


PERMIT APPLICATION		PERMIT No
CITY OF CRYSTAL RIVER FLORIDA GROWTH MANAGEMENT 123 NW US HIGHWAY 19 CRYSTAL RIVER FLORIDA 34428 Phone: 352.795.4216 Email: development@crystalriverfl.org		
ALL REQUIRED DOCUMENTS MUST BE TURNED IN AT TIME OF SUBMISSION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.		<input type="checkbox"/> Owner/Builder <input type="checkbox"/> Contractor <small>OWNER/BUILDER REQUIRES DISCLOSURE STATEMENT</small>
JOB/PROJECT INFORMATION		
Address:		Alt Key No:
Occupancy:	Valuation: \$	Square Footage:
Permit Type: <input type="checkbox"/> Accessory <input type="checkbox"/> Pool <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Mechanical <input type="checkbox"/> Dock <input type="checkbox"/> Commercial <input type="checkbox"/> Plumbing <input type="checkbox"/> Driveway <input type="checkbox"/> Residential <input type="checkbox"/> Electrical <input type="checkbox"/> Fence <input type="checkbox"/> New <input type="checkbox"/> Roof <input type="checkbox"/> Demolition <input type="checkbox"/> Primary <input type="checkbox"/> Sign <input type="checkbox"/> Other		
SCOPE OF WORK: (Detailed description required) 		
OWNER INFORMATION		CONTRACTOR INFORMATION
Owner:		Contractor:
Address:		Address:
City/State/Zip		City/State/Zip:
Phone:		Phone: License No
INSPECTIONS CONTACT INFORMATION		
Name:		Phone: Email:
SUB-CONTRACTORS		
Electrician:	License No:	Signature:
Plumber:	License No:	Signature:
Mechanical:	License No:	Signature:
Mason/Concrete:	License No:	Signature:
Roofer:	License No:	Signature:
Framer:	License No:	Signature:
Gas:	License No:	Signature:
Irrigation:	License No:	Signature:
Low Voltage:	License No:	Signature:
Sign:	License No:	Signature:
Pool:	License No:	Signature:
Any contractor or subcontractor signatures on this application indicates their agreement to comply with all applicable local, state and federal rules, codes, laws and ordinances associated with this application and work to be performed. The flagrant, blatant or intentional violation, misrepresentation or omission will be grounds for denial or revocation of this permit.		
ARCHITECT		ENGINEER
Name:		Name:
Address:		Address:
City/State/Zip		City/State/Zip:
Phone:	License No	Phone: License No

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 SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Initials _____

BONDING COMPANY	LENDER
Name:	Name:
Address:	Address:
City/State/Zip	City/State/Zip:
Phone:	Phone:

Acknowledge understanding each of the following sections by initialing each below.

Disclosure Statement: State law requires asbestos abatement to be done by licensed contractors. If you have applied for a permit under an exemption to that law, the exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you offer for sale, rent or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to rent, sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Initials _____

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 AND/OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Initials _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state or federal agencies.

Initials _____

APPLICANT'S AFFIDAVIT: Application is hereby made to obtain a permit to do the work and installations as indicated. acknowledge and accept full responsibility for compliance with all applicable codes, regulations and ordinances as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, IMPACT FEES AND RESERVATION FEES.

Initials _____

It is a requirement this application be signed in presence of and affirmed by a Notary.

Owner Signature _____ Contractor Signature _____

NOTARY

UNDER PENALTY OF PERJURY, I DECLARE THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

STATE OF FLORIDA – COUNTY OF CITRUS – CITY OF CRYSTAL RIVER

Sworn to (or affirmed) and subscribed before me by means of physical presence, this _____ day of _____,

20____ By _____, who is Personally Known or Produced _____

as Identification.

Notary Signature: _____

SEAL

APPLICATION APPROVED BY _____