



# COMMUNITY DEVELOPMENT Dock and Shoreline Application

Property Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_

STRAP #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Unit: \_\_\_\_\_

Job Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Directions to job: \_\_\_\_\_

Contractor Business Name / Applicant Name : \_\_\_\_\_

License Number: \_\_\_\_\_ Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_

Permit Requested: \_\_\_\_\_

Construction Value: \$ \_\_\_\_\_ \*If over \$5,000 an NOC is required.

Estimated Sq.Ft: \_\_\_\_\_ Electric Required:  Yes  No

Are you using Private Provider services for Plan Review?  Yes  No Inspections?  Yes  No

### TYPE OF WATERBODY

Artificial Canal \_\_\_\_\_ Natural Waterbody \_\_\_\_\_

### EACH OF THE FOLLOWING REQUIRE SEPARATE PERMIT APPLICATIONS

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Seawall – Lineal Feet _____              | 10. <input type="checkbox"/> Wetland Boardwalk – Square Feet _____ |
| 2. <input type="checkbox"/> Retaining Wall – Lineal Feet _____       | 11. <input type="checkbox"/> Dune Walkover _____                   |
| 3. <input type="checkbox"/> Rip Rap – Lineal Feet _____              | 12. <input type="checkbox"/> Fishing Pier/Observation Deck _____   |
| 4. <input type="checkbox"/> Dock – Square Feet _____                 | 13. <input type="checkbox"/> Repairs (specify) _____               |
| 5. <input type="checkbox"/> Boatlift _____                           | _____  |
| 6. <input type="checkbox"/> Boathouse – Roof Type _____              | _____  |
| Square Feet _____  | Sq. Ft. _____ Lin. Ft. _____                                       |
| 7. <input type="checkbox"/> Davits _____                             | 14. <input type="checkbox"/> Other (specify) _____                 |
| 8. <input type="checkbox"/> Boatramp _____                           | _____  |
| 9. <input type="checkbox"/> Maintenance Dredging – Cubic yards _____ | _____  |

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true & correct, & complies with Deed of Restrictions.

Signature Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_