

# CITY OF TREASURE ISLAND COMMUNITY DEVELOPMENT DEPARTMENT

120 – 108<sup>TH</sup> AVENUE TREASURE ISLAND, FL 33706 Phone: (727) 547-4575 Inspection Line: (727) 547-4575 ext. 431

# DOCKS, FLOATING DOCKS, BOATLIFT, AND PILING REPLACEMENT PERMIT APPLICATION

ALL WORK & MATERIALS PER CURRENT APPLICABLE BUILDING, ELECTRICAL, MECHANICAL, AND FIRE CODES. SEE CITY WEBSITE FOR CURRENTLY ADOPTED CODES.

APPLICATION DATE:		PERMIT NUME	ER:		
COMMERCIAL:	RESIDENTIAL:				
PROPERTY INFO	RMATION:				
PROJECT ADDRESS:					
SITE LEGAL DESCRIF	PTION:				
PROPERTY OWNER:			PHONE:		
OWNER'S ADDRESS:					
CITY:		STATE:	ZIP:		
	FORMATION: (PLEAS ANY NAME:		JILDER AFFIDAVIT, IF APPLICABLE	<b>()</b>	
ADDRESS:		CITY:	ZIP:		
PHONE:		EMAIL:			
QUALIFIER'S NAME:					
STATE LICENSE NUMBER:		PCCLB LICENS	_ PCCLB LICENSE NUMBER:		
	TION: ( ) INSTALLATIONED PE OF WORK:		THER		
VALUE OF WORK:	\$	VALUE OF EXISTI	NG STRUCTURE: \$	_	
OTHER PERMITS R	EQUIRED: (Please co	mplete Subcontracto	r verification form)		
Will this project requi	re an electrical permit?	(Yes or No)			
See Electrical for Boa	for docks/boat lifts is re at lifts Permit Packet. separate final inspectio		·		
	re a general construction to a general const		)		

#### NOTICE:

In addition to the work described under this permit, there may be additional requirements applicable to this property established by city, county, state and/or federal legislation. Further there may be additional permits required from other governmental entities such as the water management district, state agencies, or federal agencies, Section 553.79 (10), Florida Statutes.

Any permit for demolition or renovation shall contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, F.S., and to notify the Florida Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with state and federal law, Section 553.79(11), Florida Statutes.

### A letter from Pinellas County Air Quality shall also be provided.

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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THE FEDERAL AND STATE OF FLORIDA REQUIREMENTS FOR THE AMERICANS WITH DISABILITIES ACT.

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Additional information may be required on a case-by-case basis. A permit application will not be accepted by the Community Development Department unless all required documents have been provided. All plans will be reviewed once all the correct documentation is submitted. Plans will be reviewed in the order they are received.

## Owner OR Contractor Notarized signature required per F.S. 713.135(6)(a)

Signature of Owner Builder or Agent	Signature of Contractor		
STATE OF, COUNTY OF	STATE OF, COUNTY OF		
Sworn to (or affirmed) and subscribed before me this day of, 20, by means of physical presence or online notarization who is personally known to me or has produced as identification.	Sworn to (or affirmed) and subscribed before me this day of, 20, by means of physical presence or online notarization who is personally known to me or has produced as identification.		
Signature of Notary Public	Signature of Notary Public		
(Print, Type or Stamp Commissioned Name of Notary Public)	(Print, Type or Stamp Commissioned Name of Notary Public)		