



**PERMITTING REQUEST FOR SINGLE FAMILY RESIDENCE ZONING
CLEARANCE FORM**

DIGITAL PLANS REQUIRED FOR ALL PLAN SUBMITTAL AS WELL AS THREE (3) PAPER PLAN SETS

**Email Application and back-up documentation to:
permitting@mymontverde.com**

APPLICATION NUMBER: _____ DATE SUBMITTED: _____

PAYMENT: _____ Check No.: _____

CONTACT NAME: _____

PROPERTY ADDRESS/LOCATION: _____

TYPE OF PERMIT OR WORK REQUESTED: _____

DESCRIPTION OF PROPOSED ACTIVITY: _____

LAKE COUNTY ALT KEY No. _____

TOTAL SQUARE FOOTAGE OF RESIDENCE: _____

TOTAL SQUARE FOOTAGE OF ACCESORY STRUCTURE: _____

PHONE NUMBER AND E-MAIL ADDRESS: _____

BUILDER'S/CONTRACTOR'S NAME, ADDRESS, EMAIL AND PHONE NUMBER:

NOTE: Application shall include survey of the property indicating proposed activity. **DIGITAL PLANS REQUIRED FOR ALL PLAN SUBMITTAL AS WELL AS PAPER PLAN SETS AND THREE (3) PAPER SETS OF PLANS** SEE ATTACHED INFORMATION FOR GENERAL AND SPECIFIC PERMIT CONDITIONS OR COMMENTS AFTER APPROVAL HAS BEEN ISSUED.

I certify that the statements in this application are true to the best of my knowledge.

Signature of Applicant

BELOW TO BE COMPLETED BY TOWN OF MONTVERDE STAFF

1. Legal Description of Property: _____
2. Utilities: Central Water ____ Central Sewer ____ Well ____ Septic Tank _____
3. Existing zoning of property: _____ Lot Size: _____
4. Square Footage of Living Area: _____ Square Footage of Accessory Structure(s): _____
5. Total Square Footage: _____ Square Footage of Lot: _____
6. Outside Dimensions: Width: _____ Depth: _____ Height: (to roof) _____
7. Setbacks: Front: _____ Rear: _____ R-Side: _____ L-Side _____
8. Flood Hazard Area: Yes _____ No _____

GENERAL PERMIT CONDITIONS:

- 1.) **Town Ordinance requires a trash container on site for debris. Construction entrance must be noted on site plan.**
- 2.) **This permit does not guarantee approval from applicable Home Owners Association (HOA) rules. Please consult your HOA prior to initiating construction.**

SPECIFIC PERMIT CONDITIONS: (to be added by Staff and inspected by Code Enforcement Officer)

Approved by Town Planner: _____ Date: _____

Town Clerk: _____ Date: _____

FEES:

- | | |
|--|----------|
| 1-341-200 - Zoning Clearance Application: | \$ _____ |
| 140-363-270 - Parks & Recreation Impact Fee: | \$ _____ |
| 150-363-225 – Fire Protection Impact Fee: | \$ _____ |
| 160-363-240 – Transportation Impact Fee: | \$ _____ |
| 170-363-250 – Administrative Impact Fee: | \$ _____ |
| 420-363-230 – Water Impact Fee | \$ _____ |
| 400-343-330 – Water Meter Installation Fee | \$ _____ |

Town of Montverde
17404 Sixth Street (Physical)
PO Box 560008 (Mailing)
Montverde, Florida 34756
(407) 469-2681 (Phone)
(407) 469-2773 (Fax)

Office Use:

Date Application Received: _____ Received by: _____

Fees Due: _____ Fees Paid: _____ Date Paid: _____