

Zoning Clearance

Permit #:

Applicant Information					
Owner Name:					
Owner's Address:					
City:		State:		ZIP Code:	
Phone:		Fax:	Fax:		
Email:		Job Value:			
Site Address:					
Section: Township: Range:		Subdivision:			
Lot #		Alternate Key:			
Application for:NEW CONSTRUCTIONBUILDING ADDITIONBUILDING DEMOLITIONCARPORT					
BUILDING REPAIRACCESSORY BUILDINGSWIMMING POOLTUBE AND CANVAS STRUCTURE					
NOTE: Your property may have Deed Restrictions that are NOT known to the Town of Astatula which may prohibit and / or limit the approval(s) sought and granted in this ZONING CLEARANCE. It is the sole responsibility of the OWNER to verify any restrictions that have been placed on the property that may affect the owner's ability to construct what is being approved by the Town of Astatula. I have read and understand that it is my responsibility and NOT the Town of Astatula's to research any and all Deed Restrictions and / or Plat Restrictions. Deed Restrictions could prohibit this action.					
Applicant's Signature:			Date:		
Builder Information					
Builder: Builder's Lice			cense:		
Builder Address:					
City: State:		Zip Code:			
Phone: Fax:					
Email:					
Planning & Zoning Information OFFICIAL USE ONLY					
Property Zoning:			Checked by:		
Future Land Use:			Checked by:		
Lot Size: (square feet)			Checked by:		
Building Height:			Checked by:		
Lat Causanans (nanantana)				•	
Lot Coverage: (percentage)			Check	ed by:	
Accessory Building Area (square feet)			Check	ed by:	
Accessory Building Area (square feet) Living Area: (square feet)			Check Check	ed by: ed by:	
Accessory Building Area (square feet)	om: Ca	arport:	Check Check	ed by: ed by:	
Accessory Building Area (square feet) Living Area: (square feet)			Check Check Check Other:	ed by: ed by:	
Accessory Building Area (square feet) Living Area: (square feet) Type of Construction: Block: Frame: Screen Roce	Rear:	2 nd §	Check Check Check Other:_ Street:	ed by: ed by: ed by: ed by: Normal high waterline:	
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