



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
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: _____

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____ as _____ for _____ who is _____ personally known to me or who has produced _____ as identification.

Notary Public - State of Florida
Printed Name:
Commission No:
Expiration Date:

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, _____, by _____ as _____ for _____ who is _____ personally known to me or who has produced _____ as identification.

Notary Public - State of Florida
Printed Name:
Commission No:
Expiration Date:

DO NOT WRITE OR STAMP BELOW THIS LINE

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

COMMENTS: _____