



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th 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:

Owner-Builder's Signature or Contractor's Signature

STATE OF _____

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.

Notary Public-State of Florida

Notary Seal