

**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  City _____ State _____  CITY _____ STATE _____ ZIP _____ JOB ADDRESS _____  CITY _____ COUNTY - LEVY _____	OWNERS ADDRESS  Zip _____ CONTRACTOR'S ADDRESS  CITY _____ STATE _____ ZIP _____ JOB ADDRESS _____  CITY _____ COUNTY - LEVY _____
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LEGAL DESCRIPTION \_\_\_\_\_

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 _____
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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	_____	_____
Zoning Approved By: _____ Building Official or Zoning Signature	_____	_____
Zoning Denied By: _____ Building Official or Zoning Signature	_____	_____
Plans Reviewed By: _____ Plans Examiner Signature	_____	_____