 **Town of Micanopy**

**PO Box 137 • 706 NE Cholokka Boulevard • Micanopy, FL 32667-0137**

**Tel: 352-466-3121 • Fax: 352-466-4912 • Email: townhall@micanopytown.com**

**Zoning Compliance Verification**

**Town of Micanopy Zoning Compliance Filing Fee: $50.00 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pursuant to the *Micanopy 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 Micanopy, 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 Micanopy zoning & development requirements for the following uses:

🞎 Single Family Residence 🞎 Multi-Family Residence 🞎 Electrical Upgrade

🞎 Retail Building 🞎 Re-Modeling 🞎 Pool

🞎 Office Building 🞎 Storage Shed/Workshop 🞎 Mechanical Upgrade (Plumbing &/or HVAC)

🞎 Industrial Building 🞎 Sign 🞎 Re-Roof

🞎 Other Requirement(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Other Property\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

🞎 Re-zoning Date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Site Plan Review Date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Variance Date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Special Permit Date granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 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 *Micanopy Land Development Code*. I further understand:

1. To obtain all necessary building permits, I must take this Zoning Compliance Permit to the Alachua County Building Department, 10 SW 2nd Avenue, Gainesville, Florida, 32601 (phone 352-374-5243) and pay the required permit fees.

2. To legally occupy any structure, I am required to have a Certificate of Occupancy (CO) from the Alachua County Building Department.

3. This Zoning Compliance Verification is valid for a period of six (6) months from the date of issuance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­ Contractor License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Contractor Applicant Name in Full (typed/printed) 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval Signature, Title