



CITY OF

INDIAN HARBOUR BEACH

2055 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FLORIDA 32937
PHONE (321) 773-3181 FAX (321) 773-5080
EMAIL – BUILDING@INDIANHARBOURBEACH.GOV

BUILDING PERMIT APPLICATION

PERMIT #: _____

DATE: _____

PROJECT ADDRESS: _____

LEGAL: TWP _____ RNG _____ SEC _____ BLK _____ LOT _____ SUB _____

PROPERTY OWNER:

NAME: _____ PHONE: _____

ADDRESS: _____

MORTGAGE LENDER:

NAME: _____ PHONE: _____

ADDRESS: _____

ARCHITECT/ENGINEER:

NAME: _____ PHONE: _____

ADDRESS: _____

DESCRIPTION OF WORK:

VALUE OF CONSTRUCTION: \$ _____

CONSTRUCTION TYPE: _____ **FLOOR AREA:** _____

CONTRACTOR INFORMATION:

COMPANY NAME: _____

QUALIFIER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

STATE CERTIFICATION OR REGISTRATION #: _____

COUNTY CERTIFICATE OF COMPETENCY #: _____

SUBCONTRACTOR INFORMATION:

ELECTRICAL: _____ CERT #: _____
ADDRESS: _____ PHONE: _____
PLUMBING: _____ CERT #: _____
ADDRESS: _____ PHONE: _____
HVAC: _____ CERT #: _____
ADDRESS: _____ PHONE: _____
GAS: _____ CERT #: _____
ADDRESS: _____ PHONE: _____
ROOFING: _____ CERT #: _____
ADDRESS: _____ PHONE: _____

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction according to the 8th Edition FBC (2023). I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, ETC.

OWNERS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR ANY WORK DONE IN EXCESS OF \$5,000.00 (15,000.00 FOR A/C'S) MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER OR AGENT SIGNATURE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument as acknowledged before me, by means of ___ physical presence or ___ online notarization this _____ day of _____, 20__ by _____ who is personally known to me or produced

as identification.

Notary's Signature

Printed Name of Notary

Commission No./Expiration

SEAL:

CONTRACTOR SIGNATURE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument as acknowledged before me, by means of ___ physical presence or ___ online notarization this _____ day of _____, 20__ by _____ who is personally known to me or produced

as identification.

Notary's Signature

Printed Name of Notary

Commission No./Expiration

SEAL: