

City of Dunnellon - Community Development 20750 River Dr. | Dunnellon, Florida 34431 Phone: (352) 465-8500 x1010 Email: planning@dunnellon.org

RIGHT OF WAY PERMIT APPLICATION

SITE INFORMATION		
Parcel # (for driveway aprons):		
Job Address:		
Property Owner:		
Owner Mailing Address (if different from above):		
EXISTING DRIVEWAY APRON MODIFICATION(S) FOR NEW	DRIVEWAYS AND APRONS	S, USE THE DRIVEWAY APPLICATION
Apron Width at widest point: Existing Driv	veway Width at Apron:	Proposed Width:
Pavement Material (select one):	Concrete Paving Blo	ck
Will there be any grade changes to apron?		
Is there an existing concrete valley gutter?	No (No valley gutter will gen	nerally require a swale)
Inspection of the apron form-up prio	or to placing the paving mate	erial will be required.
Provide one copy of a Site Plan showing the lay available <u>here</u> .	out and dimensions of apro	n. A site plan example and form is
OTHER RIGHT OF WAY WORK		
Describe the work to be done:		
Beginning point of work address:		
End point of work address:		
Anticipated work dates:		
Inspection to ensure restoration of	the work site after completi	on will be required.
CONTRACTOR INFORMATION: Must provide a copy of Co	Ols for worker's comp and lia	bility.
Contractor Business Name:	State	Cert #:
Job Representative:		
Email Address:		
Address:		
	City	State Zip
PUBLIC WORKS MANAGER APPROVAL	DATE	_

Regulations and Information:

- 1. The right of way must be restored at completion of project. This includes planting of sod or grass seed in disturbed areas along the right of way.
- 2. No materials may be left on site after completion of the project.

Recorded Notice of Commencement must be posted if the project valuation exceeds \$5,000.00 WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Contractor's Affidavit:

I certify that all the foregoing information is accurate and that all work must be done in compliance with all applicable laws regulating construction and zoning. I understand **THERE WILL BE A FINAL INSPECTION** of the work permitted herein. Compliance will be strictly enforced. **No work whatsoever will commence until the zoning permit has been issued.**

• The permit fee will be doubled if work is started without an approved permit.

Print Name of Qualifier		Signature of Qualifier				
State	of Florida					
County	of					
The fo	regoing instrument was ackn	owledged before r	me by mea	ns ofphy	sical presence	oronline notarization
this _	day of	, 20	by			, who is
pe	rsonally known to me orl	nas produced				as identification.
						(Seal)
Signat	ure, Notary Public - State of F	lorida				
Printe	d, Typed, or Stamped Name o	f Notary				