

**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:
OWNERS NAME		OWNERS ADDRESS
		City _____
PHONE #	State _____	Zip _____
CONTRACTOR'S/INSTALLER'S NAME (NOT BUSINESS NAME)		CONTRACTOR'S ADDRESS
		CITY _____
PHONE #	STATE _____	ZIP _____
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.		
<b>OWNER'S AFFIDAVIT:</b> 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.		
<b>WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.</b>		
<b>A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION</b>		
<b>IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.</b>		

\_\_\_\_\_  
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