

**NOTARY PUBLIC** 

## City of Crystal River

City of Crystal River 123 NW Highway 19 Crystal River, FL 32228 P: 352–795–4216, EXT. 306 F: 352–795–6245

irehberg@crystalriverfl.org

## **BUILDING PERMIT APPLICATION**

□ COMMERCIAL □ RESIDENTIAL CRA: □ Y □ N PERMIT #: ALT KEY: **CRYSTAL RIVER • HOME of the MANATEE** JOB ADDRESS (INCLUDESUITE #): LOT#: BLOCK: SUBDIVISION: DESCRIBE WORK: TYPE CONST: VALUATION OF COMPLETED WORK: \$ TOTAL SF:\_\_\_\_\_TOTAL I.S.R:\_\_\_\_\_\_ MAX I.S.R. \_\_\_\_\_\_ % CONTACT NAME:\_\_\_\_\_\_\_ PHONE #:\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_ E-MAIL ADDRESS: CELL#: PHONE #: OWNER NAME: OWNER ADDRESS: TENANT NAME: \_\_\_\_\_CONTACT #: \_\_\_\_\_ PHONE #: CONTRACTOR BUSINESS NAME: ADDRESS: CELL#: EMAIL ADDRESS: \_\_\_\_ FAX #: \_\_\_\_\_ STATE LICENSE #: EXP: LICENSE HOLDER NAME: NAME QUALIFIER/AGENT SIGNATURE LICENSE NO. DATE **TYPE** ELEC. MECH. PLUMB. ROOF OTHER BY SIGNING THIS APPLICATION, YOU STATE THAT YOU HAVE READ AND UNDERSTAND, THE STATEMENTS LISTED ON PAGE 2 Signature\_\_\_\_ SIGNATURE \_\_\_\_\_ OWNER CONTRACTOR STATE OF FLORIDA STATE OF FLORIDA **COUNTY OF CITRUS COUNTY OF CITRUS** SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_\_, 20\_\_\_\_\_ (DATE) WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION AS IDENTIFICATION.

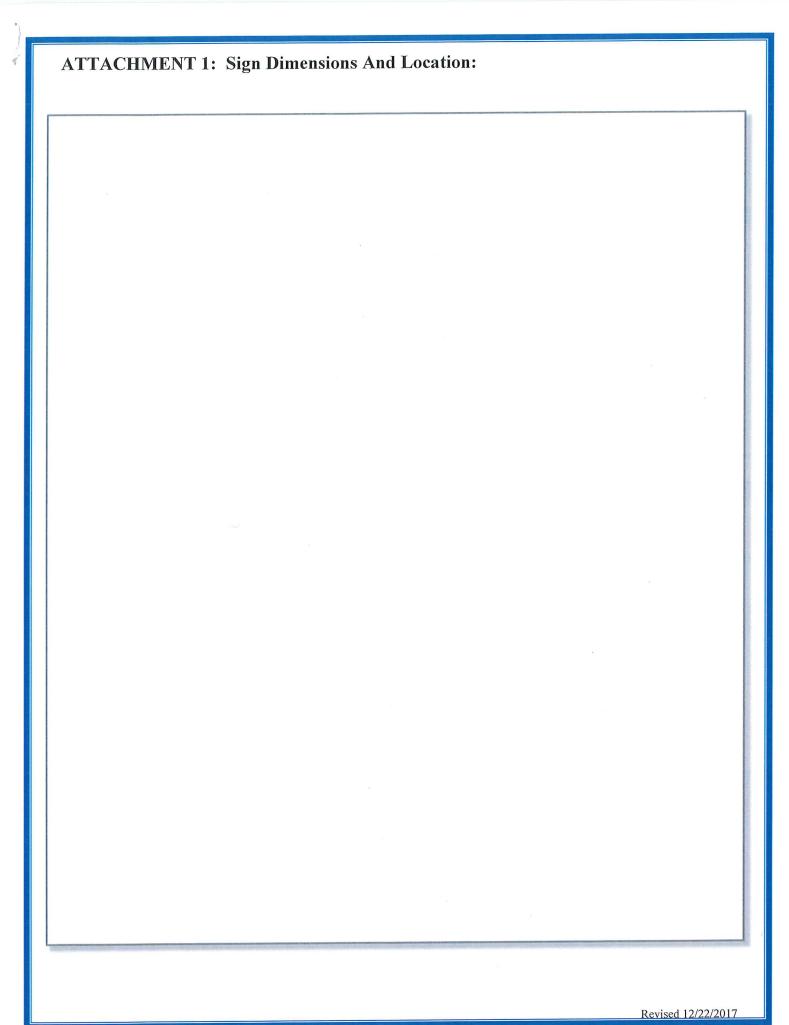
(SEAL)

NOTARY PUBLIC

(SEAL)

## **LIEN LAW REQUIREMENTS**

OWNER:		
Address:		
Сіту:		ZIP:
TITLE HOLDER(IF OTHER THAN OWNER):		
Title Holder Address:		
Сіту:	State:	ZIP:
CONTRACTOR NAME:		LICENSE #:
Address:		
Сіту		ZIP:
County		
LEGAL DESCRIPTION:		
Tax Folio #:		
BONDING COMPANY:		
Address:		
Сіту:		ZIP:
Architect:		
Address:		
Сіту:		ZIP:
MORTGAGE LENDER:		
Address:		
Сіту:		ZIP:
Owners Electronic Submission Statement: Under Building Permit Application is true and correct.		INFORMATION CONTAINED IN THIS
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOT PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORD		
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR COMMENCEMENT.	LENDER AND/OR ATTORNEY BEFORE COMMENCING W	ORK OR RECORDING YOUR NOTICE OF
<b>NOTICE</b> : IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADI MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENC	DITIONAL PERMITS REQUIRED FROM OTHER GOVERNME	
CONTRACTOR: ACCEPTANCE OF PERMIT IS VERIFICATION LIEN LAW, FS713.	THAT I WILL NOTIFY THE OWNER OF THE PROPER	TY OF THE REQUIREMENTS OF FLORIDA
ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL AP (6) MONTHS OR IF CITY ORDINANCE IS VIOLATED. HAVE SIGNA APPLICATION DOES NOT CONSTITUTE PERMIT ISSUANCE. NO W	ture notarized. Complete lien law requirements	
BUILDING OFFICIAL APPROVAL:	DATE: _	
ZONING OFFICIAL APPROVAL:	DATE:	



## **TENT CHECKLIST**

Tents come in various sizes and shapes and are used for a variety of purposes. This information Sheet is provided to assist tent users or property owners with what is required by the Building Code for the State of Florida.

Please submit the following information, if applicable, with your tent permit application:

	nent inguishers		
	1		
Applicant's Signature  Print Name		Date	