

**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 \_\_\_\_\_ WALL TYPE \_\_\_\_\_  
 NUMBER OF BATHROOMS-FULL \_\_\_\_\_ PARTIAL \_\_\_\_\_ SQ FT HEATED \_\_\_\_\_ UNHEATED \_\_\_\_\_

<b>For Office Use Only</b>	<b>For Office Use Only</b>
ZONING: _____ SEPTIC PERMIT # _____	PERMIT FEE
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