



Town of _____

Micanopy

Florida

PO Box 137 • 706 NE Chokolka Boulevard • Micanopy, FL 32667-0137
Town Hall: 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 Interlocal Agreement. **THIS VERIFICATION IS NOT A BUILDING PERMIT. DO NOT COMMENCE CONSTRUCTION FROM THIS ZONING COMPLIANCE VERIFICATION.**

Tax Parcel #: _____ Current Zoning: _____ Verification # _____

Physical Address: _____

Owner of Record: _____

Owner Email Address: _____

STAFF USE ONLY: Set Back Requirements (*FRONT* means the elevation of proposed structure facing roadway).

Principal Structure Set Back:

FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

Accessory Structure Set Back:

FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

The above referenced property meets the Town of Micanopy 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: _____ | | <input type="checkbox"/> Demolition |

Additional Requirement(s) which must be satisfied before this Zoning Compliance Verification 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): _____ | | | |

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

- To obtain all necessary building permits, I must take this Zoning Compliance Verification to the Alachua County Building Department, 10 SW 2nd Avenue, Gainesville, Florida, 32601 (phone 352-374-5243) 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 _____

Phone Number _____

Owner/Contractor Applicant Mailing Address _____

AFFIX TOWN SEAL

Approved this _____ day of _____

Approval Signature _____ Title _____