

**TOWN OF LONGBOAT KEY PROPERTY OWNER'S REQUEST
FOR BINDING INTERPRETATION OF MINOR WORK SPECIFIC TO
OWNER'S SITE AND PROPOSED PROJECT AS PROVIDED FOR IN 150.30 (D)**

Please read carefully and fill out this form adding any additional information required to fully identify your proposed project.

PROPERTY OWNER(S) NAME(S): _____

SITE ADDRESS: _____ UNIT _____

CONTACT/MAILING ADDRESS: _____

_____ ZIP _____

LOCAL PHONE: _____ CONTACT PHONE:(_____) _____

PLEASE CHECK "YES" TO ALL WORK THAT APPLIES 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
a. 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 any additional information regarding your proposed project that will further clarify the exact scope of work. Attached additional pages or other documentation as you see fit.

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

BUILDING OFFICIAL
DETERMINATION STAMP