CITY OF DUNNELLON HISTORICAL PRESERVATION ADVISORY BOARD
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Date: 1/4/16 **Parcel #:** 3380-0368-00
http://www.pa.marion.fl.us/

Project Name: Boomtown Realty
Project Address: 20607 W. Pennsylvania Ave
Owner's Name: James Burchett
Owner's Address:
Phone #: **Cell #:**

Applicant's Name, Address, Phone (if different from owner)

Owner's Name:
Owner's Address:
Phone #: **Cell #:**

NOTE THE FOLLOWING REQUIREMENTS:

1. **DESCRIPTION OF WORK: (sketch elevations Required)**

Place a sign on property

2. **MATERIALS TO BE INCORPORATED INTO PRODUCT: (PAINT COLOR, ECT;)**

See attached

3. **HISTORICAL RELEVANCE AND WHY PROJECT SHOULD BE APPROVED:**

Sign is in keeping with Historical look

Fee:	**$100.00**	**Waived** PZ1516-021
Admin Fee	**$ 50.00 (Stand Alone Request Only)**	
Total	**$150.00**	

Note: All repairs/restorations to buildings on the national historic register are required to be historically accurate. All other buildings within the Historic District are required to be appropriate to that particular building and the Historic District in general. Project enhancement is encouraged within the appropriateness guidelines.

4007-6B
Belle Grove Victory Blue

3010-4
Belle Grove Brass

4x4

need pics for Hist Bd Sign Appr 1/12/16

For City Use Only CO/Sign
Permit Number / Type: PZ1516-021

RECEIVED
DEC 07 2015
CITY OF DUNNELLON
COMMUNITY DEVELOPMENT

City of Dunnellon
Community Development
Multi-Use Zoning Permit Application

Applicant Information:

Applicant Name: JAMES D BURCHETT Date: 12/7/15
Business Name: BOOM TOWN REALTY LLC Type: dba / corp. / other
Business Address: 20607 W PENN AVE Zip: 34431
Phone: 352 462 1662 Cell: 3528123844 Email: JDBINSURANCE@yahoo.com
Location Address: SAME Zip:
Contact Person if other than above: JAMES Phone:

Zoning Information

Total Sq. Ft. Under Roof: 1440 Existing Zoning: B-3 Historic District: ☑ Y ☐ N
Board Approval Required: ☒ Yes ☐ No Meeting Date: 1/12/16 Approved: ☐ Yes ☐ No
Subject Property Parcel Number: 3380-0368-00 No. Available Seats, Beds, or Rooms:
Available at the Property Appraiser's Website: http://www.pa.marion.fl.us/
Owner Authorization Needed: ☐ Y ☒ N For Daily Use/Home Occupation/Tent & Inflatable Permits
City Business License Application Completed, if applicable? ☐ Y ☒ N No. Parking Spaces Avail: 12
Proposed Use, if applicable: Real estate office
Date/Times of Use, if applicable:

Zoning Application (please check all that apply)

☐ Annual Fire Inspection (pick one)
- ☐ ≤ 1,000 sq. ft.
- ☑ 1,001 – 3,000 sq. ft.
- ☐ ≥ 3,001

☐ Change of Occupant/Occupancy
- ☐ ≤ 1,000 sq. ft.
- ☑ 1,001 – 3,000 sq. ft.
- ☐ ≥ 3,001

☐ Daily Use

☐ Home Occupation

☐ Public Use

☐ Right of Way

☑ Sign

☐ Tent/Inflatable Use with Other Zoning Permit

☐ Tent/Inflatable Stand Alone

☐ Other:

Right of Way Permit:

1) Proposed Construction Within Right-of-Way:
   ☐ Driveway ☐ Sidewalk ☐ Utility (type): _____
   ☐ Road (type, right-of-way width, land width): _____
   ☐ Tree Removal: _____ ☐ Other: _____
2) Contractor: _____ Lic. Number: _____
   Telephone: _____ Fl. Locates Ticket #: _____
   Address: _____
3) **This Application Becomes A Permit When Signature Of Authorization Is Affixed And Is Issued Subject To The Following Conditions.**

1. All authorized work shall be completed in accordance with the provisions of this Permit, The City of Dunnellon's Land Development Code and the Code of Ordinances, the Public Services Department Standard Construction Specifications, and any other applicable regulation.
2. Private driveways, public utilities, and other such improvements permitted herein are considered as remaining in private ownership. The owners of such facilities, or their successors or assigns, shall be responsible for maintaining such facilities in good and safe repair. Chapters 125 and 337 Florida Statutes also apply.
3. This permit expires ninety (90) days from date of approval, if work has not commenced.
4. Please contact the Public Services Department at 352-465-8590 to schedule an appointment for inspection of the site BEFORE commencing any work. Forty-eight (48) hours notice is required.
5. Before any contractor penetrates ground, the contractor must call Sunshine One-Call of Florida at 8-1-1 per Florida Statute Chapter 556.
6. **Driveway aprons require an additional inspection of the form before pouring. Please contact the Public Services Department at 352-465-8590 to schedule an appointment. Twenty-four (24) hours notice is required.**
7. Permit must be on job site at all times work is being performed.

Special Conditions: _____

Tent/Inflatable Permit: (Seven Day Maximum)

Documents Needed:

a) Notarized Letter of Permission from Property Owner(s)
b) Certificate of Flame Resistance is REQUIRED for all tents
c) Proof of Liability Insurance
d) State Vendor's License (if applicable)
e) Site Plan Showing Tent Placement on the Property

I DO HEREBY AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ 12/7/15
Applicant Signature Date

FORM (A)

ALL PARKING SPACES MUST BE MARKED WITH WOODEN STAKES OR OTHER SAFE, VISIBLE MARKERS. SPRAY PAINT IS PROHIBITED.

Using the Site Plan Sketch, please provide the following for setup on **DEVELOPED** property.

- All street frontages and names.
- All existing driveways.
- All existing buildings, parking lots/spaces, and fire lanes in and around the vendor stand.
- Indicate the properties parking lot flow of traffic with up/down arrows, stop signs, etc.
- Describe all traffic control devices and their locations being used by the vendor (i.e. traffic cones, barriers, etc.). **Police tape and concrete barriers are prohibited.**

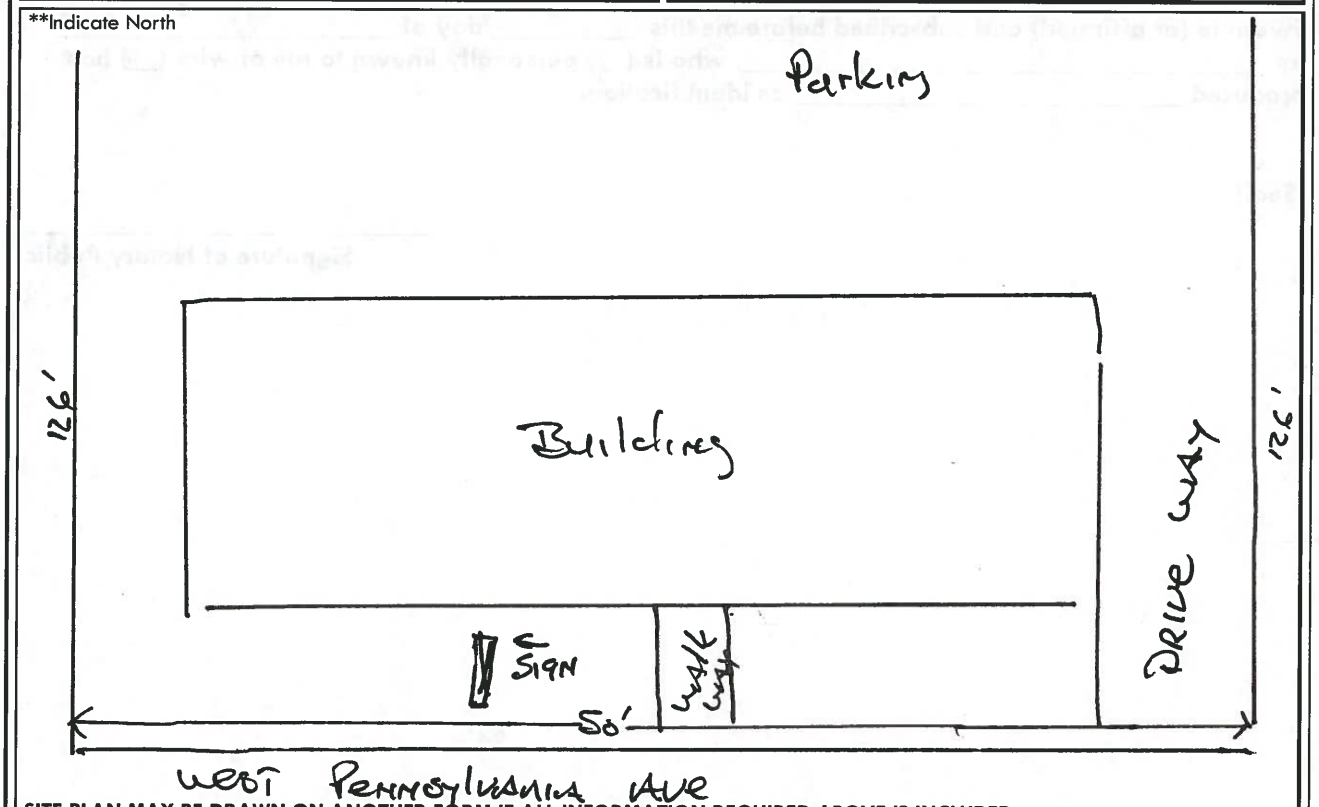
Using the Site Plan Sketch, please provide the following for setup on **VACANT** property.

- All street frontages and names
- All proposed driveways (entrance and exit) if not already existing.
- Map out all proposed parking spaces.
- Describe all traffic control devices and their locations being used by the vendor (i.e. traffic cones, barriers, etc.). **Police tape and concrete barriers are prohibited.**

SITE PLAN SKETCH

Applicant Name:	Date:
Number of Parking Spaces:	Number of Parking Spaces Taken:

**Indicate North



SITE PLAN MAY BE DRAWN ON ANOTHER FORM IF ALL INFORMATION REQUIRED ABOVE IS INCLUDED.