

CITY OF ARCHER
VERIFICATION OF ZONING AND SETBACKS

NOTE: This Verification provides information to support an application for a Building Permit from the Alachua County Building Department for construction or improvements to Real Property within the city limits of Archer, Florida pursuant to Inter-Local Agreement

THIS IS NOT A PERMIT

DO NOT COMMENCE CONSTRUCTION

CITY FILING FEE: \$ _____ VERIFICATION NO: _____ ZV- _____

911 ADDRESS OF SITE: _____, Archer, FL 32618

TAX PARCEL # _____ - _____ - _____ OWNER _____

CURRENT ZONING (Circle One) R-1 R-2 R-3 C-1 C-2 I

PROPOSED LAND USE CLASSIFICATION: (Land Dev. Code 16.06 (5)-) _____

DESCRIPTION OF PROPOSED PROJECT: _____

SETBACK/ELEVATION REQUIREMENTS: _____

FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

IS PROPERTY IN A SPECIAL FLOOD ZONE HAZARD AREA? YES ___ NO ___

IS THIS AN OWNER OCCUPIED RESIDENCE? YES ___ NO ___

ADDITIONAL REQUIREMENTS which must be satisfied before this Verification and Building Permit can be issued: (Check applicable requirements)

___ Comprehensive Plan Amendments	Date Granted _____
___ Rezoning	Date Granted _____
___ Variance	Date Granted _____
___ Zoning Permit	Date Granted _____
___ Conditional Use Permit	Date Granted _____
___ Site Development Plan	Date Granted _____

APPROVED THIS _____ DAY OF _____, 20____

BY ZONING OFFICIAL: _____, ZONING ADMINISTRATOR

JOHN GLANZER

APPLICANTS ACKNOWLEDGEMENT: I HAVE READ AND UNDERSTAND THE FOREGOING INFORMATION AND REQUIREMENTS, AND THAT TO OBTAIN ALL NECESSARY BUILDING PERMITS, I MUST PRESENT THIS TO THE ALACHUA COUNTY BUILDING DEPARTMENT LOCATED AT 120 S. MAIN STREET, GAINESVILLE FLORIDA AND REMIT THE REQUIRED FEES.

Owner/Applicant Signature

Owner/Applicant Printed Name

Physical Address

Mailing Address, if different

Phone (Home or Cell Number)

THIS VERIFICATION EXPIRES IN 60 DAYS IF BUILDING PERMITS ARE NOT ISSUED WITHIN SAID PERIOD