



SITE PLAN APPLICATION

Department of Planning & Community Development
123 NW Highway 19
Crystal River, FL 34428
352-795-4216, ext. 306
Fax: 352-795-6245
jrehberg@crystalriverfl.org

PERMIT NUMBER: _____

Date: _____

CRA COMMERCIAL RESIDENTIAL

PROJECT NAME: _____

Applicant Information:

Name: _____

Company Name: _____

Phone # _____ Email: _____

Address: _____
CITY ST ZIP

Property Owner:

Name: _____

Phone # _____ Email: _____

Address: _____
CITY ST ZIP

Property Information:

Current Use: _____ Proposed Use: _____

Current Zoning: _____ Flood Zone: _____ Base Flood Elevation: _____
(THIS INFORMATION SHALL BE BASED ON THE LATEST FLOOD INSURANCE RATE MAPS)

Size of Site Area: _____ Sq. Ft. Building Size: _____ Sq. Ft.

Alt Key #: _____ Parcel Id # _____
(AVAILABLE AT THE CITRUS COUNTY PROPERTY APPRAISER'S WEBSITE: www.citruspa.org)

Approved: _____ Date: _____

Approved with conditions: _____ Date: _____
Conditions: _____

Disapproved: _____ Date: _____

SITE PLAN CHECKLIST:

This is not a comprehensive list. Please refer to the City of Crystal River Land Development Codes; you can view our codes at the city website: www.crystalriverfl.org

- Please note: all comments will be sent via email unless otherwise requested.
- Please submit all site plans **FOLDED**
- Please submit revised site plans with a letter/email indicating responses to city staff comments
- Please **highlight** changes on re-submittals
- Original & revised submittals: 3 hard copies and 1 electronic

Office Use Only: Paid _____ Date _____

<500 Sq.Ft. New Impervious \$250

>500 SqFt New Impervious \$500