



City of Crystal River Building Division

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216, ext. 316
352-795-6245
Email: development@crystalriverfl.org
www.crystalriverfl.org

EXPIRED PERMIT RE-INSTATEMENT REQUEST

Fees: ☐ \$100.00 Permit lacking final inspection only

Date Paid: _____

☐ Full Permit Fee \$ _____

Permit #: _____

Date: _____

PROJECT LOCATION

CRA DISTRICT? ☐ YES ☐ NO

PROJECT ADDRESS: _____

ALT KEY NUMBER: _____ SUBDIVISION: _____ LOT #: _____

PROPERTY OWNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489

NAME OF COMPANY: _____ LICENSE #: _____

EMAIL ADDRESS: _____ PHONE #: _____

INSPECTION REQUEST

INSPECTION REQUESTED: _____ SCHEDULE DATE: _____

SIGNATURE:

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

Date

Approved: _____
Building Official

Date: _____