



City of Crystal River Building Division

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

PERMIT REVISION REQUEST

Fees: \$100.00

Date Paid: _____

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 #: _____

PERMIT REVISION REQUEST: ☐ RESIDENTIAL ☐ COMMERCIAL

DESCRIPTION OF REVISION(S): _____

3 COPIES OF PLANS ATTACHED: ☐ YES ☐ NO MINIMUM SIZE: 11" X 17"

3 COPIES OF SITE PLANS ATTACHED: ☐ YES ☐ NO MINIMUM SIZE: 11" X 17" (if applicable)

ADDITIONAL INFORMATION: _____

SIGNATURE:

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

BUILDING OFFICIAL APPROVAL: _____ Date: _____