



# ***Board of County Commissioners Engineering Division***

***1801 27<sup>th</sup> Street  
Vero Beach, Florida 32960-3399  
Telephone: (772) 226-1283***

March 3, 2025

Joel Molinari  
Rain Tree Corner HOA  
1025 54<sup>th</sup> Ave  
Vero Beach, FL 32966

RE: IRC Right-of-Way Permit No. 2025020013  
Culver Replacement

Mr. Molinari:

The Engineering Division of Indian River County has approved the above referenced right-of-way permit application. However, THIS PERMIT HAS NOT BEEN ISSUED and NO WORK IN THE RIGHT-OF-WAY is authorized at this time. One of the standard permit conditions requires the permittee to notify the County a minimum of 72 hours (3 business days) prior to the start of construction in the right-of-way. When ready, please complete the attached "Notice of Commencement" form and forward to [IRCPWROWUTL@indianriver.gov](mailto:IRCPWROWUTL@indianriver.gov) for processing. You will be notified once work in the right-of-way is approved.

Please note that in some instances we will request a brief onsite meeting the day of construction start to discuss and clarify the conditions of the permit and answer any questions you and/or your contractor may have.

It is our intention to work with all utility providers to ensure the safe and efficient delivery of services to the residents and businesses of the County while maintaining the quality of existing infrastructure and minimizing the disruption to the community.

Sincerely,

A handwritten signature in blue ink, appearing to be "Wendy S. Smith", is written over a light blue horizontal line.

Wendy S. Smith  
ROW Permitting Administrator  
Indian River County Public Works - Engineering Division  
[WSmith@indianriver.gov](mailto:WSmith@indianriver.gov)



***Indian River County – Public Works  
Engineering Division  
Right-of-Way Permit  
Notice of Commencement***

**IRC Permit #:**

**Project Location:**

**Proposed Start Date:**

**Estimated End Date:**

**Permittee Responsible Charge Contact Information:**

**Name:**

**E-mail:**

**Mobile Phone:**

**Contractor Name:**

**License #:**

**Contractor Foreman Contact Information:**

**Name:**

**E-mail:**

**Mobile Phone:**

**Will lane closures be required (yes or no):**

**If yes, describe location:**

**Start date:**

**End date:**

**Will a detour be required (yes or no):**

(If yes, proposed MOT plan must be attached to this submission)

**Approved:**

**ROW Permitting Administrator**

**Approved:**

**Traffic Engineering**