coverings other than asphalt shingles, wood shingles or wood shakes require a licensed roofing contractor.

SUB-CONTRACTOR QUALIFIER

PRIME CONTRACTOR QUALIFIER
(Main Permit Holder Information Required)

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Business Name: _____

Business Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Table with 2 columns: Notary as to Sub-Contractor and Notary as to Prime Contractor. Each column contains fields for State of Florida, County of, Sworn to and subscribed before me this ___ day of ___, 20___, by ___, who is [] personally known or [] produced identification, Type of ID produced ___, Printed Name of Notary ___, Signature of Notary ___, and Notary Seal.

INDIAN RIVER COUNTY/CITY OF VERO BEACH INTERNAL STRUCTURE MODIFICATIONS

(TO BE COMPLETED BY APPLICANT)

DATE: _____

Applicant's Name Address Daytime Phone Number E-Mail address

Owner's Name Address Daytime Phone Number

Site Address Project Name

Tax Identification Number or (Parcel Identification Number)

Existing Use/Name of Tenant and Type of Business (*): IF SPACE IS VACANT, A SIGN-OFF IS REQUIRED BY THE PLANNING DEPARTMENT: _____

Proposed Use: _____

Description of Modification:

Check the appropriate space for the proposed construction:

1. _____ WILL _____ WILL NOT Add Occupancy Area to An Existing Building

If you checked "WILL", what is square foot increase in building area: _____ sq ft

2. _____ WILL _____ WILL NOT Change the Use of the Existing Building

If you checked "WILL" for question number one or two above, then you must obtain a sign-off from the Planning Department, Current Development Section. Please review your project with a Current Development Planner, and have the Planner sign-off the following approval.

Date: _____ Planner: _____

Comments:

Acknowledgement:

I hereby acknowledge that Indian River County staff is relying on the accuracy of the above information to determine site plan and zoning compliance for the proposed project.

Applicant's Signature



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Product Approval Affidavit Form

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below. Product approval information can be obtained at the following sources:

https://www.floridabuilding.org/pr/pr_app_srch.aspx or http://www.miamidade.gov/building/pc-search_app.asp or directly from the manufacturer.

This form can be incorporated on the plans or submitted as a separate form. In the event any of the listed products in this form change during construction revisions to this form will be required. The following information must be available on the jobsite for inspections:

1. This entire product approval form, stamped as "Reviewed" by Indian River County Plans Examiner.
2. Miami-Dade NOA or Florida product approval referenced in the product approval form.
3. A copy of the manufacture's installation instructions, details and requirements for each product.

Permit Number: _____ Address: _____ Contractor/Applicant: _____

Category/Subcategory	Approval Number(s)	Manufacturer	Model Number	Building Design Pressures (+PSF) (-PSF)	Product Design Pressures (+PSF) (-PSF)
A. EXTERIOR DOORS					
1. Swinging					
2. Sliding					
3. Sectional					
4. Roll up garage					
5. Automatic					
6. Other					
B. WINDOWS					
1. Single hung					
2. Horizontal slider					
3. Casement					
4. Double hung					
5. Fixed					
6. Awning					
7. Pass-through					
8. Projected					
9. Mullion					
10. Other					
C. PANEL WALL					
1. Siding					
2. Soffits					
3. EIFS					
4. Storefronts					
5. Curtain walls					
6. Wall louver					
7. Glass block					
8. Other					

D. ROOFING PRODUCTS					
1. Asphalt shingles					
2. Underlayments					
3. Roofing fasteners					
4. Non-structural Metal RF					
5. Built-up roofing					
6. Modified bitumen					
7. Single ply roofing sys					
8. Roofing tiles					
9. Roof tile adhesive					
10. Roofing insulation					
11. Wood shingles/shakes					
12. Roofing slate					
13. Liquid applied roof sys					
14. Cements-adhesives-coatings					
15. Spray applied polyurethane roof					
16. Other					
E. SHUTTERS					
1. Accordion					
2. Bahama					
3. Storm panels					
4. Colonial					
5. Roll-up					
6. Others					
F. SKYLIGHTS					
1. Skylight					
2. Other					
G. OTHER					
1. Spray Foam Insulation					
2. Liquid Applied Flashing					

I have reviewed the above components or cladding and I have approved their use in this structure. These products provide adequate resistance to the wind loads and forces specified by current code provisions.

Name: _____ Signature: _____ Seal

Design Prof: _____ Cert. No. _____ Date: _____