

PERMIT # | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |



VILLAGE OF INDIANTOWN, FLORIDA CONSTRUCTION PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

RECEIVED BY: _____

PROJECT IDENTIFICATION

Parcel ID NUMBER _____ DATE OF APPLICATION ____/____/____
ADDRESS _____ Flood Zone _____
PROJECT NAME _____ CONTACT _____
PROJECT CONTACT PHONE (____) _____ E-MAIL ADDRESS _____

PROPERTY OWNERSHIP DETAILS

FULL LEGAL NAME, AGENCY, OR BUSINESS _____
MAILING ADDRESS _____
OWNER CONTACT PHONE (____) _____ OWNER E-MAIL ADDRESS _____

DESCRIPTION OF WORK

Building ____ Electric ____ Plumbing ____ Mechanical ____

LICENSED CONTRACTOR

FLORIDA DESIGN PROFESSIONAL

COMPANY NAME _____ LICENSE # _____ COMPANY NAME _____
NAME (QUALIFYING AGENT) _____ NAME _____ LICENSE # _____
ADDRESS _____ ADDRESS _____
PHONE _____ PHONE _____
E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

For demolition / renovation projects involving a commercial, institutional or industrial structure or apartment building of more than four dwelling units, the following provisions are applicable:
I. Renovation: Is asbestos present? Yes ____ No ____
Mandatory Action: If asbestos is subsequently discovered, then the applicant shall immediately provide notice to the DEP and amend this application.
II. Demolition: All applicants must provide Notice to DEP regardless of whether asbestos is present.

CONSTRUCTION VALUE OF WORK

Building Cost \$ _____ Electrical Cost \$ _____ Plumbing Cost \$ _____ Mech. Cost \$ _____ Total Cost \$ _____

Number of Stories _____ Building Height _____
Total Floor Area (SF) _____ Enclosed _____ Unenclosed _____
Number of Gas Fixtures _____ Number of Plumbing Fixtures _____
Number of Parking Spaces _____ Number of Accessible Parking Spaces _____

Occupancy Classification _____ Occupancy Capacity: _____ Business Type: _____

