

LEVY COUNTY DEVELOPMENT DEPARTMENT

P.O. BOX 672 BRONSON, FL. 32621

352-485-5198

AGRICULTURAL AFFIDAVIT

AFFIANT'S NAME: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION OR PARCEL I.D. NUMBER: _____

THE UNDERSIGNED, BEING FIRST DULY SWORN BY ME, AN OFFICER AUTHORIZED TO TAKE OATHS AND MAKE ACKNOWLEDGMENTS IN THE STATE OF FLORIDA, STATES AS FOLLOWS:

1. AFFIANT IS EIGHTEEN (18) YEARS OF AGE OR OLDER.
2. THE ELECTRICAL SERVICE DESIRED BY AFFIANT IS SOLEY FOR THE PURPOSE OF AGRICULTURAL USES IN SUPPORT OF AFFIANT'S BONA FIDE AGRICULTURE OPERATION. TYPE OF AG USE TO BE SUPPORTED OR INITIATED:

3. AFFIANT AGREES TO USE THE ELECTRICAL SERVICE FOR NO OTHER PURPOSE THAN THOSE STATED IN LINE 2 ABOVE. AFFIANT ACKNOWLEDGES THAT THE USE OF THE ELECTRICAL SERVICE FOR PURPOSES OTHER THAN AGRICULTURE MAY RESULT IN THE TERMINATION OF ELECTRICAL SERVICE WITHOUT FURTHER NOTICE TO THE AFFIANT.
4. AFFIANT UNDERSTANDS THAT IN THE EVENT IT IS DETERMINED THAT MISREPRESENTATION HAS BEEN MADE FOR THE PURPOSE OF OBTAINING THE ELECTRICAL SERVICE, THE DEVELOPMENT DEPARTMENT MAY REQUEST THE UTILITY PROVIDER TO RETIRE OR OTHERWISE TERMINATE THE ELECTRICAL SERVICE WITHOUT FURTHER NOTICE TO THE AFFIANT.
5. AFFIANT DOES HERBY AGREE THAT THE DEVELOPMENT DEPARTMENT PERSONNEL, UPON NOTICE TO THE OWNER, MAY ENTER THE PROPERTY AT A REASONABLE TIME OF DAY TO VERIFY PROPER USE OF THE AGRICULTURAL ELECTRIC SERVICE.

PLEASE LIST A CONTACT TELEPHONE NUMBER SO THAT THE DEPARTMENT MAY CONTACT YOU TO COORDINATE ANY COMPLIANCE CHECKS.

PHONE NUMBER: (_____) - _____ - _____

AFFIANT'S SIGNATURE

SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

TYPE OF IDENTIFICATION: PERSONALLY KNOWN _____ IDENTIFICATION _____

NOTARY SIGNATURE

NOTARY PRINTED

LEVY COUNTY DEVELOPMENT DEPARTMENT

APPLICATION FOR PERMIT

P.O. BOX 672, BRONSON, FL. 32621 352-486-5198, 352-486-5200, 352-486-5202

TAX FOLIO NO: (PARCEL#)	DATE:
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OWNERS NAME	OWNERS ADDRESS _____
	City _____

PHONE #	State _____ Zip _____
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CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)	CONTRACTOR'S ADDRESS _____
	CITY _____

PHONE #	STATE _____ ZIP _____
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JOB NAME	JOB ADDRESS _____
	CITY _____ COUNTY - LEVY _____

LEGAL DESCRIPTION _____

SUBDIVISION _____	LOT _____	BLK _____
UNIT _____	PHASE _____	SECTION _____
	TOWNSHIP _____	RANGE _____

TYPE OF CONSTRUCTION: RESIDENCE _____ NEW MOBILE HOME _____ USED MOBILE HOME _____
 ADDITION _____ POOL _____ REMODEL/REPAIR _____ DEMO _____ PREINSPECTION _____
 OTHER _____

DRIVING DIRECTIONS TO JOB SITE:

TOTAL COST OF IMPROVEMENTS _____	TOTAL SQ FT. _____
TOTAL LAND AREA _____	NUMBER OF STORIES _____
NUMBER OF BATHROOMS-FULL _____	WALL TYPE _____
PARTIAL _____	SQ FT HEATED _____
	UNHEATED _____

For Office Use Only	For Office Use Only
ZONING: _____	PERMIT FEE _____
SEPTIC PERMIT # _____	
FLOOD ZONE: _____	
ELEVATION _____	
MIN. FINISH FLOOR ELVATION _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____



Signature of Contractor/ Installer

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Notary Public Signature

Notary Public Print

(SEAL)

Personally Known _____
Type of Identification Produced _____

County Competency Card # _____

Contractor's State Certification No. _____ or Registration No. _____

Installer's State License # _____

(OFFICE USE ONLY)

Application Approved by _____
Permit Officer Date

Zoning Approved By : _____
Building Official or Zoning Signature Date

Zoning Denied By: _____
Building Official or Zoning Signature Date

Plans Reviewed By: _____
Plans Examiner Signature Date



LEVY COUNTY DEVELOPMENT DEPARTMENT

OWNER/BUILDER AFFIDAVIT

EXEMPTION FOR ELECTRICAL LICENSING

**DISCLOSURE STATEMENT FS 489.503 (6) PART II,
F.S.**

State law requires electrical contracting to be done by **licensed** electrical contractors. You have applied for a permit under an **exemption** to that law. The exemption allows you, as the owner of your property, to act as your own electrical contractor even though you do not have a license. You may install electrical wiring for a farm out building or a single-family or duplex residence. You may install electrical wiring in a commercial building where the aggregate construction cost of which is under \$25,000. The home or building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease more than one building you have wired yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an un-licensed person as your electrical contractor. Your construction shall be done according to building codes and zoning regulations. It is your responsibility to make sure that people employed by you have licenses required by state law **and** by county or municipal licensing ordinances.

I acknowledge that as an owner/builder, I _____ am
Printed Name, First Name First

responsible to actually physically do the work for which I have requested the electrical permit. I understand that if I am not physically doing the work or physically supervising free labor from friends or relatives, that I must hire a licensed contractor (i.e. Certified or Registered Electrical Contractor). I further understand that the violation of not physically doing the work, not being present and supervising the electrical work, or the use of un-licensed contractors at the construction site, will cause the project to be shut down by the inspection staff of the Levy County Building Department and the revocation of the electrical permit.

I hereby assume full responsibility as the owner/builder contractor, and will personally perform or supervise all work covered by the electrical permit requested under the license exemption.

Property Owner's Address: _____

Permit Address: _____

Telephone # (_____) _____ Personally known _____ or ID _____

I hereby acknowledge that I have read and understand the above Disclosure Statement on this
_____ Day, of _____, 20____.

Owner/Builder Signature

Notary Public Signature

Notary Public Printed

My Commission Expires: _____