



**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](mailto:ecopeland@crystalriverfl.org)

**EXPIRED PERMIT  
RE-PERMIT REQUEST**

Fees:  \$100.00 Permit lacking final inspection  
 Full Permit Fee \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

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 #: \_\_\_\_\_

**INSPECTION REQUEST**

INSPECTION REQUESTED: \_\_\_\_\_

SCHEDULE DATE: \_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_  
Signature of Contractor /Owner/Applicant

\_\_\_\_\_  
Print Name of Contractor/Owner/Applicant

\_\_\_\_\_  
Date