

**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: _____ DATE: _____
(PARCEL#)

OWNERS NAME PHONE # PHONE # JOB NAME LEGAL DESCRIPTION	OWNERS ADDRESS City _____ Zip _____ State _____ CONTRACTOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____ JOB ADDRESS _____ CITY _____ COUNTY - LEVY _____
--	---

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

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 _____ WALL TYPE _____
 NUMBER OF BATHROOMS-FULL _____ PARTIAL _____ SQ FT HEATED _____ UNHEATED _____

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

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