



**City of Crystal River
Building Division**

123 NW Highway 19,
Crystal River, FL 34428
352-795-4216, ext. 317
352-795-6245

EMAIL: ecopeland@crystalriverfl.org

PERMIT RE-INSPECTION REQUEST

1st Request:	Fees \$50.00	Fee: \$ _____
2nd Request:	Fees \$75.00	Date Paid: _____
Each Additional Request:	Fees \$100.00	

Permit #: _____ **Date:** _____

PROJECT LOCATION **CRA DISTRICT?** YES NO

PROJECT ADDRESS: _____

ALT KEY NUMBER: _____ SUBDIVISION: _____ LOT #: _____

PROPERTY OWNER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489

NAME of COMPANY: _____ LICENSE #: _____

EMAIL ADDRESS: _____ PHONE #: _____

PERMIT RE-INSPECTION REQUEST: RESIDENTIAL COMMERCIAL

INSPECTION(S) REQUESTED: _____

SIGNATURE:

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

BUILDING OFFICIAL APPROVAL: _____ **Date:** _____