



**TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING DEPARTMENT**

501 Bay Isles Road, Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970

**PROPERTY OWNER'S REQUEST FOR BINDING INTERPRETATION OF MINOR WORK
SPECIFIC TO OWNER'S SITE AND PROPOSED PROJECT**

This form and the Building Official's response are based on Town Code Section 150.30 (D). When completing this form, please read carefully and add any additional information required to fully identify the scope of the proposed project.

PROPERTY OWNER(S) NAME(S): _____

SITE ADDRESS: _____ UNIT _____

CONTACT/MAILING ADDRESS: _____

CONTACT EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL PHONE: _____ OTHER PHONE: _____

EMAIL: _____ CONTACT FAX: (_____) _____

PLEASE CHECK "YES" TO ALL ITEMS BELOW THAT APPLY TO YOUR PROJECT:

- 1. Will you be using a contractor for any of the proposed work? YES
- 2. Have you signed a contract, which you can supply, for the work: YES
If "yes" attach a copy of the contract(s)
- 3. Was your building constructed before 1974? YES
Is it a FEMA (federal flood regulations) non-conforming building? YES
- 4. Does your building have a fire sprinkler system? YES
- 5. Does your building have a smoke detection system? YES
- 6. Are you removing, moving, replacing, changing, altering, or adding new any of the following items:

Walls	<input type="checkbox"/> YES	Trim work/moldings	<input type="checkbox"/> YES	Guardrails	<input type="checkbox"/> YES
Windows	<input type="checkbox"/> YES	Painting: interior	<input type="checkbox"/> YES	Electrical work	<input type="checkbox"/> YES
Doors	<input type="checkbox"/> YES	Painting: exterior	<input type="checkbox"/> YES	Mechanical/AC equipment	<input type="checkbox"/> YES
Screening	<input type="checkbox"/> YES	Wallpaper	<input type="checkbox"/> YES	Duct work	<input type="checkbox"/> YES
Concrete work	<input type="checkbox"/> YES	Soffits	<input type="checkbox"/> YES	Plumbing: inside/outside	<input type="checkbox"/> YES
Flooring	<input type="checkbox"/> YES	Fascia	<input type="checkbox"/> YES	Hot water heater: gas	<input type="checkbox"/> YES
Drywall	<input type="checkbox"/> YES	Siding	<input type="checkbox"/> YES	Hot water Heater: electric	<input type="checkbox"/> YES
Pool cage	<input type="checkbox"/> YES	Stairs	<input type="checkbox"/> YES	Sink	<input type="checkbox"/> YES
Elevated deck	<input type="checkbox"/> YES	Handrails	<input type="checkbox"/> YES	Toilet	<input type="checkbox"/> YES
Decking boards	<input type="checkbox"/> YES				

OTHER: _____

Please provide below or attach any additional information regarding your proposed project that will further clarify the exact scope of work.

The project described above will be approved or disapproved based upon information provided. If disapproved, please contact the Planning, Zoning and Building Department for assistance on what permits will be required.

BUILDING OFFICIAL
DETERMINATION STAMP