



**CITY OF BELLEVIEW**

*"City with Small Town Charm"*

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119<sup>th</sup> St., Belleview, Florida 34420

[www.belleviewfl.org](http://www.belleviewfl.org) Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

**DEVELOPMENT SERVICES PERMIT – 4H ANIMAL- APPLICATION FEE: \$5.00**

PROOF OF OWNERSHIP (DEED) AND AUTHORIZATION TO ACT ON BEHALF OF OWNER, WHICH MAY REQUIRE NOTARIZATION, ARE REQUIRED FOR A COMPLETE APPLICATION.

Parcel Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Animal Type and Quantity: \_\_\_\_\_

Location of Pen and Type: \_\_\_\_\_

Property Owner Information

Applicant Contact Information (if different)

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I am a member of 4H YOUTH or FFA (Please provide documentation of membership or signature below)

4H Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By filing an application with the City, the property owner acknowledges and consents to allow City of Belleview staff or representative permission to access the subject property at any time during the time period of the permit until the permit is closed with a passed final inspection.

Owner's Affidavit: I certify that the foregoing information is accurate and that all work will be done in accordance with all applicable municipal ordinances and all applicable state and federal laws.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ (applicant name) understand that the City of Belleview has regulations regarding Zoning and development activities including: setbacks, lot coverage, and site plans, and that I have attended a Site Plan Committee meeting (for commercial projects), or I have read and understand all regulations pertaining to my proposed project and the attached application and submittal package is complete.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Expiration**

This permit expires twelve (12) months from the date it is issued, unless otherwise noted below or governed by law.

Approved  Denied - \_\_\_\_\_ Dev. Services Director