



CITY OF TREASURE ISLAND COMMUNITY DEVELOPMENT DEPARTMENT

10451 GULF BOULEVARD

Treasure Island, FL 33706

Phone: (727) 547-4575 ext. 230 Fax: (727) 547-4584

Inspection Line: (727) 547-4575 ext. 431

New Construction – Residential (1 and 2-Family and Townhouses) **Items Required to Apply for a Permit**

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
- Residential Permit Application** – Signed by the contractor / authorized agent and homeowner. [per FS 713.135 (6)(a)]
- Contract** – Between owner and contractor, signed and dated.
- Subcontractor Verification Form** – (For electrical, plumbing, mechanical, gas, low voltage and/or roofing). Subcontractor will need to come into the Building Department to sign on before the master permit is issued.
- Current Sealed Survey** – To scale; Must include topographic elevations.
- Signed Sealed Drainage Plan** showing existing and proposed elevations as to not drain onto adjacent properties.
- Site Plan** – Must include the dimensions and setbacks of all structures from the property lines, erosion control plan/measures, patios, driveway, walkways, ISR calculations, etc.
- Construction Drawings** – Signed and sealed structural and architectural drawings. Drawings must include the following:
 - Must submit all plans outlined in 107.3.5 FBC for Residential Construction.
 - Design criteria information per Chapter 16 of the current edition of the FBC, with wind speed and exposure Category D – 145 MPH and roughness category D.
 - Foundation plan
 - Floor plan
 - Roof framing plan
 - Square footage breakdown per floor (habitable & non-habitable)
 - Typical wall section(s)
 - Landscape Plan - consistent with the requirements of City Code Chapter 72.0 excepting single-family dwellings and duplex dwellings on lots of 6,000 square feet or less.
 - Sealed roof plan / truss layout, including floor trusses and fastening schedule
 - All exterior elevations
 - Electric plan
 - Mechanical, plumbing, and gas plans
 - Fire sprinkler and fire alarm plans (if applicable)
 - Pile foundation
 - Site plan with overall building and site dimensions, setbacks to all structures from all property lines and the ISR and Lot Coverage calculations.
 - Overall building height shown from grade and from base flood elevation plus 2'.
- Florida Product Approvals** – Obtained from FloridaBuilding.org. Use 2023 Building Code. Show the FL product approval # and appropriate decimal point circled.



**CITY OF TREASURE ISLAND
COMMUNITY IMPROVEMENT DEPARTMENT**

10451 GULF BOULEVARD
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 Fax: (727) 547-4584
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FOR OFFICE USE ONLY
TOTAL FEES \$ _____

NEW CONSTRUCTION - PERMIT APPLICATION
RESIDENTIAL ONLY

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

APPLICATION DATE: _____ PERMIT NUMBER: _____

PROPERTY INFORMATION:

PROJECT ADDRESS: _____

SITE LEGAL DESCRIPTION: _____

PARCEL I.D. NUMBER: _____ EMAIL: _____

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 (WORK DESCRIPTION) _____

OCCUPANCY CLASSIFICATION _____ **CONSTRUCTION TYPE** _____
NUMBER OF FLOORS ____ SQ FT PER STORY ____ SPRINKLED: _____ PROTECTED: _____

CHANGE OF OCCUPANCY CRITERIA:

CURRENT OCCUPANCY: _____ PROPOSED OCCUPANCY: _____

MIXED OCCUPANCY YES/NO: IF YES, CLEARLY IDENTIFY LOCATION ON SITE PLAN. THE LOCATION OF EACH TYPE OF OCCUPANCY AND PROPOSED OCCUPANT LOAD.

VALUE OF WORK: \$ _____

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)

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.

Signature of Owner 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)

(FOR OFFICE USE ONLY)

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



City of Treasure Island

10451 GULF BOULEVARD
Treasure Island, FL 33706-4702

Phone (727) 547-4575 x 230
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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: _____