



INDIAN RIVER COUNTY/CITY OF VERO BEACH
BUILDING DIVISION

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

Temporary Construction Trailer **Permit Checklist**

The following items are required with submission of your permit application:

- **A completed Indian River County/City of Vero Beach Scope of Work 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.**
- **Residential and Commercial Permits must include a detailed scope of work either provided on the application or as an attached document. If a separate scope of work is provided please provide 2 sets for review.**
- **2 legible surveys or site plans showing the proposed location of the construction trailer and indicate distances from structures and property lines.**
- **Applicant must provide Tie-Down method proposed for the trailer.**
- **Temporary Construction Trailers located in IRC Planning jurisdiction require a Temporary Use Permit to be approved. If applicant has already obtained the Temporary Use Permit it must be provided with the permit application for review. For trailers located in the City of Vero Beach jurisdiction, if there is an open construction permit on the address the City does not need to approve the temporary trailer however if there is not an open permit on the address the permit for the temporary trailer will be sent to the City for review.**
- **Construction Trailers are intended for storage or limited office use at job sites and limited use by occupants. If you intend to use the Trailer for other uses such as Business Use open to the public or Training Offices you will need to apply for a Modular Permit and provide 5 sets of complete plans and legible surveys or plot plans. See Modular Permit Checklist and Requirements.**
- **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.**



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SCOPE OF WORK APPLICATION
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PARCEL NUMBER: (from tax notice \ receipt)

OWNER'S NAME: JOB ADDRESS:

COMPANY NAME: QUALIFIER NAME:

LICENSE #: COUNTY COMP CARD #:

PHONE #: FAX #: E-MAIL:

JOB VALUE: \$ RESIDENTIAL COMMERCIAL
SEPTIC SYSTEM SEWER CONNECTION

- Alarm - Low Voltage or Wireless Aluminum Construction Trailer Demolition (Interior Only)
Dock/Seawall Driveways/ Slabs Electrical Fence Garage Doors Irrigation
Insulation Mechanical Plumbing Pool Re-Surface Shed Tie-Down Solar
Other

*Fence permits: APPLICANT INDICATES: Fence will be a Pool Barrier** Year pool was built:
**NOTE: Fence must comply with Current FBC Pool Barrier Code unless other approved barrier is provided.

Scope of the work anticipated in this permit application.

Blank lines for describing the scope of work.

NOTICE OF COMMENCEMENT IS REQUIRED IF JOB VALUE EXCEEDS \$2,500 (Air Conditioning - \$7,500)

Applicant's Affirmation

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.



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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).

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