



650 Oak St., P.O. Box 266, Bronson, FL 32621  
(352)486-2354 ~ FAX (352)486-6262  
townmanager@townofbronson.org

### Zoning Compliance Verification

**Town of Bronson Zoning Compliance Verification Fee: \$50.00** Pursuant to the Town of Bronson Ordinance 26-01, this Zoning Compliance Verification form provides information in support of an application for a building permit to be issued by the Levy County Development Department.

**THIS VERIFICATION IS NOT A BUILDING PERMIT. DO NOT COMMENCE WORK WITHOUT OBTAINING A PERMIT.**

Parcel Number(s): \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contractor/Applicant (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above-referenced property meets the Town of Bronson zoning requirements for the following: (multiple items may be checked)		
<input type="checkbox"/> Residential Single Family - R1 (homes only)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Pool
<input type="checkbox"/> Residential Multi-Family – R2 (homes/mobile homes)	<input type="checkbox"/> Addition or Remodel	<input type="checkbox"/> Sign
<input type="checkbox"/> Commercial - CN, CG	<input type="checkbox"/> Storage Shed/Workshop	<input type="checkbox"/> Demolition
<input type="checkbox"/> Industrial – I	<input type="checkbox"/> Fence	<input type="checkbox"/> Other _____
<input type="checkbox"/> Agricultural - A	<input type="checkbox"/> Electrical Upgrade	
	<input type="checkbox"/> Mechanical Update (HVAC or Plumbing)	
	<input type="checkbox"/> Re-Roofing	
Additional Requirements that must be satisfied before this Zoning Compliance Verification can be issued:		
<input type="checkbox"/> Rezoning Date granted: _____	<input type="checkbox"/> Site Plan Review Date completed: _____	
<input type="checkbox"/> Variance Date granted: _____	<input type="checkbox"/> Special Provisional Date granted: _____	
<input type="checkbox"/> Other: _____		

Acknowledgement: I have read and understand the applicable requirements for the purposed project. I further understand that this Zoning Compliance Verification form is only valid for six (6) months from the date of issuance, and that to obtain any needed permits, I must present a valid Zoning Compliance Verification for to the Levy County Development Department at 375 Garner St, Bronson, FL 32621, and pay any required permit fees.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Contractor (if needed)

**\*\*\*TOWN OF BRONSON STAFF\*\*\***

Paid: \_\_\_\_\_  Approved  Approved with these conditions: \_\_\_\_\_

Denied for reason(s) thereof \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(Name, title)

*Affix Town Seal*