



INDIAN RIVER COUNTY/ CITY OF VERO BEACH
BUILDING DIVISION

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

Commercial or Multi Family Permit Checklist

- **A completed Indian River County/City of Vero Beach Commercial Permit Application.**
- **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.**
- **Sub-Contractor Agreement/Affidavits are required for each sub-contractor prior to their first inspection.**
- **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.**
- **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.**
- **Additions and Alterations to existing buildings that are applied for on behalf of the tenant by the contractor 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.**
- **Commercial Permit applications require reviews by the Planning and Public Works Department having jurisdiction, the Fire Prevention Bureau and when applicable the Environmental Health Department.**
- **Solid Waste Department will require one set of certified final plans (site and floor) prior to Certificate of Occupancy for calculation of fees.**
- **A Recorded Notice of Commencement (NOC) preferred to be submitted with application but must be submitted prior to first inspection if job value exceeds \$2500.**
- **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.**
- **Applicants are advised that Building Permit Applications are considered incomplete until all other IRC/COVB Departments and other Governmental agency reviews are completed and approved. The Building Permit Application will be routed to other departments, even if considered incomplete, in order to expedite the review process. The Building Permit Application review and approval time clock does not start until the application is deemed a Complete Application.**

*Additional documents may be requested at any time during the permitting process.
For Permitting and Submittal Questions please contact the Building Division at 772-226-1260.*



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

PARCEL NUMBER: _____

JOB ADDRESS: _____ **SUBDIVISION:** _____

JOB VALUE: _____ (Permit Fee=0.4334% of ICC Building Valuation over \$46,146.75. Minimum Permit Fee = \$200.00)

TOTAL SQUARE FOOTAGE UNDER-ROOF: _____ **SQUARE FOOTAGE UNDER AIR:** _____

If Addition Permit Indicate Existing Square Footage Under Air: _____ Additional Square Footage Under Air Proposed: _____

WATER SERVICE: COUNTY CITY WELL **SEWER SERVICE:** COUNTY CITY SEPTIC

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: _____



INDIAN RIVER COUNTY/ CITY OF VERO BEACH BUILDING DIVISION

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. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONER, 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 Completion. IN APPLYING FOR THIS PERMIT, I HEREBY ATTEST THAT I HAVE THE KNOWLEDGE AND UNDERSTANDING OF ALL THAT IS REQUIRED BY THE FLORIDA BUILDING CODE AND ALL LAWS AND REGULATIONS PERTAINING TO PERFORMING AND COMPLETING THIS TYPE OF WORK.

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. 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Signature

Contractor Signature

Acknowledgement for Person in an Individual Capacity

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization 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

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization 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

Acknowledgement for Person in a Representative Capacity

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____, by _____ (Name of Person) as _____ (Explain

Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal

State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20 _____, by _____ (Name of Person) as _____ (Explain Representative

Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).

who is personally known or produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal



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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	Drywall
Irrigation	Garage Door
Fuel/Gas**	

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.

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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PRIME CONTRACTOR AGREEMENT/AFFIDAVIT

IRC Certificate Number: State of Florida Certificate Number:

Permit Number: Job Address:

will be conducting the work for the following trades:
(Company/Individual name)

- checkbox concrete electric aluminum (in-fill only) other
checkbox masonry insulation mechanical garage door
checkbox carpentry roofing* irrigation fuel gas
checkbox drywall plumbing 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:

Table with 2 columns: Acknowledgement for Person in an Individual Capacity, Acknowledgement for Person in a Representative Capacity. Each column contains notary acknowledgment text and signature lines.



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SUB-CONTRACTOR AGREEMENT/AFFIDAVIT

IRC Certificate Number: State of Florida Certificate Number:

Permit Number: Job Address:

- will be conducting the work for the following trade(s) for
(Company/Individual Name) (Prime Contractor)
concrete electric aluminum (in-fill only) other
masonry insulation mechanical garage door
carpentry roofing irrigation fuel gas
drywall plumbing 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.

SUB-CONTRACTOR QUALIFIER

PRIME CONTRACTOR QUALIFIER
(Main Permit Holder Information Required)

Signature:

Signature:

Printed Name: Date:

Printed Name: Date:

Acknowledgement for Person in an Individual Capacity

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PLAN SPECIFICATIONS

This information is intended to be a guideline, and does not necessarily indicate all details required to determine code compliance.
(Minimum required for Building Department and Engineering Division review)

SIZE: 24" X 36" PRINTS RECOMMENDED

PLOT PLAN: (Must include the following, may be included on the Boundary and Topographic Survey)

- ___ All Existing and Proposed Improvements, including grading elevations
- ___ All streets and rights-of-way abutting the site
- ___ North Arrow and Graphic Scale
- ___ Minimum scale: 1"= 30'
- ___ Minimum Font Size: 1/8"
- ___ Driveway, location, width and material
- ___ Location of any existing structures, including pipes
- ___ Well and septic location/top of drainfield elevation (check Health Department requirements)
- ___ Building dimensions
- ___ Set back dimensions from all property lines, at 90 degrees from property line
- ___ All easements
- ___ Pad elevation for all mechanical equipment servicing the building
- ___ Porch, Deck, Pool

FLOOR PLAN: (Drawn to 1/4" Scale - Must Include the Following)

- ___ Exterior and interior dimensions
- ___ All window, door and miscellaneous openings with sizes shown
- ___ Plumbing fixtures and all fixed items - cabinets, counters, etc.
- ___ Partitions
- ___ Location of electrical outlets, fixtures, switches, main service panel, and proposed meter location
- ___ Attic access panel location(s)
- ___ A/C and heat equipment location. Show ducts and register sizes and locations
- ___ Wind load certifications for windows and doors - including garage door - with attachment details.
- ___ All floor elevation changes
- ___ **IMPORTANT:** Smoke detector and emergency egress window locations

TYPICAL WALL SECTIONS: (Drawn to 1/2" or 3/4" Scale - Must Include the Following)

- ___ Footing type and sizes indicated
- ___ Vertical details (frame or block wall)
- ___ Truss anchoring detail
- ___ Truss, roof sheathing, type of roof covering (shingles, etc.)
- ___ Vapor barrier, 3-1/2" minimum slab thickness shown - Indicate termite protection method
- ___ Stucco details per ASTM C-1063 including but not limited to: control joint location, weep screed location, attachment requirements, secondary water barrier and dissimilar material joint around windows and doors



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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: _____

Design Prof: _____ Cert. No. _____

Date: _____ Seal