



**Town of Longboat Key  
Planning, Zoning and Building Department**

501 Bay Isles Road  
Longboat Key, Florida 34228  
941-316-1966  
941-316-1970 FAX

**BINDING INTERPRETATION OF MINOR WORK**

Application must be completed in its entirety, and owner's signature notarized.

**This Binding Interpretation of Minor Work is specific to the owner's site and proposed project. This form, and the Building Official's response, are based on Town Code Section 150.30(D) and Chapter 154, Flood Control. When completing this form add any additional information required to fully identify the project scope. This permit does not waive any other required local, state or federal permits/approvals.**

**JOB SITE:**

Street Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Name of Development \_\_\_\_\_

**PROPERTY OWNER:**

Name (as listed on property record) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Please answer the following questions that apply to this proposed project:**

- Will you be using a contractor for any of the proposed work? Yes \_\_\_\_ No \_\_\_\_
- Was your structure constructed prior to 1975? Yes \_\_\_\_ No \_\_\_\_
- Does your structure have a fire sprinkler system? Yes \_\_\_\_ No \_\_\_\_
- Does your structure have a smoke detection system? Yes \_\_\_\_ No \_\_\_\_

Explain the Scope of Work: \_\_\_\_\_

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**Attach additional information regarding your proposed project that will clarify the exact scope of work.**

The project described above will be approved, or denied, based upon the information provided. If the request is denied, please contact the Building Official for assistance on what permits will be required for your project.

**SIGNATURE OF PROPERTY OWNER(S)/CONTRACTOR**

(I) (WE) understand that this document becomes a part of the permanent records of the Town of Longboat Key. (I) (WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

Signature of Owner 1: \_\_\_\_\_

Printed/Typed Name of Owner \_\_\_\_\_

Signature of Owner 2: \_\_\_\_\_

Printed/Typed Name of Owner \_\_\_\_\_

**In addition to Owner's signature, please complete this section if the owner designates a contractor to act on their behalf in regard to this Binding Interpretation of Minor Work:**

Signature of Contractor \_\_\_\_\_

Printed/Typed Name of Contractor \_\_\_\_\_

State License Number: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTARIZATION OF OWNER'S SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of physical presence  or online notarization , this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ By \_\_\_\_\_ as (type of authority) \_\_\_\_\_ for (name of party on behalf) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Printed/Stamped Name of Notary Public \_\_\_\_\_

Personally known  OR produced identification  Type of ID. \_\_\_\_\_

**Building Official Signature:** \_\_\_\_\_ **APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_