



BUILDING DEPARTMENT

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MISCELLANEOUS STRUCTURE APPLICATION

JURISDICTION: PALM BAY, FLORIDA DATE: _____

ADDRESS: _____

LOT: _____ BLOCK: _____ TOWNSHIP: _____

RANGE: _____ SECTION: _____ TAX ACCOUNT#: _____

DESCRIPTION OF WORK: _____

ZONING DISTRICT: _____ TOTAL SQ. FT. OF PROPOSED STRUCTURE: _____

PROPERTY OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Owner's Signature: _____ Date: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

FOR OFFICE USE ONLY

ACCEPTED BY: _____ ZONING APPROVAL: _____

FLOOD ZONE DESIGNATION (Office Use Only): _____