



# CITY OF BELLEVIEW

## City with Small Town Charm

## Development Services

5525 SE 119<sup>th</sup> St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

# REQUEST FOR REISSUANCE OF EXPIRED PERMIT

This is a request for the reissuance of the following permit:

Permit Number: \_\_\_\_\_ Job Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## CONTRACTOR'S INFORMATION

Contractor's Name: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

License Number: \_\_\_\_\_ Contractor's Phone Number: \_\_\_\_\_

**REASON FOR REQUEST:**

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Owner-Builder's Signature \_\_\_\_\_ Contractor's Signature \_\_\_\_\_

### Owner-Builder's Signature

or \_\_\_\_\_

### Contractor's Signature

## STATE OF

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COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and who is personally known to me or who has produced as identification.

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## Notary Public-State of Florida

Notary Seal