



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

DEVELOPMENT SERVICES PERMIT – 4H ANIMAL

APPLICATION FEE: \$5.00

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

Parcel Number: _____

Address of Property: _____

Animal Type and Quantity: _____

Location of Pen and Type: _____

Property Owner Information

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Applicant Contact Information (if different)

NAME: _____

ADDRESS: _____

PHONE: _____

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