



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

Accessory Dwelling Certificate of Land Use Compliance

Required documents to be submitted with application:

- Recorded copy of deed
- Record Notice of Accessory Dwelling in Gilchrist County and provide recorded copy.
- Certified copy of survey
- Site plan with detailed information regarding existing structures and proposed structures and driveway.

Owner Information

Owner Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Proof of Ownership: Recorded Deed Other:

Applicant (if other than owner)

Name:

Mailing Address:

City: State: Zip:

Contact phone number: E-mail:

Property Information

Parcel Number:

Project Address:

Total Number of Acres: Is property vacant? Yes No

Is the property located within a recorded subdivision? Yes No

If the permanent accessory dwelling unit is being proposed on a lot or parcel within a recorded subdivision, the application for the unit shall include a written and signed opinion by a title company or licensed Florida Attorney that the proposed dwelling unit will not conflict with the restrictive covenant, deed restrictions, or other applicable private restrictions on the use of the lot or parcel, prior to approval by the County.

Please indicate number of existing structures on property

Mobile Homes: **Shed/Barns:** **Single Family Homes:** **Other:**

Are you replacing a structure? Yes No

For accessory dwellings, total sq footage includes all heated, cooled and unconditioned space.

Proposed number, type and total sq feet of structure (s):

Attached Detached - If detached – how far away from the primary dwelling:

Intended use of proposed structure: Residential Commercial

Distance proposed structure from property lines

Front: Back: Left: Right

Driveway

Access to property: Paved Road County (Dirt/Limerock) Road Private Road/Easement

Is there an existing driveway? Yes No

Proposed driveways must be clearly flagged/marked or a reinspection fee may incur.

Driveway(s) accessed from a State Road, must be permitted through Florida Department of Transportation. Please contact (DOT) for permitting requirements: (352) 493-6070



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Driveway, Planning & Land Use Compliance Consent and Acknowledgement

This Land Use and Driveway Permit application does not supersede any deed restrictions or covenants, or any neighborhood bylaws, rules, or regulations. I certify that all information presented in this application is true and correct to the best of my knowledge. I further certify that the owner or occupant, have the legal right to use the property described in this permit application.

I also acknowledge understanding of the following:

- Property stakes shall be in place and clearly identified at the time of inspections.
- Land Use Compliance Permit and Driveway Permit expire after 1 year of approval
- I agree to complete driveway work required and to replace any material removed or repair any damage done on County Right of Way.

Property Owner's Signature

Date

Property Printed Name

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.
Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Stamp:

Printed Name of Notary Public or Stamp

Property Owner's Signature

Date

Property Owner's Printed Name

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____.
Individual identified by: Personal Knowledge Satisfactory Evidence: Type: _____

Signature of Notary Public - State of Florida

Stamp:

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SITE PLAN

Property Owner's Name:						
Property Size:						
Address or Parcel Number:						
Setbacks(ft):	Front:		Sides		Rear	

Please draw your proposed project and indicated the following:

- Location of driveway or proposed driveway.
- Location of all roads and right-of-ways in relation to the property.
- Location of all existing and proposed structures.
- Location of proposed or current septic, drain field and well.





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STAFF USE ONLY

Land Use Classification	
Parcel Number	
Wetlands on property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit required from Suwannee River Water Management District (386) 362-1001, prior to building permit issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevation Certificate Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gilchrist County assumes no liability for any private deed restrictions which are the sole responsibility of the owner.	
<input type="checkbox"/> Approved subject to the following:	
<ul style="list-style-type: none"> 1) Applicant must record Notice of Accessory Dwelling in Gilchrist County and provide a copy to Gilchrist County prior to final approval. 2) Must comply with building setback requirements and locate the proposed improvement as shown on the site plan/survey. 3) Applicant must mark/flag property corners for the Building Inspector. 4) Applicant must comply with all the requirements of the Gilchrist County Health Department regarding well and septic systems for the property. 5) Must obtain a driveway permit from DOT or driveway approval from Gilchrist County Building Department. 	
<input type="checkbox"/> Denied – Notes: _____	
_____	_____
Community Development/Zoning Administrator	Date

NOTICE OF ACCESSORY DWELLING

(To be Recorded)

THIS NOTICE OF ACCESSORY DWELLING is executed this _____ day of _____, 20____ by: _____ (hereinafter "Owner"), who state as follows:

RECITALS:

They are the owner(s) of the following described real property:

Legal Description of Parcel:

Tax Parcel Number:

Property Address:

Owner(s) has/have made application in accordance with Section 7.16.01 AND section 7.16.02 of the Gilchrist County Land Development Code for a Permanent Accessory Dwelling Permit to allow in addition to the principal residential dwelling, 1 additional site-built or permanent modular structure accessory residence on the parcel described above to be located in an Agriculture Land use District only, in accordance with all of the requirements and conditions set forth in the Gilchrist County Land Development Code.

The owner(s) acknowledges and agrees that the Permanent Accessory unit shall not be sold separately from the primary dwelling unless a division of the property is approved by Gilchrist County, and that under no circumstances shall the existence of the accessory dwelling unit be grounds for a variance or any deviation from Gilchrist County Subdivision regulations. The owner(s) further state that the proposed accessory dwelling unit does not conflict with any restrictive covenants, deed restrictions or other private restrictions on the use of the property. The purpose of the document is to provide Constructive Notice to the subsequent owners, grantee, or transferee of the property that the permanent accessory dwelling structure as to be located on the premises shall not be sold separately from the primary dwelling as set forth herein. This notice is intended to run with the land and the requirements hereof shall be binding upon the owner(s), their successors, heirs, and assigns.

NOTICE OF ACCESSORY DWELLING

(continued)

Signed, sealed, witnessed, and acknowledged this _____ day of _____, 20____, at _____, Florida.

Witnesses

Owner(s)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day _____, 20____, by

(Name of person acknowledging)

Personally, Known OR Produced Identification

Type of Identification Produced: _____

Seal: _____
(Signature of Notary Public - State of Florida)

(Print, Type, and Stamp Commissioned Name of Notary Public)
My Commission Expires: _____