

Town of Longboat Key Planning, Zoning and Building Department

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

SHORELINE CONSTRUCTION PERMIT APPLICATION

Application must be completed in ink or typed. Please submit three copies of application and supporting documentation, along with one (1) digital copy of materials. License holder or owner signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY: Permit No. _____ Fees Due ____ Receipt No. ____ IF PAYING BY CREDIT CARD, PLEASE COMPLETE A CREDIT CARD AUTHORIZATION FORM JOB SITE PROJECT/COMPLEX NAME (IF ANY): STREET ADDRESS: UNIT # COUNTY: ☐ MANATEE ☐ SARASOTA LOT(s) # PARCEL ID #: OWNER OF RECORD CONTRACTOR/APPLICANT OR OWNER AS CONTRACTOR ☐ If Property Owner is applicant, please skip to Property Owner Information LICENSES: STATE # _____ SARASOTA CO: _____ MANATEE CO: APPLICANT/QUALIFIER NAME: _____ COMPANY NAME: STREET/MAILING ADDRESS: _____STATE:______ZIP: ______ PHONE #: ______FAX: # _____ EMAIL ADDRESS:

Town of Longboat Key Shoreline Construction Permit Application Page ${\bf 2}$ of ${\bf 3}$

PROPERTY OWNER (Required)

NAME AS ON PROPERTY RECORD	OS:		
COMPANY NAME:			
STREET/MAILING ADDRESS:			
CITY:	STATE: _		_ZIP:
PHONE #:	CELL #:	FAX: #	#
EMAIL ADDRESS:			
PROJECT DESCRIPTION:			
Site Is: Single Family □	Multi Family	Duplex	Commercial
Scope of Work (describe what you ar	re doing):		
ARCHITECT/ENGINEER (Require	ed)		
Licensed Architect Licensed	d Engineer \square		
Florida License No.			
NAME OF PROFESSIONAL			
COMPANY NAME:			
STREET/MAILING ADDRESS:			
CITY:	STATE: _		_ZIP:
PHONE #:	CELL #:	FAX: #	#
EMAIL ADDRESS:			
PERMIT FEES:			
The Planning, Zoning and Build construction permit the following			
Per linear foot of proposed shoreline construction: Total linear feet			\$50.00 per linear foot
Off-shore and on shore areas to be filled not in excess of one square acre			\$50.00 per acre
For each additional off-shore acre or fraction thereof to be filled			\$15.00 per acre
For each on-shore cubic yard of fill		\$00.01 per cubic yard	
Canal Maintenance Work			\$50.00 per acre
 Dredaina 			\$85.00

CONTRACTOR/AGENT/OWNER AFFIDAVIT:

Application is hereby made to obtain a permit to the work and installation as indicated. I certify that all the information is accurate and complete. I certify that where required, all plans have been prepared by, or under the direct supervision of, an engineer registered and licensed by the state. 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 further certify that I have entered into a contract with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in this application. I certify that all the foregoing information is accurate and that the work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the correct Town Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this application including but not limited to ALL REVIEW FEES AND PERMIT FEES. **NOTICE**: In addition to the requirements for this permit, there may be additional restrictions to this property that may be found in the public records of the county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

OWNERS 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. I agree to allow any authorized employee of the Town of Longboat Key to enter upon the premises associated with this project for the purpose of ascertaining compliance with the terms and conditions of the application, or permit, and/or permit stipulations.

I hereby acknowledge that I have read and unde	rstood the above affidavit on this	day of
, 20		
Signature		
Print Name		
NOTARIZATION OF SIGNATURE		
State of		
County of		
The foregoing instrument was acknowledged befor	re me by means of physical presence \Box	or online notarization
口, thisday of20	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	on Type of ID.	
OWNER'S SUBMISSION STATEMENT: Under pena	alty of perjury, I declare that all the info	ormation contained in

Revised 2/25/2023

this permit application is true and correct.