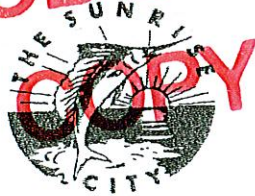


JOB SITE



CITY OF FORT PIERCE, FLORIDA BUILDING DEPARTMENT APPLICATION FOR BUILDING PERMIT (772) 460-2200 EXT. 261 OR 276 FAX (772) 467-9836

Permit # 15-250
FBC 2010

063750

*Property Address 4888 Okonchuba Rd *Date 2-9-15 *# of plans submitted _____ *# of CD's submitted _____
Parcel ID# 2119-122-0001-010-7 Phone # (772) 465-7886 Fax # (772) 465-8448
(Located on your tax bill) Email Address Mike.Miley@openrugs.com Cell # (772) 633-0740
*Owner Name ITPA Storage FT Pierce LLC *Owner Address 215 E 58th Street 4th Floor NYC NY 10022

Type of permit Propane *Valuation \$ 2000.00
*Description of Work Set Aboveground propane dispenser to fill small tanks

Architect: _____ Phone(____) _____ Fax(____) _____

Email Address _____

Engineer: _____ Phone(____) _____ Fax(____) _____

Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # 02707

Company Name Ameri Gas Qualifier Larry Licastol

Address 3301 Cleaveland Ave City/State Fort Pierce FL Zip 34982

Phone # (772) 465-7886 Fax # (772) 465-8448 Cell # (772) 633-0740

Email Address _____

SUBCONTRACTORS: See Subcontractor Verification Sheet. It may be Required to accompany this application

Occupancy _____ Construction Type _____ # of Units _____ # of Stories _____
Sq. Ft. Conditioned Space _____ Total Sq. Ft. _____

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)

Yes No AE 16'

If Yes, the applicant must include certified elevation information on a FEMA NFIP Elevation Certificate.

I understand that no building may be occupied until a Certificate of Occupancy/Certificate of Completion has been issued after final inspection by the Building Department and full compliance with the building code, city and state ordinances and other applicable rules and regulations. I am also verifying that all sets of plans submitted are identical.

Signature of Applicant _____

State of Florida, County of St Lucie

Affirmed to and subscribed before me this _____

_____ 20____ by Larry Licastol

personally known to me or who has produced as identification.

Notary Signature: _____

Notary (print name) Michael Miley

Signature of Property Owner _____

State of Florida, County of _____

Affirmed to and subscribed before me this _____

_____ 20____ by _____

personally known to me or who has produced as identification.

Notary Signature: _____

Notary (print name) _____



Construction documents must accompany this application. The Florida energy code submitted becomes an integral part of this plan and must pass final inspection. *Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. *SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate permits.

*Required Information
Asbestos compliance: It is the owner's or operator's responsibility to comply with section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

FEES: * See the break Down Fee Sheet PF-75.00 SK-4.50

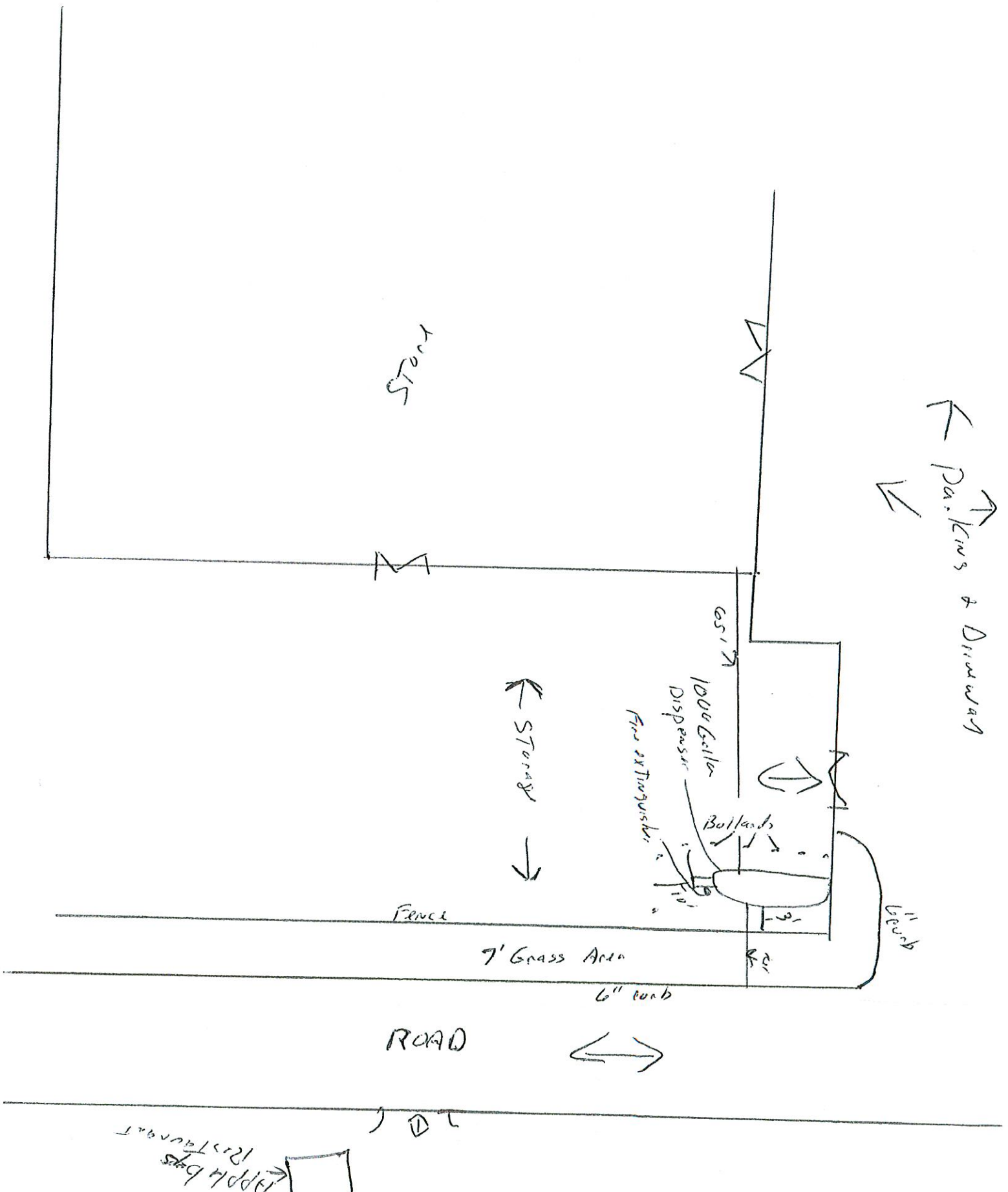
Total Fees Due \$ 164.50 PC-75.00

Remarks _____
Reviewed by _____ Date _____ Building Official _____ Date _____

RECEIVED

FEB 10 2015

Building Department



4890 Okeechobee Rd
Fort Pierce, FL 34947
27.422710, -80.375384

Street View

