



**LAND DEVELOPMENT DIVISION**

120 Malabar Road SE • Palm Bay, FL 32907

Telephone: (321) 733-3042 • Fax: (321) 953-8920 • M-F 8:00 a.m. - 4:30 p.m.

**MISCELLANEOUS STRUCTURE APPLICATION**

**\*\* Applications submitted after 4:00 p.m. will be processed the following day \*\***

Full Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Tax Account #: \_\_\_\_\_

Description of Work (Type of Fence, Height, # of gates; Type of structure): \_\_\_\_\_

\_\_\_\_\_

Zoning District: \_\_\_\_\_ Total Square Feet of Proposed Structure(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Check if any of the following pool information applies:**

\_\_\_ Inground pool on site. \_\_\_ Pool **and** barrier on site. \_\_\_ Permit(s) in process with the Building Dept.

Property Owner (Print Name): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SITE PLAN:** The structure shall be clearly indicated and dimensioned on a survey or scaled drawing

FOR FENCE INSTALLATIONS, THE ATTACHED AGREEMENT MAY BE APPLICABLE.

BE ADVISED that the "finished side" of a wood fence must face away from the home (Section 170.113)

**CONTRACTOR INFORMATION (if applicable)**

Contractor Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**FLORIDA DEPARTMENT OF HEALTH-BREVARD COUNTY**

\*All accessory structures must be approved by the Florida Department of Health. The site plan submitted to the City of Palm Bay shall contain a stamp of approval from this agency. They may be contacted at: 2725 Judge Fran Jamieson Way, Suite A116, Viera, FL 32940, Telephone: (321) 633-2100 Ext. 9372

**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_