



# City of Crystal River

City of Crystal River  
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Crystal River, FL 34428  
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## BUILDING PERMIT APPLICATION

ALT KEY: \_\_\_\_\_ ☐ COMMERCIAL ☐ RESIDENTIAL **CRA:** ☐ Y ☐ N PERMIT #: \_\_\_\_\_

**CRYSTAL RIVER • HOME of the MANATEE**

JOB ADDRESS (INCLUDES SUITE #): \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ BLOCK: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

OCCUPANCY: \_\_\_\_\_ TYPE CONST: \_\_\_\_\_ BASE FLOOD ELEVATION: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_ FBC: 7<sup>th</sup> ed.

VALUATION OF COMPLETED WORK: \$ \_\_\_\_\_ TOTAL SF: \_\_\_\_\_ TOTAL I.S.R: \_\_\_\_\_ % MAX I.S.R. \_\_\_\_\_ %

OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTRACTOR BUSINESS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL#: \_\_\_\_\_

**SUBCONTRACTORS REQUIRED? ☐ Yes ☐ No Please be advised that subcontractors must obtain their own permit.**

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATION 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, AIR CONDITIONING, FENCE, SCREENS, ETC.

**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 RECORDING YOUR NOTICE OF COMMENCEMENT.**

**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, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

**CONTRACTOR:** ACCEPTANCE OF PERMIT IS VERIFICATION THAT I WILL NOTIFY THE OWNER OF THE PROPERTY OF THE

Revised 1/2022

REQUIREMENTS OF FLORIDA LIEN LAW, FS713.

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CITY CODES AND ORDINANCES. PERMIT VOID IF CONSTRUCTION NOT STARTED WITHIN SIX (6) MONTHS OR IF CITY ORDINANCE IS VIOLATED. **HAVE SIGNATURE NOTARIZED. COMPLETE LIEN LAW REQUIREMENTS IF JOB IS OVER \$2,500.** SUBMISSION OF APPLICATION DOES NOT CONSTITUTE PERMIT ISSUANCE. NO WORK SHALL COMMENCE PRIOR TO PERMIT ISSUANCE.

**LIEN LAW REQUIREMENTS**

Legal Description: \_\_\_\_\_

AVAILABLE AT: [www.citruspa.org](http://www.citruspa.org)

Tax Folio: \_\_\_\_\_

AVAILABLE AT: [www.citruspa.org](http://www.citruspa.org)

Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Designer: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ELECTRONIC SUBMISSION STATEMENT:** UNDER PENALTY OF PERJURY, I DECLARE THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION IS TRUE AND CORRECT.

Initial/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BY SIGNING THIS APPLICATION, YOU STATE THAT YOU HAVE READ AND UNDERSTAND, THE STATEMENTS LISTED ABOVE.**

\_\_\_\_\_  
Owner Signature

**STATE OF FLORIDA  
COUNTY OF CITRUS**

The foregoing instrument was acknowledged before me by ☐ physical presence or ☐ remote audio-visual means this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_ ☐ who is personally known to me, or ☐ has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary

(SEAL)

\_\_\_\_\_  
Contractor Signature

**STATE OF FLORIDA  
COUNTY OF CITRUS**

The foregoing instrument was acknowledged before me by ☐ physical presence or ☐ remote audio-visual means this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_ ☐ who is personally known to me, or ☐ has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary

(SEAL)