



# Town of Micranopy

PO Box 137 • 706 NE Chokolka Boulevard • Micranopy, FL 32667-0137  
Tel: 352-466-3121 • Fax: 352-466-4912 • Email: townhall@micranopytown.com

## Zoning Compliance Verification

Town of Micranopy Zoning Compliance Filing Fee: \$50.00 \_\_\_\_\_

Pursuant to the *Micranopy Land Development Code* this Zoning Compliance Verification provides information to support an application for a Building Permit. The Building Permit to be issued by the Alachua County Building Department for construction of improvements to Real Property within the Town Limits of Micranopy, Florida, pursuant to Inter-Local Agreement. **This Verification is NOT a Building Permit. DO NOT commence construction from this Zoning Compliance Verification.**

Tax Parcel #: \_\_\_\_\_ Verification #: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Owner(s) of Record: \_\_\_\_\_

Owner(s) Email Address: \_\_\_\_\_

STAFF USE ONLY

Building Set Back: \_\_\_\_\_

FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_

Accessory Set Back: \_\_\_\_\_

FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_

Set Back Requirements ("FRONT" means the side/elevation of proposed structure facing roadway).

The above referenced property meets the Town of Micranopy zoning & development requirements for the following uses:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Single Family Residence     | <input type="checkbox"/> Multi-Family Residence | <input type="checkbox"/> Electrical Upgrade                      |
| <input type="checkbox"/> Retail Building             | <input type="checkbox"/> Re-Modeling            | <input type="checkbox"/> Pool                                    |
| <input type="checkbox"/> Office Building             | <input type="checkbox"/> Storage Shed/Workshop  | <input type="checkbox"/> Mechanical Upgrade (Plumbing &/or HVAC) |
| <input type="checkbox"/> Industrial Building         | <input type="checkbox"/> Sign                   | <input type="checkbox"/> Re-Roof                                 |
| <input type="checkbox"/> Other Requirement(s): _____ | <input type="checkbox"/> Other Property _____   |  |

Additional Requirement(s) which must be satisfied before this Verification and Building Permit can be issued:  N/A

- |  |                     |   |                     |
|--|---------------------|---|---------------------|
| <input type="checkbox"/> Re-zoning                   | Date granted: _____ | <input type="checkbox"/> Site Plan Review | Date granted: _____ |
| <input type="checkbox"/> Variance                    | Date granted: _____ | <input type="checkbox"/> Special Permit   | Date granted: _____ |
| <input type="checkbox"/> Other Requirement(s): _____ |                     |   |                     |

Additional Requirement(s) which must be satisfied before a Certificate of Occupancy (CO) can be issued:  N/A

CO Requirement(s): \_\_\_\_\_

Applicant Acknowledgment: I have read and understand the applicable requirements of the *Micranopy Land Development Code*. I further understand:

- To obtain all necessary building permits, I must take this Zoning Compliance Permit to the Alachua County Building Department, 10 SW 2<sup>nd</sup> Avenue, Gainesville, Florida, 32601 and pay the required permit fees.
- To legally occupy any structure, I am required to have a Certificate of Occupancy (CO) from the Alachua County Building Department.
- This Zoning Compliance Verification is valid for a period of six (6) months from the date of issuance.

Owner/Contractor Applicant Name in Full (typed/printed) \_\_\_\_\_ Contractor License Number: \_\_\_\_\_  
Required if Applicant is a Contractor for Owner

Owner/Contractor Applicant Signature \_\_\_\_\_ Telephone Numbers (office/mobile/home/fax) \_\_\_\_\_

Owner/Contractor Applicant Mailing Address \_\_\_\_\_

**AFFIX SEAL**

Approved this \_\_\_\_\_ day of \_\_\_\_\_

Approval Signature, Title \_\_\_\_\_