

**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:<br>(PARCEL#) | DATE: |
|----------------------------|-------|

|             |                                       |
|-------------|---------------------------------------|
| OWNERS NAME | OWNERS ADDRESS<br>_____<br>City _____ |
|-------------|---------------------------------------|

|         |                       |
|---------|-----------------------|
| PHONE # | State _____ Zip _____ |
|---------|-----------------------|

|   |   |
|---|---|
| CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME) | CONTRACTOR'S ADDRESS<br>_____<br>CITY _____ |
|---|---|

|         |                       |
|---------|-----------------------|
| PHONE # | STATE _____ ZIP _____ |
|---------|-----------------------|

|          |  |
|----------|--|
| JOB NAME | JOB ADDRESS<br>_____<br>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 _____ WALL TYPE _____ |
| NUMBER OF BATHROOMS-FULL _____ PARTIAL _____ | SQ FT HEATED _____ UNHEATED _____       |

|  |  |
|--|--|
| <b>For Office Use Only</b><br>ZONING: _____ SEPTIC PERMIT # _____<br>FLOOD ZONE: _____<br>ELEVATION _____ MIN. FINISH FLOOR ELVATION _____ | <b>For Office Use Only</b><br>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  |

**LEVY COUNTY DEVELOPMENT DEPARTMENT  
CODE COMPLIANCE INSPECTION REPORT OF EXISTING  
BUILDINGS, INCLUDING MOBILE HOMES**

**NOTICE:**

This Code Compliance Inspection Report must be given to the buyer of the property described below on the Parcel Information section of this Code Compliance Report at the time of the property closing if not done prior to the closing

BE AWARE : Power will not be restored to the property until all items marked as non-compliance have been brought into compliance.

Applicant Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Code Compliance Report must be returned to the Levy County Development Department with all signatures, when application for power and/or remodel/repair permit is applied for.

**Applicant/Owner Information**

(If you are not the property owner of record, you will need a notarized letter of authorization & it must specify you can pull permits for this property.)

Owner's Name :

\_\_\_\_\_

Print or Type

Applicant's Name :

\_\_\_\_\_

(If different than owner)      Print or Type

Owner or Applicant's Signature:

\_\_\_\_\_

Applicant's Address :

\_\_\_\_\_

\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

**Parcel Information :**

Parcel I.D. Number: \_\_\_\_\_ Metes & Bounds

\_\_\_\_\_

911 Address :

\_\_\_\_\_

Subdivision

Name:

\_\_\_\_\_

Lot \_\_\_\_\_ Blk \_\_\_\_\_ Phase: \_\_\_\_\_ Unit \_\_\_\_\_

**Description of Structure:**

Type of Structure: Site Built Manufactured/Mobile Modular

(Circle one)

Type of Occupancy: Single Family Multifamily Commercial Industrial Accessory

(Circle one)

Type of Roof : \_\_\_\_\_ Type of Exterior Walls:

\_\_\_\_\_

(hip, gable, gambrel or geodetic)

**\* For Manufactured/Mobile Homes Only**

Year Manufactured : \_\_\_\_\_ Mobile Home I.D. # \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Single wide \_\_\_\_\_ Double wide \_\_\_\_\_ Triple wide \_\_\_\_\_

Wind Zone 1 \_\_\_\_\_ Wind Zone 2 \_\_\_\_\_ Wind Zone 3 \_\_\_\_\_

**Inspection Report Standards by Category**

C complies with code N = noncompliance with code N/A = Not Applicable

**CONSTRUCTION**

Status (C or N)

1. **Egress and Ingress** ( ) steps ( ) Stoops ( ) ramps

\_\_\_\_\_

2. **Exit doors operable** ( ) front ( ) back ( ) side ( ) other

\_\_\_\_\_

3. **\*\* Exit door locks** ( ) missing ( ) inoperable

\_\_\_\_\_

4. **\*\* Emergency egress windows** ( ) missing ( ) inoperable

\_\_\_\_\_

5. **Windows** ( ) broken glass ( ) inoperable

\_\_\_\_\_

6. **Screens** ( ) missing ( ) damaged

\_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_ 7. **Floor system** ( ) floor joist ( ) rim joist ( ) decking  
damaged location(s): \_\_\_\_\_
- \_\_\_\_\_ 8. **Rodent proofing** ( ) Around piping ( ) duct ( ) bottom board  
( ) door thresholds ( ) other places
- \_\_\_\_\_ 9. **Leaks-apparent** ( ) roof edge ( ) around windows ( ) ceiling  
( ) exterior walls ( ) exterior doors ( ) floors ( ) piping
- \_\_\_\_\_ 10. **\*\* Tie downs** ( ) missing ( ) too short ( ) kit required  
( ) structurally unsound ( ) out of plumb
- \_\_\_\_\_ 11. **\*\* Exterior Walls** ( ) loose siding ( ) not weather tight /holes
- \_\_\_\_\_ 12. **Structural modification** ( ) yes ( ) no
- \_\_\_\_\_ 13. **\*\* Electrical Grounding/Bonding** ( ) service grounding/bonding  
( ) mobile home chassis ( ) bond to metal building frame  
( ) main panel not bonded ( ) gas pipe not bonded  
( ) grounding electrode conductor ( ) disconnect not bonded
- \_\_\_\_\_ 14. **Water Piping** ( ) damaged ( ) not protected from freeze
- \_\_\_\_\_ 15. **Water system** ( ) back-flow devices ( ) shut-off valve missing
- \_\_\_\_\_ 16. **Drain, Waste and Vent Piping** ( ) missing ( ) not capped  
( ) not supported properly ( ) clean outs ( ) use of fittings
- \_\_\_\_\_ 17. **\*\* Gas valves** ( ) installed improperly
- \_\_\_\_\_ 18. **\*\* Gas lines** ( ) not capped ( ) not supported properly  
( ) kinked or missing ( ) not bonded to electrical system
- \_\_\_\_\_ 19. **Ducts** ( ) not sealed ( ) missing ( ) collapsed  
( ) not supported properly ( ) unprotected from physical damage
- \_\_\_\_\_ 20. **Interior walls** ( ) missing ( ) loose ( ) deteriorated

## FIRE SAFETY/ELECTRICAL

Status  
(C or N)

\_\_\_\_\_ 1. **\*\* Smoke Detectors** ( ) missing ( ) Improper locations

\_\_\_\_\_ 2. **\*\* Distribution Panel** ( ) missing/damaged ( ) loose from wall  
( ) main breaker missing ( ) breakers missing  
( ) unplugged opening(s) in safety cover or enclosure  
( ) loose connections in panel ( ) service entrance raceway

incomplete

( ) no oxide inhibitor on aluminum connections ( ) grounds and neutrals  
not separated, when required

\_\_\_\_\_ 3. **\*\* Electrical Fixtures** ( ) missing ( ) loose/exposed wires

( ) GFCI protection not provided where required (at time of construction)

\_\_\_\_\_ 4. **\*\* Disconnects** ( ) main service ( ) water heater ( ) water pump  
( ) A/C unit condenser ( ) A/C air handler ( ) other

## PLUMBING

Status  
(C or N)

\_\_\_\_\_ 1. **\*\*Plumbing Fixtures** ( ) missing ( ) not vented ( ) unsecured

\_\_\_\_\_ 2. **\*\* Water Heater Temperature & Pressure Relief Valve** ( ) missing  
( ) inoperable ( ) undersized relief pipe ( ) relief pipe missing  
( ) relief piping trapped ( ) termination point

\_\_\_\_\_ 3. **Traps** ( ) missing traps ( ) not connected ( ) s-trapped  
( ) double trapped ( ) other

## HEATING & A/C

Status  
(C or N)

1. **\*\* Home heating appliance** ( ) none/missing ( ) not properly anchored

not connected to duct system     damper missing where required  
 combustible air supply for gas furnace not provided

2. **Thermostat**  missing     inoperable

3. **Air registers**  missing     inoperable

4. **Ducts**  not sealed     missing     collapsed

not supported properly     unprotected from physical damage

5. **\*\* Gas furnace/water heater flue**  missing     loose(    )  
cracked

not properly supported     improper pipe (single wall, double wall)

6. **Return air**  to furnace     to A/C     from rooms

7. **\*\* Range**  vents     hoods     clearances

**\*\* LIFE SAFETY ISSUES MUST BE CORRECTED BEFORE POWER IS TURNED ON.**

**\*\*\*FOR OFFICE USE ONLY\*\*\***

1. Is subject structure found to be fifty percent (50%) or more damaged or deteriorated?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. If yes, is the existing structure condemned? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If not, will a remodeling permit be required to affect the repairs?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. If yes, will a design professional be needed to address any structural issues?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Will electrical, mechanical, plumbing or gas permits be required to bring the structure into compliance? Yes \_\_\_\_\_ No \_\_\_\_\_
6. If yes, indicate below which sub-permits will be required :  
Electrical      Plumbing      Mechanical      Gas

DATE INSPECTED:

INSPECTOR'S SIGNATURE:



|  |                            |
|--|----------------------------|
| INSPECTION COMPANY: LEVY COUNTY DEVELOPMENT DEPARTMENT |                            |
| LICENSE NUMBER:  | PHONE NUMBER: 352-486-5198 |
| ADDRESS: P.O. BOX 672 BRONSON, FL. 32621               |                            |

\*\*\*\*\*

**NOTICE \*\*\*\***

1. The above inspection report may reflect corrections that will need additional building permits. Check with the Building Department.
2. There may be different stages of repairs or construction that require inspections prior to concealing the work. Check with the Building Department.
3. All items found to be in noncompliance must be corrected prior to requesting a final inspection on the structure (including mobile homes).