



CITY OF CRESTVIEW

ADMINISTRATIVE SERVICES DEPARTMENT

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

CITY OF CRESTVIEW ZONING COMPLIANCE CERTIFICATE

APPLICATION: The undersigned hereby makes application for a Certificate of Zoning Compliance pursuant to the City of Crestview Land Use Regulations for the property or premises hereinafter described.

BLDG PERMIT # _____ Date Issued _____
Issued by _____

DATE _____ OWNER _____
Property Owners Address _____

APPLICATION IS FOR () BUILDING () PREMISES LOCATED AT:

Zoning District _____ Land Use Designation _____
PROPOSED USE: Rental Apts. _____
Pud _____
Commercial _____
Residential _____
Other _____

Existing Use(If Nonconforming) _____

NFIP INFORMATION: Flood Insurance Rate Map (FIRM) Community Panel # 120597
0005E, April 4, 1994.

Sewer Connection Fee: _____ Septic Tank # _____

Water Connection Fee: _____

Water Meter Fee: _____

Backflow Prevention Device: _____

THE APPLICANT AGREES THAT IT IS THE RESPONSIBILITY OF THE OWNERS TO VERIFY AND COMPLY WITH ANY SUBDIVISION COVENANTS AND RESTRICTIONS WHICH MAY APPLY TO THE ABOVE PROPERTY.

The applicant agrees to construct the above building with a finish floor elevation of at least one (1) foot above the crown of the road In A zone flood hazard areas.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF
_____ 20__.

(Signature of Owner/Agent)

NOTARY PUBLIC

