



CITY OF TREASURE ISLAND
COMMUNITY DEVELOPMENT DEPARTMENT
 120 – 108TH AVENUE
 TREASURE ISLAND, FL 33706
 Phone: (727) 547-4575 Fax: (727) 547-4584
 Inspection Line: (727) 547-4575 ext. 431

FOR OFFICE USE ONLY
 TOTAL FEES \$ _____

SHEDS & ACCESSORY STRUCTURES - PERMIT APPLICATION

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

APPLICATION DATE: _____ PERMIT NUMBER: _____

COMMERICAL: _____ RESIDENTIAL: _____

PROPERTY INFORMATION:

PROJECT ADDRESS: _____

SITE LEGAL DESCRIPTION: _____

PARCEL I.D. NUMBER: _____

PROPERTY OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR INFORMATION: (PLEASE COMPLETE OWNER/BUILDER AFFIDAVIT, IF APPLICABLE)

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE NUMBER: _____ PCCLB LICENSE NUMBER: _____

PROJECT INFORMATION: () INSTALLATION () REPAIR () OTHER

DESCRIPTION / SCOPE OF WORK: _____

VALUE OF WORK: \$ _____ VALUE OF EXISTING STRUCTURE: \$ _____

OTHER PERMITS REQUIRED: (PLEASE COMPLETE SUBCONTRACTOR VERIFICATION FORM)

BUILDING: _____

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

GAS: _____

ROOFING: _____

LOW VOLTAGE: _____

ELEVATOR: _____

WILL THIS PROJECT REQUIRE A SWFWMD PERMIT? (Yes or No)
 (For structures with more than 4 living units)

WILL THIS PROJECT REQUIRE A CONSTRUCTION GENERAL PERMIT? (Yes or No)
 (If Project / Land Disturbance is greater than 1 acre in size)



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**ALL ITEMS BELOW ARE REQUIRED TO APPLY FOR PERMIT
Application will not be processed if items are missing.**

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
- Contract** – Between owner and contractor, signed and dated.
(not required unless a FEMA review is needed)
- Property Survey** – To scale.
- Site Plan** – Drawn to scale; Show the following:
 - Location of shed
 - Dimensions of shed
 - Distance of shed from all property lines
- Engineered Drawings** – Manufacturer’s drawings for the shed assembly OR signed & sealed drawings. Must meet wind zone exposure D – 145 mph. Plans must show size and height, diagram for anchoring system, and flood vents.

Impervious Surface Ratio Worksheet

If Applicable:

- Notice of Commencement** – For projects with a valuation over \$2,500 – Notarized and recorded. If not provided at time of application, required prior to first inspection.
- Owner/Builder Affidavit** – If homeowner is going to be the contractor. Single family or duplex dwelling only. Property cannot be for sale or rent within 12 months of project completion.
- Elevations of structure(s)** – If located in PR-MU Zoning Districts.

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

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.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name of Notary Public)

Signature of Contractor

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.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name of Notary Public)

(FOR OFFICE USE ONLY)

Permit Accepted By:

Permit Tech: _____ **Signature:** _____ **Date:** _____

ZONING APPROVAL (IF APPLICABLE): 	BUILDING DEPARTMENT APPROVAL:
FLOODPLAIN APPROVAL (IF APPLICABLE): 	FIRE / PUBLIC WORKS APPROVAL:



City of Treasure Island

120 108th Avenue

Treasure Island, FL 33706-4702

Phone (727) 547-4575 x 230

Fax (727) 547-4584

IMPERVIOUS SURFACE RATIO AND LOT COVERAGE WORKSHEET

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____ CONTRACTOR EMAIL: _____

JOB SITE ADDRESS: _____

LOT AREA SQ. FT. _____

IMPERVIOUS SURFACE means a surface that has been compacted or covered with a layer of material so that it is highly resistant to or prevents infiltration by stormwater. It includes surfaces such as compacted limerock, or clay, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots and other similar surfaces.

IMPERVIOUS SURFACE RATIO (ISR) means a measure of the intensity of hard surfaced development on a site. An impervious surface ratio is the relationship between the total impervious surface area on a site and the gross land area. The ISR is calculated by dividing the square footage of the area of all impervious surfaces on the site by the square footage of the gross land area.

LOT AREA: The area included within the lot lines of the lot. No public right-of-way shall be included in the calculation of the lot area.

EXISTING IMPERVIOUS SURFACES:

Building Footprint: _____ SQ. FT.

Parking & Drive areas: _____ SQ. FT.

Pool & Patio areas: _____ SQ. FT.

Walkways: _____ SQ. FT.

Other: _____ SQ. FT.

TOTAL EXISTING IMPERVIOUS SURFACE: _____ SQ. FT.

PROPOSED IMPERVIOUS SURFACES:

Building Footprint: _____ SQ. FT.

Parking & Drive areas: _____ SQ. FT.

Pool & Patio areas: _____ SQ. FT.

Walkways: _____ SQ. FT.

Other: _____ SQ. FT.

TOTAL PROPOSED IMPERVIOUS SURFACE: _____ SQ. FT.

$$\frac{\text{Total Existing Impervious Surface}}{\text{Lot Area}} = \text{Existing Impervious Surface \%}$$

$$\frac{\text{Total Proposed Impervious Surface}}{\text{Lot Area}} = \text{Proposed Impervious Surface \%}$$

**IMPERVIOUS SURFACE RATIO AND
LOT COVERAGE WORKSHEET**

LOT COVERAGE means the area of the lot expressed as a percentage of the total lot area covered by the ground floor of all principal and accessory uses and structures, including all areas covered by the roof of such uses and structures measured along the exterior faces of the walls or along the foundation wall line or between the exterior faces of supporting columns or from the centerline of walls separating two buildings or a combination of the foregoing whichever produces the greatest total ground coverage for such uses and structures.

EXISTING LOT COVERAGE:

Main Building Footprint: _____ SQ. FT.
 Main Bldg. Roof Overhangs: _____ SQ. FT.
 Accessory Building Footprint: _____ SQ. FT.
 Accessory Bldg. Roof Overhangs: _____ SQ. FT.
 Other: _____ SQ. FT.

PROPOSED LOT COVERAGE:

Main Building Footprint: _____ SQ. FT.
 Main Bldg. Roof Overhangs: _____ SQ. FT.
 Accessory Building Footprint _____ SQ. FT.
 Accessory Bldg. Roof Overhangs: _____ SQ. FT.
 Other: _____ SQ. FT.

$$\frac{\text{Total Existing Lot Coverage}}{\text{Lot Area}} = \text{Existing Lot Coverage \%}$$

$$\frac{\text{Total Proposed Lot Coverage}}{\text{Lot Area}} = \text{Proposed Lot Coverage \%}$$

I, _____, certify that the calculations submitted above for the Impervious Surface Ratio AND Lot Coverage are accurate and complete.

Contractor Signature: _____ Date: _____