



**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 REVISION REQUEST

Fees: \$100.00

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 #: _____

PERMIT REVISION REQUEST:

RESIDENTIAL

COMMERCIAL

DESCRIPTION OF REVISION(S): _____

3 COPIES OF PLANS ATTACHED: YES NO **MINIMUM SIZE: 11" X 17"**

3 COPIES OF SITE PLANS ATTACHED: YES NO **MINIMUM SIZE: 11" X 17" (if applicable)**

ADDITIONAL INFORMATION: _____

SIGNATURE:

Signature of Contractor /Owner/Applicant

Print Name of Contractor/Owner/Applicant

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