



INDIAN RIVER COUNTY/ CITY OF VERO BEACH
BUILDING DIVISION

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

Parking Lot Re-Paving/ Re-Surfacing Permit Checklist

- **A completed Indian River County/City of Vero Beach Commercial Permit Application.**
- **Documentation that verifies job value. Examples include a copy of the signed contract between the owner and contractor or a signed estimate, etc.**
- **Applicants must provide three (3) copies of the below information. Additional information may be required during plan review that is not listed below depending on the scope of work.**
 - **A legible survey or site plan showing the location of the parking lot. Survey should indicate the proposed re-striping and any other work proposed such as changes or additions to:**
 - **Accessible route**
 - **Ramps**
 - **Parking space changes/alterations**
- **Parking lot Re-Paving/Re-Surfacing requires approval from the Planning Department having jurisdiction and may require approval from the Public Works Department for review of drainage or proposed changes to the existing drainage of the parking lot.**
- **Applicant may need to obtain a copy of the original Site Plan from the IRC or COVB Planning Department if they do not have a copy of the original site plan to submit.**
- **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.**
- **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