

**COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION  
NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS  
CITY OF VERO BEACH/INDIAN RIVER COUNTY  
INFORMATION CHECKLIST**

Checklist

- |  |   |            |
|--|---|------------|
| <input type="checkbox"/> Complete Building Application (2 pages) for each building   | — | Pgs. 1 & 2 |
| <input type="checkbox"/> Subcontractor Summary (Attach Sub-Contractor Agreement/Affidavit Forms as applicable)   |   |            |
| <b>NOTICE TO ALL CONTRACTORS</b> (Informational)   | — |            |
| <input type="checkbox"/> Indian River County/City of Vero Beach Internal Structure Modification Forms (as applicable)  | — | Addendums  |
| <input type="checkbox"/> Complete Traffic Impact Fee Application   | — | Addendum   |
| <input type="checkbox"/> Five (5) Sets of Plans (18" X 24") Minimum with Four Site Plans (As proposed where Approved not available for review) <b><u>Provide Code Analysis Summary</u></b> | — |            |
| <input type="checkbox"/> Energy Code Calculations with Manual N HVAC Sizing Calculations   | — |            |
| <input type="checkbox"/> Payment of Application Fee (Non-Refundable) Minimum Fee = \$200   | — |            |
| <input type="checkbox"/> Soils Investigation   | — |            |
| <input type="checkbox"/> All Applications <b>MUST INCLUDE PARCEL NUMBER</b>  | — |            |

**(Note: Solid Waste Department will require one set of certified final plans (site and floor) prior to certificate of occupancy for calculation of fees.)**

**COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION**  
**NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS**  
**CITY OF VERO BEACH/INDIAN RIVER COUNTY (Page 1 of 2)**

I. LEGAL DESCRIPTION: LOT \_\_\_\_ BLOCK \_\_\_\_ SUBDIVISION \_\_\_\_\_

App. Date: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

FL Bldg Code: \_\_\_\_\_

Supplements: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

II. CONTRACT / ESTIMATED CONSTRUCTION COST: \$ \_\_\_\_\_

Permit Fee = Construction value multiplied by .00394 up to \$50,765 Minimum Permit Fee = \$200

III. TOTAL SQUARE FOOTAGE UNDER-ROOF: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

# of Bathrooms: \_\_\_\_\_ # of Garages: \_\_\_\_\_

IV. PROPOSED USE (Check All That Apply)	(Check All That Apply)	Type Construction (Check All That Apply)
____ RESIDENTIAL	____ NEW CONSTRUCTION	____ TYPE V – Combustible (All Wood Frame)
____ COMMERCIAL	____ ADDITION	____ TYPE III – Exterior Non-Combustible/ Interior Any Material
____ MULTI-FAMILY	____ ALTERATION	____ TYPE I or II All Non-Combustible (Specify)
____ ACCESSORY Specify: _____	____ DEMOLITION	____ OTHER (Sprinkler, Timber Const) Specify: _____

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

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 sub-contractor affidavits must be obtained for electrical, plumbing, air-conditioning, roofing, insulation, pools, irrigation systems, wells, or any other work that is allowed to be included in this permit.

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.

**COMMERCIAL OR MULTI-FAMILY COMBINATION PERMIT APPLICATION  
NEW BUILDINGS, ADDITIONS, AND/OR ALTERATIONS  
CITY OF VERO BEACH/INDIAN RIVER COUNTY (Page 2 of 2)**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.**

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
**Signature of Owner or Agent**

{To sign as an Agent for the Owner you must have a Florida Form Power of Attorney signed by the Owner and Notarized with two additional witnesses other than the Notary}

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Contractor**

**Date:** \_\_\_\_\_

**As to Owner:**

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_ personally known or who has \_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

**As to Contractor:**

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_ personally known or who has \_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

**This Area for Building Division Use Only:**

**Building Living/Non Living Area:** \_\_\_\_\_ sq ft      **Units:** \_\_\_\_\_

**Value: = \$** \_\_\_\_\_      **Per:**     **Plans Examination**     **Contract**

**ADD REF #** \_\_\_\_\_

**PROJECT #** \_\_\_\_\_

**COMBINATION PERMIT**

**SUB-CONTRACTOR AFFIDAVIT REQUIREMENTS**

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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 shingles require licensed roofing contractor

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

**COMBINATION PERMIT  
SUB-CONTRACTOR AGREEMENT/AFFIDAVIT**

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\_\_\_\_\_ will be conducting the work for the following trades  
(company/individual name)

for permit # \_\_\_\_\_ located at \_\_\_\_\_ under my license  
(street address)

Comp Card # \_\_\_\_\_ and not sub-contracting out this work. It is understood that, if there are any changes in status regarding any of the work indicated below, I will immediately advise the Indian River County Building Department.

**TRADE WORK BY MAIN CONTRACTOR:**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> concrete  | <input type="checkbox"/> stucco     |
| <input type="checkbox"/> masonry   | <input type="checkbox"/> insulation |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> roofing*   |
| <input type="checkbox"/> drywall   |                                     |

Any of the above not conducted by the main contractor and the following trades require subcontractor affidavit forms to be submitted prior to requesting related inspections.

- |              |                           |
|--------------|---------------------------|
| • plumbing   | • aluminum (in-fill only) |
| • electrical | • garage door             |
| • mechanical | • burglar alarm           |
| • irrigation |                           |

**\*Roof coverings other than shingles require licensed roofing contractor.**

**BUSINESS QUALIFIER:**

\_\_\_\_\_  
Signature                                  Printed Name                                  Date

**NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}**

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

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

**\*Note: Roof coverings other than shingles require licensed roofing contractor.**

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Indian River County Contractor Certificate Number: \_\_\_\_\_

State of Florida Certification Number (if applicable): \_\_\_\_\_

Combination Permit Number (if known): \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ has agreed to be the subcontractor (type of construction trade indicated below)  
(company/individual name)

- |                                    |                                     |  |  |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> concrete  | <input type="checkbox"/> stucco     | <input type="checkbox"/> electric                  | <input type="checkbox"/> aluminum (in-fill only) |
| <input type="checkbox"/> masonry   | <input type="checkbox"/> insulation | <input type="checkbox"/> mechanical                | <input type="checkbox"/> garage door             |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> roofing*   | <input type="checkbox"/> irrigation                |  |
| <input type="checkbox"/> drywall   | <input type="checkbox"/> plumbing   | <input type="checkbox"/> burglar alarm/low voltage |  |

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 Department by personally filing a Change of Contractor.

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**BUSINESS QUALIFIER** (original signatures required):

\_\_\_\_\_  
Signature Printed Name Date

**NOTARY AS TO CONTRACTOR: {CANNOT BE OLDER THAN 30 DAYS}**

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known or who has \_\_\_\_\_ produced identification. Type identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Notary's Name, Typed, Printed or Stamped

Notary Seal:

## NOTICE TO ALL CONTRACTORS

### SUB-PERMITS:

ALL SUB-PERMITS (PLUMBING, MECHANICAL, ELECTRIC, INSULATION, ROOFING, AND OTHERS LISTED BY CITY/COUNTY ORDINANCES) ARE NOW INCLUDED IN COMBINATION PERMITS BY PRESENTATION OF SUBCONTRACTOR AFFIDAVITS (FORMS ATTACHED)

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### NOTICE OF COMMENCEMENT: (FORMS AVAILABLE ONLINE)

Section 1, Paragraph (A) Subsection (1) of Section 713.13 Florida State Statutes: . . . An owner or his authorized agent before commencing to improve any real property, or recommencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with s.713.23, shall record a **NOTICE OF COMMENCEMENT** in the Clerk's office and forthwith post either a certified copy thereof or a Notarized statement that the **Notice of Commencement** has been filed for recording along with a copy thereof.

Section 713.135(1)(d): . . . The issuing authority shall verify at the first inspection that either a certified copy of the recorded Notice of Commencement or a notarized statement that the Notice of Commencement has been filed for recording, along with a copy thereof, has been filed.

**WARNING: DO NOT RECORD THE NOTICE OF COMMENCEMENT UNTIL AFTER THE FINANCING PACKAGE HAS BEEN RECORDED.**

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### TRAFFIC IMPACT FEES:

**TRAFFIC IMPACT FEE PROCEDURES.** Any Traffic Impact Fee required under County Ordinances in connection with this building permit shall be assessed at the time the permit is issued based upon the fee structure approved in the **Ordinance** which is in effect at the time the permit is picked up. An exception to this will be when a complete application for a building permit has been filed with this department prior to the effective date of any traffic impact fee increase, and the applicant picks up the building permit and pays the impact fee within thirty (30) days after notification that the building permit application has been approved.

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**ASBESTOS NOTIFICATION:** Owner/Contractor must comply with the provisions of Florida State Statutes 455.302, and notify the Department of Environmental Regulations of his intentions to remove asbestos, when applicable, in accordance with State and Federal Law.

**SOLID WASTE DISPOSAL DISTRICT NOTICE:** Solid Waste Disposal (Landfill) fees must be paid prior to issuance of any **Certificate of Occupancy**. **NO permanent utilities (electric)** shall be connected or be put in use until fees are paid. Please contact the Solid Waste Disposal District Office in the Indian River County Utilities Department for payment of fees.

# 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:

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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:

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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







INDIAN RIVER COUNTY/CITY OF VERO BEACH  
 BUILDING DIVISION  
 1801 27th Street, Vero Beach, FL 32960 772-226-1260

**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.asp](https://www.floridabuilding.org/pr/pr_app_srch.asp) or [http://www.miamidade.gov/building/pc-search\\_app.asp](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		Product Design Pressures	
				(+PSF)	(-PSF)	(+PSF)	(-PSF)
<b>A. EXTERIOR DOORS</b>							
1. Swinging							
2. Sliding							
3. Sectional							
4. Roll up garage							
5. Automatic							
6. Other							
<b>B. WINDOWS</b>							
1. Single hung							
2. Horizontal slider							
3. Casement							
4. Double hung							
5. Fixed							
6. Awning							
7. Pass-through							
8. Projected							
9. Mullion							
10. Other							
<b>C. PANEL WALL</b>							
1. Siding							
2. Soffits							
3. EIFS							
4. Storefronts							
5. Curtain walls							
6. Wall louver							
7. Glass block							
8. Other							

<b>D. ROOFING PRODUCTS</b>					
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					
<b>E. SHUTTERS</b>					
1. Accordion					
2. Bahama					
3. Storm panels					
4. Colonial					
5. Roll-up					
6. Others					
<b>F. SKYLIGHTS</b>					
1. Skylight					
2. Other					

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