



Gilchrist County Building Department

209 SE 1st Street Trenton, FL 32693

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

Certificate of Land Use Compliance

Required documents to be submitted with application:

- Recorded copy of deed
- 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: <input type="checkbox"/> Recorded Deed <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate number of existing structures on property			
Mobile Homes:	Shed/Barns:	Single Family Homes:	Other:
Are you replacing a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proposed number and type of structure (s)?			
Intended use of proposed structure: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
Distance proposed structure from property lines			
Front:	Back:	Left:	Right
Driveway			
Access to property: <input type="checkbox"/> Paved Road <input type="checkbox"/> County (Dirt/Limerock) Road <input type="checkbox"/> Private Road/Easement			
Is there an existing driveway? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driveway(s) accessed from a Gilchrist County road, the Gilchrist County Road Department will inspect the proposed or current driveway. A final approval is required prior to any building permits being issued. For more information contact Gilchrist County Road Department:(352) 463-3223. 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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Planning & Land Use Compliance, Driveway Consent and Acknowledgment

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 by Road Department 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: _____

Stamp:

Signature of Notary Public - State of Florida

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: _____

Stamp:

Signature of Notary Public - State of Florida

Printed Name of Notary Public or 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.
- Measurements from proposed structure to all property lines and all existing 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	
<input type="checkbox"/> Approved subject to the following: <ol style="list-style-type: none"> 1) Must comply with building setback requirements and locate the proposed improvement as shown on the site plan/survey. 2) Applicant must mark/flag property corners for the Building Inspector. 3) Applicant must comply with all the requirements of the Gilchrist County Health Department regarding well and septic systems for the property. 4) Must obtain a driveway permit from DOT or driveway approval from Gilchrist County Road Department. 	
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<input type="checkbox"/> Denied – Notes: _____	
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<hr/> Community Development/ Zoning Administrator	<hr/> Date