

PZ1516-080



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SEP 12 2016

CITY OF DUNNELTON
COMMUNITY DEVELOPMENT

**CITY OF DUNNELTON HISTORICAL PRESERVATION ADVISORY BOARD
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Date: 9/1/2016

Parcel #: 3380-0518-00

<http://www.pa.marion.fl.us/>

Project Name: Law Offices of Amanda C. Micallef, P.A.

Project Address: 11990 S. Williams St. Dunnellon, Suite 3.

Owner's Name: Ginnie Duley

Owner's Address: 11990 S. Williams St. Dunnellon

Phone #: 352 489 4422 Cell #: 859 333 6420

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

Owner's Name: Ginnie Duley

Owner's Address: _____

Phone #: _____ Cell #: _____

NOTE THE FOLLOWING REQUIREMENTS:

1. DESCRIPTION OF WORK: (sketch elevations Required)

Signage - Law Office. 2 sign on Awning - below window, 1 future on wall facing Pennsylvania. 1 Free standing, on existing free standing sign - future.

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

Black or Silver Background. (Use 2 color scheme)
Letters - Silver on Black / Black on Silver
Window letter only - less than 50% window.

3. HISTORICAL RELEVANCE AND WHY PROJECT SHOULD BE APPROVED:

Signage is helpful + new business in building
Supports building maintenance + relevance.

Fee:	\$100.00	Waived _____
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.



City of Dunnellon
Community Development
Multi-Use Zoning Permit Application

For City Use Only
Permit Number / Type:

Applicant Information:

Applicant Name: Yours Amanda C. Micallef
Business Name: RealEstate Bob Rogers / Connie Duley
Business Address: 11990 S. Williams St
Phone: 352 489 4422 Cell: _____
Location Address: 11990 S. Williams St, Suite 3
Contact Person if other than above: _____

Date: 9/1/16
Type: dba / corp. / other _____
Zip: 34432
Email: Amicallef37@gmail.com
Zip: 34432
Phone: 859 333 6420

Zoning Information

Total Sq. Ft. Under Roof: _____ Existing Zoning: R3 Historic District: Y N
Board Approval Required: Yes No Meeting Date: _____ Approved: Yes No
Subject Property Parcel Number: 3380-0518-00 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: _____
Proposed Use, if applicable: 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.

Amanda C. Midgley
 Applicant Signature

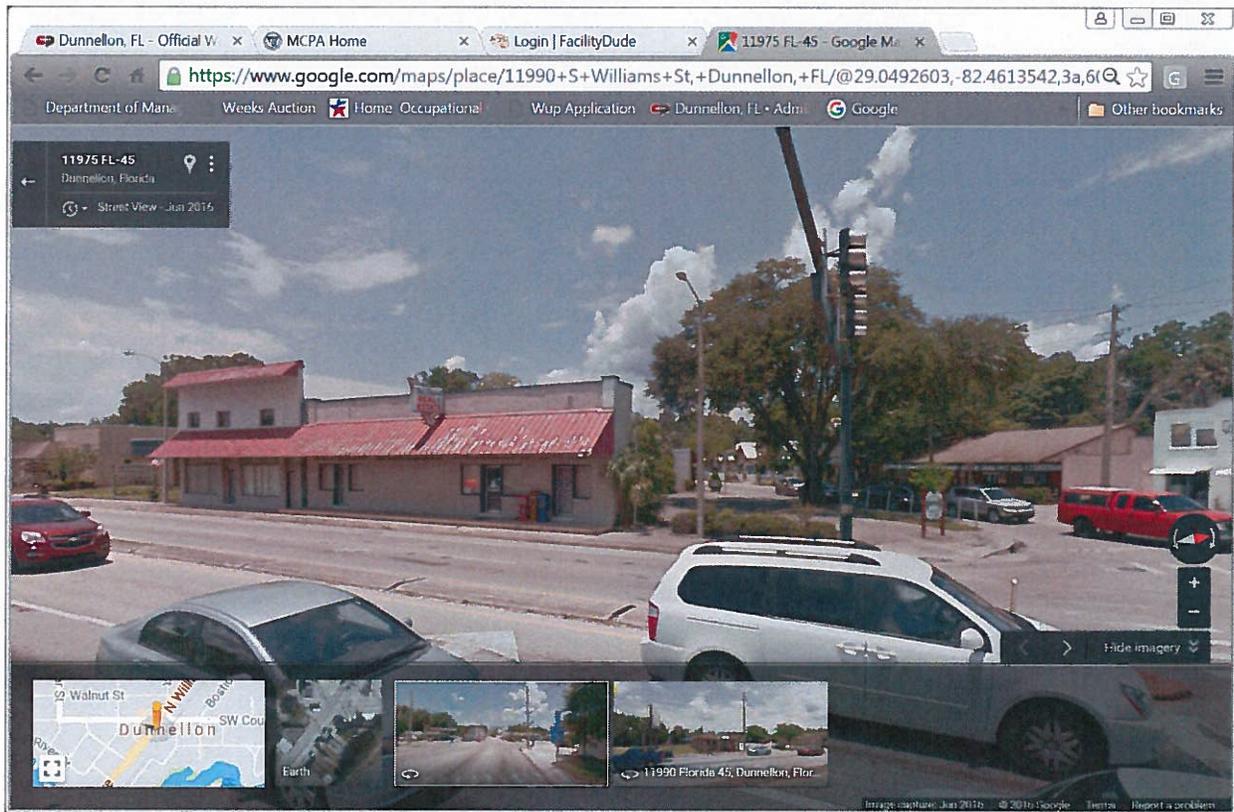
9/1/2016
 Date

LAW OFFICE OF
Amanda C. Micallef P.A.
352-390-6742
www.Micalleflaw.com

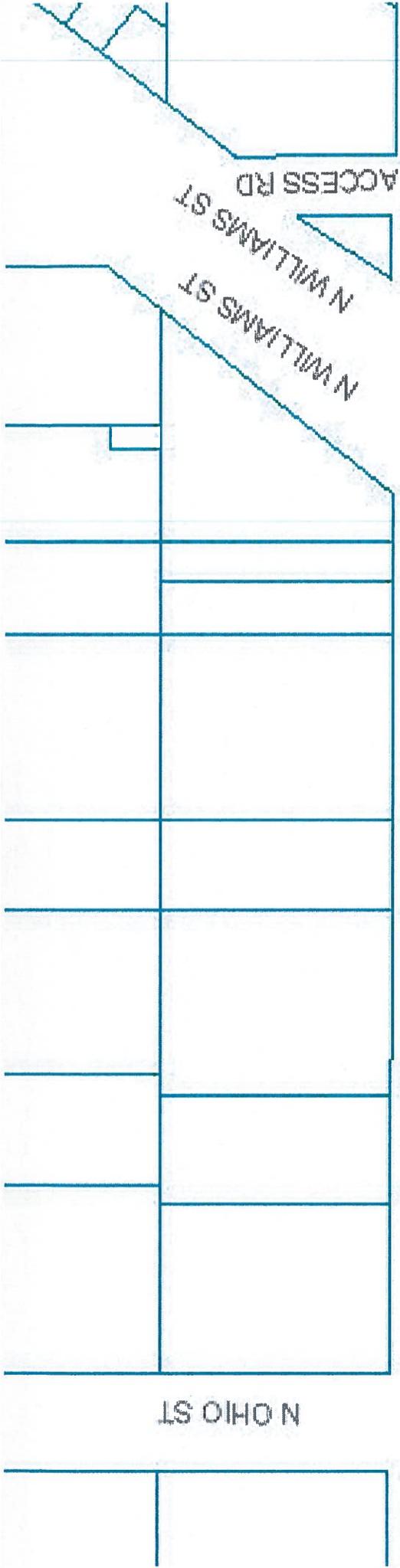
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11990 S. Williams Street



W PENNSYLVANIA AVE

