



**WAIVER APPLICATION
FINISH FLOOR ELEVATION
(FIRST FLOOR)**

BOARD OF COUNTY COMMISSIONERS

DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
3600 W. Sovereign Path, Suite 241
Lecanto, FL 34461
Telephone: (352) 527-5446 Fax (352) 527-5482
Toll Free (352) 489-2120 TTY (352) 527-5312

BUILDING PERMIT #: _____ **DATE:** _____

THE UNDERSIGNED APPLIES FOR A WAIVER FROM THE REQUIREMENT TO ESTABLISH THE FIRST FLOOR ELEVATION AT A MINIMUM OF ONE FOOT ABOVE THE HIGHEST POINT OF THE CROWN OF ANY ROAD PUBLIC OR PRIVATE BORDERING THE RESIDENTIAL CONSTRUCTION SITE, AS REQUIRED BY THE CITRUS COUNTY LAND DEVELOPMENT CODE. THE SUBJECT PROPERTY IS DEFINED AS:

LOT: _____ BLOCK: _____ SUBDIVISION: _____
SEC: _____ TWP: _____ RNG: _____ PARCEL: _____ ALT KEY: _____
JUSTIFICATION FOR WAIVER: _____

ADDRESS OF JOB SITE: _____

I DO HEREBY AGREE TO COMPLY WITH ALL OTHER REQUIREMENTS OUTLINED BY THE LATEST ADOPTED EDITIONS OF THE LAND DEVELOPMENT CODE, THE FLORIDA BUILDING CODES, FEMA REQUIREMENTS OR BY OTHER COUNTY ORDINANCES RELATING TO BUILDING CONSTRUCTION ON THIS SITE. **THE OWNER AND CONTRACTOR DO HEREBY RELEASE CITRUS COUNTY AND ITS AGENTS FROM ANY LIABILITY OR RESPONSIBILITY FOR FLOODING WHICH MAY OCCUR ON THE ABOVE DESCRIBED LANDS OR BUILDING CONSTRUCTED THEREON IF THIS APPLICATION FOR WAIVER IS APPROVED.** I UNDERSTAND THAT APPROVAL OF THIS WAIVER WILL NOT RELIEVE APPLICANTS FROM THE OBLIGATION TO COMPLY WITH THE FLOOD PLAIN REQUIREMENTS AS OUTLINED IN THE CITRUS COUNTY LAND DEVELOPMENT CODE, CHAPTER 6, IF APPLICABLE. I FURTHER UNDERSTAND THAT IN THE EVENT CONSTRUCTION IS NOT COMMENCED WITHIN 6 MONTHS OF THE ISSUE DATE, THIS WAIVER IS VOID.

SIGNATURE OF OWNER (ORIGINAL BLUE INK ONLY) _____

SIGNATURE OF CONTRACTOR (ORIGINAL BLUE INK ONLY) _____

PRINTED NAME OF OWNER _____

PRINTED NAME OF CONTRACTOR _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

STATE OF FLORIDA
COUNTY OF CITRUS

STATE OF FLORIDA
COUNTY OF CITRUS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or provided _____ as identification and who did not take an oath.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or provided _____ as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____, _____.

WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public - State of Florida _____

Notary Public - State of Florida _____

SEAL

SEAL

DO NOT WRITE OR STAMP BELOW THIS LINE

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

COMMENTS: _____