



# CITY OF TREASURE ISLAND COMMUNITY DEVELOPMENT DEPARTMENT

120 – 108<sup>TH</sup> Ave.

Treasure Island, FL 33706

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

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

## Electrical for Boatlifts

### Items Required to Apply for a Permit

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
- Miscellaneous Permit Application** – Signed by the contractor / authorized agent and homeowner. [per FS 713.135 (6)(a)]
- Contract** – Between owner and contractor, signed and dated.
- Cut Sheet for the Boat Lift (Manufacturer's Specs)**
- Boat Lift Electrical Layout and Lift Wiring Chart**
- Site Plan** – Must show the location of main panel with GFCI dedicated circuit to dock/lift and length of run.

#### **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.
- Condo / Homeowner Association Letter**

*Additional information may be required on a case-by-case basis.*

*A permit application will not be considered complete 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.*

**Permit Tech:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CITY OF TREASURE ISLAND  
COMMUNITY IMPROVEMENT DEPARTMENT**

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FOR OFFICE USE ONLY  
TOTAL FEES \$ \_\_\_\_\_

**MISCELLANEOUS - PERMIT APPLICATION**

**IRRIGATION, AC CHANGE-OUT, MEPS, OTC, SEWER LINE REPAIR, ETC**

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)

**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)

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