



LEVY COUNTY
DEVELOPMENT DEPARTMENT
PO BOX 672, BRONSON FL 32621

Phone: 352-486-5198

Permit # \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Job Address: \_\_\_\_\_

Flood Zone \_\_\_\_\_ Elevation \_\_\_\_\_ Min Finish Floor Elevation \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Blk \_\_\_\_\_ Unit \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- Accessory Structure, Addition, Commercial, Demolition, New Mobile Home, Pre-inspection, Remodel/Repair, Residence, Solar, Swimming Pool, Used Mobile Home, Other

Description of Work \_\_\_\_\_

COST OF IMPROVEMENTS \$ \_\_\_\_\_ SQ FT HEATED \_\_\_\_\_ SQ FT UNHEATED \_\_\_\_\_ TOTAL SQ FT \_\_\_\_\_

POWER COMPANY CFEC DUKE CLAY SECO

Contractor's Business Name: \_\_\_\_\_ State Lic # \_\_\_\_\_

License Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

SUBCONTRACTORS: QUALIFIER NAME SIGNATURE & DATE STATE LICENSE#

MECHANICAL \_\_\_\_\_

ELECTRIC \_\_\_\_\_

PLUMBING \_\_\_\_\_

ROOF \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. All work will be performed in accordance with the standards of all laws and ordinances regulating construction, whether specified or not. I understand that subcontractors may be required to perform certain work under this permit. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENT 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
CONTRACTOR'S/INSTALLERS SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before  
me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

Sworn to (or affirmed) and subscribed before  
me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

\_\_\_\_\_  
Personally Known \_\_\_\_\_  
Type of Identification \_\_\_\_\_

\_\_\_\_\_  
Personally Known \_\_\_\_\_  
Type of Identification \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Signature