TOWN OF MALABAR

SUPPLEMENTAL INFORMATION FOR ACCESSORY STRUCTURE PERMITS ALL INFORMATION AND DOCUMENTS MUST BE PROVIDED FAILURE TO COMPLETE MAY CAUSE A DELAY ISSUING YOUR PERMIT.

OWNER	Name:	Pro	PERTY ADDRESS:		·
ZONING: STRUCT	LOT AREA: URES ON PROPERTY:	SQ. FT. TOTAL SQ. FT:	PRINCIPAL STRUCTURE:FLOOD ZONE:	SQ. FT.	Number of Accessory
FINISHE	FLOOR ELEVATION:	(NVGD.)			
SETBACI	ks: Front:, Rear: _	, L. Side	:, R. SIDE:	, Corner(s)	·
	Certificate of Occupancy issued for Single Family Residence?				
	Certificate of Completion issued for Principal structure other than SFR?				
	Dedication of additional Right-of-way if required.				
	All contractors and sub-contractors must submit copies of state, and local professional licenses, occupational licenses general liability insurance and worker's comp insurance or exemption.				
	Owner/Builder must provide a signed and notarized disclosure statement (FS Chap. 489).				
	Proof of property ownership is required, (deed, tax bill or receipt, closing statement, or a printout from the property appraiser's office).				
	Survey, signed and sealed by a Florida licensed land surveyor. All elevations must be N.G.V.D Show all rights-of-way and easements.				
	Applicants Responsibility fo	rm. Must be sig	gned by property owner.		
	Notice of Commencement, [] filed, [] recorded.				
	Site Plan, (2 copies) showing location of all proposed and existing structures with full dimensions, show all trees indicating type and trunk caliper of 8 inches or larger at 4 feet above ground. Note those trees to remain or remove.				
	Approved Structural Plans (2 sets) for accessory structure drawn to scale signed/sealed by engineer or architect OR letter of approval signed/sealed by engineer. Design must comply with the Florida Building Code 2010 Ed				
	If "site built", submit (2 copie	es) of window a	and/or door manufacturers	installation inst	ructions and test
	report.				
	If pre-fab, submit (2 copies)	of manufactur	ers specifications and test	data.	
ASSO	CIATED PERMITS:				
	Land clearing & tree remova	al.	Pond a	nd/or Fill, if oth	er than building pad.

INSPECTIONS: CALL 727-7764 x 14

CONTRACTOR OR OWNER MUST CALL FOR ALL INSPECTIONS MARKED ON THE PERMIT. TWENTY FOUR (24) HOUR NOTICE IS REQUIRED FOR INSPECTIONS. TO REQUEST INSPECTIONS, BE PREPARED TO GIVE THE PERMIT NUMBER; JOB SITE ADDRESS; TYPE OF INSPECTION; CALLER'S NAME; INSPECTION DATE AND TIME.