



**PERMITTING REQUEST – ZONING CLEARANCE FORM**  
**DIGITAL PLANS REQUIRED FOR ALL PLAN SUBMITTAL AS WELL AS PAPER PLAN SETS**

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

APPLICATION NO. \_\_\_\_\_ 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. (If known) \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF RESIDENCE: \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF ACCESSORY STRUCTURE: \_\_\_\_\_

PHONE NUMBER AND E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Application shall include survey or sketch of the property indicating proposed activity. **DIGITAL PLANS REQUIRED FOR ALL PLAN SUBMITTAL AS WELL AS PAPER PLAN SETS**  
SEE BACK SIDE OR ATTACHED 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

Please See Opposite Side

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 Approved by Town Planner: \_\_\_\_\_

Town Clerk: \_\_\_\_\_

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

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: \_\_\_\_\_