



**CITY OF TREASURE ISLAND
COMMUNITY DEVELOPMENT DEPARTMENT**

10451 GULF BOULEVARD
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 ext. 230
Inspection Line: (727) 547-4575 ext. 431

STORM REPAIRS APPLICATION
RESIDENTIAL

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: (OWNER/BUILDER AFFIDAVIT NEEDED IF NO CONTRACTOR)

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE NUMBER: _____ PCCLB LICENSE NUMBER: _____

PROJECT INFORMATION

DOES PROJECT INCLUDE EXTERIOR WORK OR FOOTPRINT CHANGE? **YES OR NO**

USING SUBCONTRACTORS? **YES OR NO**

VALUE OF WORK: \$ _____

SCOPE OF WORK (FULL DESCRIPTION OF ALL WORK BEING PERFORMED)

1st Story/Ground Level:

2nd Story:

3rd Story:

Roof:

OTHER TRADES BEING USED: (PLEASE COMPLETE SUBCONTRACTOR VERIFICATION FORM)

BUILDING: \$ _____

ROOFING: \$ _____

ELECTRICAL:\$ _____

LOW VOLTAGE: \$ _____

PLUMBING: _____

ELEVATOR:\$ _____

MECHANICAL:\$ _____

GAS: \$ _____

OVERHEAD FLOORPLAN



**CITY OF TREASURE ISLAND
COMMUNITY DEVELOPMENT DEPARTMENT**

10451 GULF BOULEVARD
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 Fax: (727) 547-4584
Inspection Line: (727) 547-4575 ext. 431

ALL ITEMS BELOW ARE REQUIRED TO APPLY FOR PERMIT

Application will NOT be processed if items are missing.

Contact our office to determine if your property is FEMA Compliant

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
 - Contractor Documentation** – Certificate of Insurance naming the City of Treasure Island as the Certificate Holder at 10451 Gulf Blvd and Workers Compensation or Workers Compensation Exempt Certificate. (If insurance companies are based out of anywhere but FL, the certificate will need to mention that the policy is valid in Florida)
 - Damage Verification** – Photos of exterior front, sides, & rear, one photo per interior damaged room. If available, a non-damaged exterior photo also.
 - SISD worksheet and affidavits (3-page document at the end of the packet)**
 - The “Just Value” developed by the Pinellas County Property Appraiser’s Office (PCPAO.org_Tools_FEMA Letter). For multi-unit properties, HOA’s or Property Owners will need to divide the Threshold Amount into specified allotments for each unit in building.**
- OR**
- Actual Cash Value (ACV) Appraisal determined by a qualified independent appraiser.**
 - Subcontractor Verification Form** – (For electrical, plumbing, mechanical, gas, low voltage and/or roofing). Subcontractor will need to sign on prior to starting work, either come into the Building Department to sign on or via email.
 - Overhead Floorplan** – An overhead view of each level providing details of the scope of work being done.
 - Notice of Commencement** – For projects with a valuation over \$5,000 – Notarized and recorded at the Clerk of Court. If not provided at time of application, required **prior to first inspection**.
 - Owner/Builder Affidavit** – If homeowner is going to be the contractor. Single family, duplex dwelling, or townhome uncapped. Commercial properties are capped at \$75,000 project valuation. Property cannot be sold or rented for 12 months of project completion.

- Asbestos Report** – Two sets, if working in a commercial building or condo building with more than 4 units, unless the building was constructed after 1989.
- Florida Product Approvals** – (windows, doors, soffits, roofing) Obtained from FloridaBuilding.org. Two sets; Use 2023 Building Code. Show the FL product approval # and applicable model & digits following the decimal point.

One set of installation instructions or site-specific engineering for:

- Exterior doors
- Exterior windows
- Roofing (tiles/shingles/modified bit & underlayment)
- Garage doors (include glass info if applicable)
- HVAC stands
- Soffit / Fascia
- Siding

Additions (Changing building footprint) must also provide:

- Site Plan** - Show site and building overall dimensions, ISR, Lot Coverage and setbacks from all building(s) to closest point of property line.
- Drainage Plan** – Signed and sealed by a civil engineer; Must include enough topographic elevation shots to ensure no drainage to adjacent properties.
- Current Sealed Survey** – If the scope of work extends outside the original envelope of the structure; Must be to scale and must show all improvements and proposed work, erosion control plan/measures, and setbacks from all property lines to closest point of structure(s).

If Applicable:

- Energy Calculations** – For addition or expansion of square footage.
- Elevation Certificate** – For construction drawings. Not applicable for condos.
- Updated Non-Conversion Agreement** – **ONLY for New or Substantially improved structures.**

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.

Additional information may be required on a case-by-case basis. A permit application will not be accepted 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.

**Owner AND Contractor Notarized signatures required per F.S. 713.135(6)(a)
COMMERCIAL AND BUSINESSES SUBJECT TO THE FEMA 50% RULE.**

The city recommends a market value appraisal prior to the start of construction.

Signature of Owner Builder or Agent

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.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name
of Notary Public)

Signature of Contractor

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.

Signature of Notary Public

(Print, Type or Stamp Commissioned Name
of Notary Public)



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SUBCONTRACTOR VERIFICATION FORM

MASTER APPLICANT MUST PROVIDE ALL SUB-CONTRACTOR FORMS, SIGNED BY THE RESPECTIVE LICENSE HOLDER(S), PRIOR TO ISSUANCE OF MASTER PERMIT

MASTER BUILDING APPLICANT

MASTER PERMIT #: _____

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

SIGNATURE CONTRACTOR / AGENT: _____ **DATE:** _____

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.

BUILDING CONTRACTOR _____ \$ _____

ELECTRICAL CONTRACTOR _____ \$ _____

PLUMBING CONTRACTOR _____ \$ _____

MECHANICAL CONTRACTOR _____ \$ _____

GAS CONTRACTOR _____ \$ _____

ROOF CONTRACTOR _____ \$ _____

LOW VOLTAGE CONTRACTOR _____ \$ _____

ELEVATOR CONTRACTOR _____ \$ _____

MISC VALUATION &/OR ITEMS PURCHASED BY HOMEOWNER... \$ _____

FOR NEW CONSTRUCTION PROJECTS ONLY (WILL REQUIRE A SEPARATE PERMIT):

FIRE SPRINKLER VALUATION \$ _____

FIRE ALARM VALUATION \$ _____

SWIMMING POOL / SPA VALUATION..... \$ _____

DRIVEWAY VALUATION..... \$ _____

FENCING VALUATION \$ _____

IRRIGATION VALUATION \$ _____

TOTAL JOB VALUATION..... \$ _____

MASTER PERMIT #: _____

ELECTRICAL APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

MECHANICAL APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

MASTER PERMIT #: _____

PLUMBING APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

GAS APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

MASTER PERMIT #: _____

ROOF APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

LOW-VOLTAGE APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ PCCLB LICENSE #: _____

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

MASTER PERMIT #: _____

ELEVATOR APPLICATION

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE#: _____ (please attach copy of State License)

VALUATION \$: _____

DESCRIPTION OF WORK: _____

CONTRACTOR NAME (PRINT): _____

SIGNATURE CONTRACTOR / AGENT: _____ DATE: _____

(To be signed prior to Master Applicant permit issuance)

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.

INSTRUCTIONS Floodplain Cost Breakdown Worksheets:

This itemized cost breakdown supports a detailed substantial damage assessment. The itemization consists of a Building breakdown page, Electrical, Plumbing, & Mechanical breakdown page, Gas, Roof & Misc. breakdown page, followed by a Total Cost breakdown with Contractor signature (or Property Owner if acting as Owner/Builder) page. ALL COSTS, including area/quantity, materials (new or used), labor costs, and totals MUST be included.

1. Fill in the “*Area/Quantity*” column as necessary to provide an estimate of the size of the work area or the quantity of items, such as square feet of drywall, number of outlets, doors, windows, etc.
2. Provide materials cost for BOTH new and used items. “*New Materials*” will be the costs for new materials being used for that specific line item. “*Used Materials*” will be for costs of removed materials that are being re-installed for that specific line item. Insert the material cost of purchasing the used material, repairing the reused item (if any), or storing the existing materials. This will indicate items which were removed and reinstalled on the project and not needed to be re-purchased (kitchen cabinets removed and reinstalled, interior doors reused, etc.)
3. All items, new or reused, will have an associated labor cost involved. Insert this cost in the “Labor” column. The associated labor cost should align with RSMeans 2024 Contractor's Pricing Guide: Residential Repair & Remodeling Costs Book **OR** use an average of \$25 per hour for all labor.
4. Carry all costs over to the Total Cost and add together to equal the Grand Total on page 17.
5. If an item or work description is not part of the cost breakdown and is found on the Scope of Work Narrative, the cost breakdown will be deemed incomplete.
6. If there are any items used on this project that are not listed on the worksheets, add them to the blank spaces provided in the Miscellaneous Costs.
7. If you are acting as the OWNER/BUILDER, overhead and profit must be included on the FEMA Cost Breakdown Worksheet. Typical O&P is an additional 10%.
8. The Property Valuation Affidavits should be completed by BOTH the CONTRACTOR & PROPERTY OWNER. The first amount will reflect the TOTAL VALUE OF WORK. The second amount should reflect your FEMA 50% AMOUNT. Owner/Builders must complete BOTH.

COSTS FOR SUBSTANTIAL IMPROVEMENTS / REPAIR OF SUBSTANTIAL DAMAGE:

Included Costs

Items that must be included in the costs of improvement or costs to repair are those that are directly associated with the building. The following list of costs that must be included is not intended to be exhaustive, but characterizes the types of costs that must be included:

<ul style="list-style-type: none"> • Materials and labor, including the estimated value of donated or discounted materials and owner or volunteered labor • Site preparation related to the improvement or repair (foundation excavation, filling in basements) • Demolition and construction debris disposal • Labor and other costs associated with demolishing, moving, or altering building components to accommodate improvements, additions, and making repairs • Costs associated with complying with any other regulation or code requirement that is triggered by the work, including costs to comply with the requirements of the Americans with Disabilities Act (ADA) • Costs associated with elevating a structure to an elevation that is lower than the BFE • Construction management and supervision • Contractor's overhead and profit • Sales tax on materials • Structural elements and exterior finishes, including: <ul style="list-style-type: none"> • Foundations (spread or continuous foundation footings, perimeter walls, chain walls, pilings, columns, posts, etc.) • Monolithic or other types of concrete slabs • Bearing walls, tie beams, trusses • Joists, beams, subflooring, framing, ceilings • Exterior finishes (brick, stucco, siding, painting, trim, etc.) 	<ul style="list-style-type: none"> • Interior non-bearing walls • Windows and exterior doors • Roofing, gutters, and downspouts • Hardware • Attached decks and porches • Interior finish elements, including: <ul style="list-style-type: none"> • Floor finishes (hardwood, ceramic, vinyl, linoleum, stone and wall-to-wall carpet over subflooring, etc) • Bathroom tiling and fixtures • Wall finishes (drywall, paint, stucco, plaster, paneling, marble, etc) • Built-in cabinets (kitchen, bathroom, utility, entertainment, storage, etc) • Interior doors • Interior finish carpentry • Built-in bookcases and furniture • Hardware • Insulation • Utility and service equipment, including: <ul style="list-style-type: none"> • HVAC equipment • Plumbing fixtures and piping • Electrical wiring, outlets and switches • Light fixtures and ceiling fans • Security systems • Built-in appliances • Central vacuum systems • Water filtration, conditioning, and recirculation systems • Smoke detectors
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Additional costs:

- Materials and labor (must be included even if donated)
- Site preparation related to the improvement or repair (e.g., foundation repair or grading)
- Demolition and construction debris removal
- Costs associated with demolishing, removing, or altering building components
- Sales taxes on materials
- Costs associated with complying with another regulations or code requirement that is triggered by the work (including costs to comply with ADA)
- Construction management and supervision
- Overhead and profit

Excluded Costs

- Clean-up and trash removal
- Costs to temporarily stabilize a building so that it is safe to enter to evaluate required repairs
- Costs to obtain or prepare plans and specifications
- Land survey costs
- Permit fees
- Outside improvements, including landscaping, irrigation, sidewalks, driveways, fences, swimming pools, pool enclosures, yard lights, detached accessory structures (garages, sheds, gazebos, etc)
- Plug-in appliances such as washing machines, dryers, stoves
- Costs required for the minimum necessary work to correct existing violations of health, safety and sanitary codes

- **Items not considered real property including:**
 - Throw rugs
 - Carpeting and re-carpeting installed over finished flooring such as wood or tiling
 - Furniture that is not built-in
 - Refrigerators
 - Appliances which are not built-in (e.g., free standing microwave on the counter is not considered built-in)

- **Outside improvements including:**
 - Landscaping
 - Irrigation systems
 - Sidewalks and driveways
 - Fences
 - Yard lights
 - Swimming pools and outdoor spas
 - Screened pool enclosures
 - Sheds
 - Gazebos
 - Detached structures (including detached garages)
 - Docks and davits
 - Seawalls
 - Decks



TREASURE ISLAND
FLORIDA

**SUBSTANTIAL IMPROVEMENTS/DAMAGE REPAIRS WORKSHEET
FOR SINGLE-UNIT BUILDINGS**

Please note these forms are not required for compliant structures

Address:		
City: Treasure Island	State: FL	Zip Code: 33706
Please List All *Relevant Permits for this Unit		
Permit #1:	Permit Value: \$	
Permit #2:	Permit Value: \$	
Permit #3:	Permit Value: \$	
TOTAL VALUE OF ALL PERMITS: \$		
Check here if there are more than 3 permits, please attach a list of additional permits. <input type="checkbox"/>		

All costs associated with improving and/or repairing a structure shall be included on this worksheet. Even if the work was completed by someone else or is not associated with a natural disaster.

PROPERTY OWNER: SELECT ONE OF THE FOLLOWING

Actual Cash Value (ACV) Appraisal: \$ _____ I accept the value of the structure based on the recent Actual Cash Value Appraisal for my property. (Retrospective appraisals will only be accepted for structures subjected to unforeseen damage from fire, hurricane, etc.)	<input type="checkbox"/>
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OR

Just Value PCPAO FEMA/WLM Letter \$ _____ I accept the value of the structure based on the Just Value prepared for property tax purposes from the Pinellas County Property Appraiser's records (FEMA/WLM Letter).	<input type="checkbox"/>
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FEMA 50% SUBSTANTIAL IMPROVEMENTS/DAMAGE REPAIRS PERCENTAGE

\$	/	\$	=	%
Total Value of All Permits Input this number in the blank in the first sentence of the Affidavits		Structure Value Input this number in the blank in the second sentence of the Affidavits		Substantial Improvement/Damage

Property Owner Name:	
Signature:	Date:
A signed and notarized Authorized Agent Form is included <input type="checkbox"/>	
OR Authorized Agent Name:	
Signature:	Date:

*Relevant permits are any permits that are currently open or are for repairs due to damage from a natural or manmade disaster (arson, civil disorder, etc.).

**NOTE: If the improvements and/or damage repairs exceed the FEMA 50% threshold, compliance with the flood resistant construction requirements of the Florida Building Code and the City's floodplain management regulations is required, pursuant to Sec. 66-103.4 of the City's Code, which may include, but is not limited to, elevation of the structure to Base Flood Elevation (BFE) plus 2 feet at a minimum, demolition of the existing structure, or wet/dry flood proofing the structure.

USE THIS FORM FOR SINGLE OWNER STRUCTURES, RESIDENTIAL OR COMMERCIAL.



TREASURE ISLAND
FLORIDA

**SUBSTANTIAL IMPROVEMENTS/DAMAGE REPAIRS
PROJECT VALUE AFFIDAVIT FOR SINGLE-UNIT BUILDINGS
CONTRACTORS (and Owner/Builder)**

Address:		
City: Treasure Island	State: FL	Zip Code: 33706
Property Owner Name:		
Company Name:		
Contractor Name:		License Number:
Contractor Address:		
Phone Number:		Email:

I hereby attest to the fact that I, or a member of my firm, affirm that the Total Value of All Permits in the amount of \$_____ encompasses the full scope of work as described and delineated in the plans and specifications submitted for this property. This includes all additions, renovations, or remodeling of the above-referenced property, including work done by others.

I further attest that this Total Value of All Permits is equal to or less than 50% of the Structure Value, which has been indicated as \$_____ by the Pinellas County Property Appraiser's Office or by a certified appraiser.

I fully understand that any work outside the original scope of work, including additional defects, additional reconstruction costs, additional damages, or unforeseen repairs (e.g. termite damage, deteriorated wood) will require a permit revision or a new permit and be included in the cumulative cost of work.

I understand that I am subject to enforcement actions and/or penalties, including fines, if inspections reveal repairs or improvements not included in the approved scope of work, permit application, or approved building plans. This includes any non-conforming or illegal structures or additions that have not been permitted.

I also understand that any permit issued by the City of Treasure Island based on this affidavit does not authorize the reconstruction, repair, or maintenance of any illegal additions, fences, sheds, or non-conforming uses or structures on the subject property unless otherwise authorized.

STATE OF _____

Contractor Signature

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical appearance or online notarization, on this ____ day of _____, 20____, by _____ who is personally known to me, or provided identification: _____

NOTARY PUBLIC
State of _____ at Large

Notary Signature



TREASURE ISLAND
FLORIDA

**SUBSTANTIAL IMPROVEMENTS/DAMAGE REPAIRS
PROJECT VALUE AFFIDAVIT FOR SINGLE-UNIT BUILDINGS
PROPERTY OWNERS**

Address:		
City: Treasure Island	State: FL	Zip Code: 33706
Property Owner Name:		
Mailing Address (if different from above):		
City:	State:	Zip Code:
Phone Number:	Email:	

I hereby attest to the fact that the Total Value of All Permits in the amount of \$ _____ encompasses the full scope of work as described and delineated in the plans and specifications submitted for this property. This includes all additions, renovations, and/or remodeling as noted on the SI/DI Worksheet.

I further attest that the Total Value of All Permits is equal to or less than 50% of the Structure Value, which has been indicated as \$ _____ by the Pinellas County Property Appraiser's Office or by a Certified Appraiser.

I understand that any work outside the original scope of work, including additional defects, additional reconstruction costs, additional damages, or unforeseen repairs (e.g. termite damage, deteriorated wood) will require a permit revision or a new permit and be included in the cumulative cost of work.

I understand that I am subject to enforcement actions and/or penalties, including fines, if the inspection of the property reveals that I, or my contractor, have made repairs or improvements not included in the approved scope of work, permit application, or approved building plans. This includes any non-conforming or illegal structures or additions that have not been permitted.

I also understand that any permit issued by the City of Treasure Island based on this affidavit does not authorize the reconstruction, repair, or maintenance of any illegal additions, fences, sheds, or non-conforming uses or structures on the subject property unless otherwise authorized.

STATE OF _____

Owner Signature

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical appearance or online notarization, on this ____ day of _____, 20____, by _____ who is personally known to me, or provided identification: _____

NOTARY PUBLIC

State of _____ at Large

Notary Signature