



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

Permit # 15-2586
 FBC 2010

FILE COPY

*Property Address 1208 York Ave *Date 7/17/15 *# of plans submitted 2 *# of CD's submitted
 Parcel ID# 2141-504-0003-0007 Phone # (772) 465-7886 Fax # (772) 465-8448
 (Located on your tax bill) Email Address Mike.Miley@amerigas.com Cell # (772) 633-0740
 *Owner Name Robert Clark *Owner Address 1208 York Ave FT Pierce FL 34982

Type of permit Propose *Valuation \$ 1500.00
 *Description of Work Set an aboveground Tank and run gas line to the generator
 Architect: _____ Phone() _____ Fax() _____
 Email Address _____
 Engineer: _____ Phone() _____ Fax() _____
 Email Address _____

*CONTRACTOR/APPLICANT INFORMATION: City License # _____ State License # 02707
 Company Name Ameri Gas Qualifier Larry Licastri
 Address 3301 Cleander Ave City/State Fort Pierce FL Zip 34982
 Phone # (772) 465-7886 Fax # (772) 465-8448 Cell # (772) 633-0740
 Email Address mike.miley@amerigas.com

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

Occupancy SRP 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

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 _____

Signature of Property Owner _____
 State of Florida, County of _____
 Affirmed to and subscribed before me this _____

_____, 20____, by Larry Licastri
 personally known to me or who has produced
 as identification.
 Notary Signature: _____
 Notary (print name) Michael Miley

by _____
 known to me or who has produced
 My Commission # EE217600
 EXPIRES July 18, 2016
 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 469.063, 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.

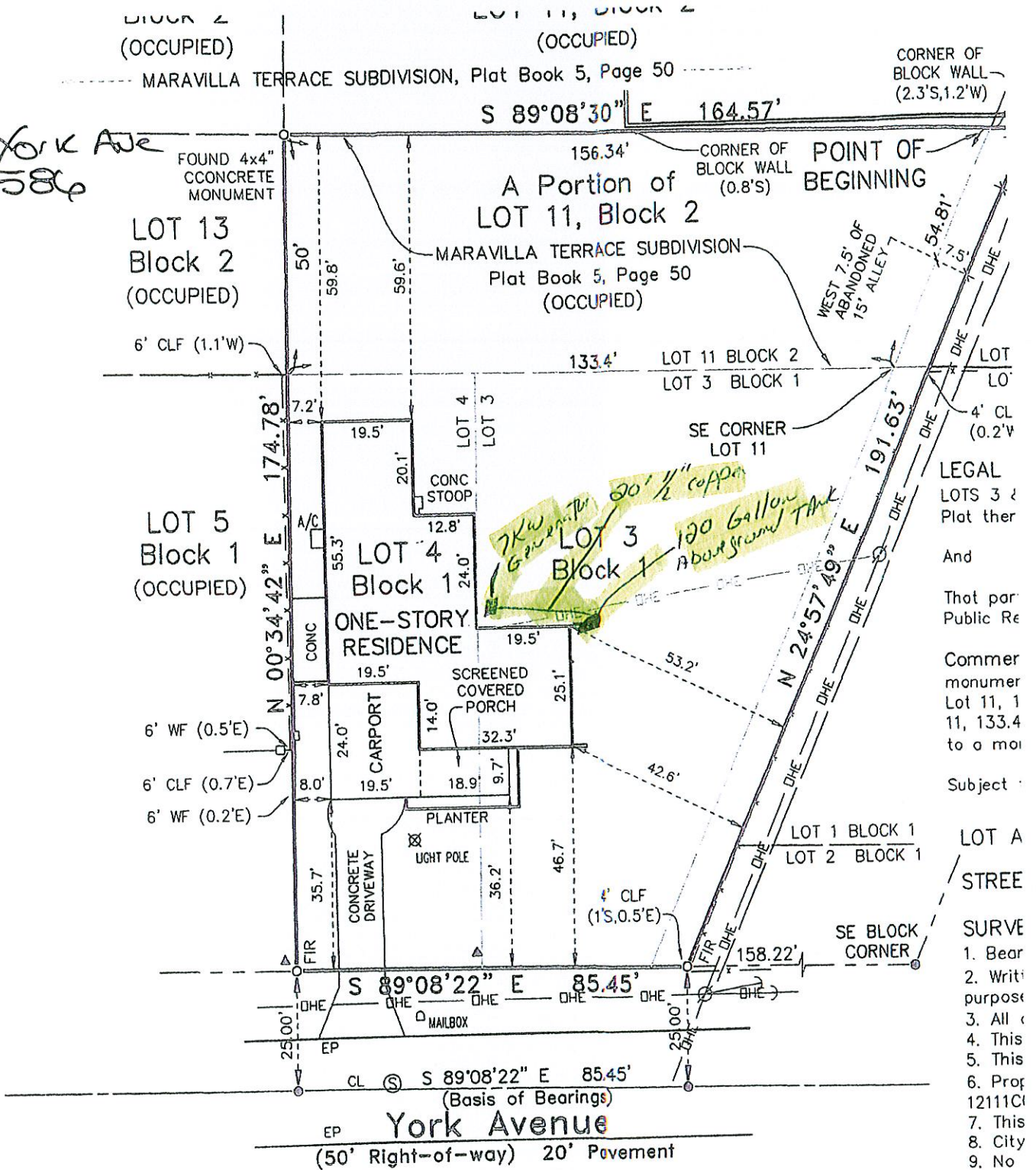
FEES: * See the Break Down Fee Sheet
 Total Fees Due \$ TR. 50
 BC 75.00
 PT 10.00
 Cr. cd. 4.25
 89.25 cr. cd. 3P 75.00
 of 4.50 Need Debris

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

Go drive/building/forms application on PRINT-Fill

Codes OK

1208 York Ave
15-2586



AUGUST 20, 2015
Date of Signature


WILLIAM B. BENNETT
Professional Surveyor & Mapper
Florida Certificate No. 6353
LB No. 7608

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