



CITY OF BELLEVIEW

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

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

PLEASE PROVIDE PROOF OF OWNERSHIP AND AUTHORIZATION TO ACT ON BEHALF OF OWNER, WHICH MAY BE REQUIRED TO BE NOTARIZED.

PARCEL NUMBER: _____

ADDRESS OF PROPERTY: _____

TYPE OF REQUEST: _____

LIST TYPE OF WORK BEING DONE: _____

(City may require the submittal of additional information, e.g. site drawings, survey)

PROPERTY OWNER INFORMATION

CONTRACTOR INFORMATION (if applicable)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

E-MAIL: _____

E-MAIL: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

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

Owner/Contractor'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: _____

Applicant Signature: _____ Date: _____

REMINDER: Please contact Development Services to schedule a **final inspection** after all site improvements are complete.

Permit Expiration

This permit expires six (6) months from the date it is issued unless otherwise noted below or governed by law.

FOR OFFICE USE ONLY

Approved Denied - _____

_____, Development Services Director