



**City of Crystal River
Growth Management Department**

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216
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): _____

EMAIL ELECTRONIC FILES OF REVISED DOCUMENTS TO DEVELOPMENT@CRYSTALRIVERFL.ORG

SIGNATURE:

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

BUILDING OFFICIAL APPROVAL: _____ **Date:** _____