



Town of Inglis

135 Hwy 40 W.
Inglis, FL. 34449
(352) 447-2203 Ext. 105
Permits_zone@townofinglis.org

ZONING APPROVAL APPLICATION

PURPOSE: _____

APPLICANTS NAME: _____ TELEPHONE: _____

MAILING ADDRESS: _____

ACTUAL LOCATION: _____

SIZE: _____ ELECTRIC (Y/N) _____ WATER (Y/N) _____

Applicant signature: _____ Date: _____

IF LOCATED IN A FLOOD ZONE, STRUCTURE MAY REQUIRE PROPER FLOOD PROOFING. ALL STRUCTURES SHOULD BE TIED DOWN BY ANY ACCEPTABLE ANCHORING SYSTEM.

ALL STRUCTURES SHALL BE INSPECTED BY THE TOWN BUILDING/ZONING OFFICIAL.

ELECTRICAL AND PLUMBING PERMITS WILL BE PERMITTED SEPARATELY.

Building & Zoning Department only

DATE RECEIVED _____ ZONED _____ PERMIT NUMBER _____

FLOOD ZONE: YES ☐ NO ☐ TOTAL SQUARE FOOT _____ SITE PLAN COMPLETED: YES ☐ NO ☐

FLOOD DISCLAIMER SIGNED: YES ☐ NO ☐

INSPECTION INFORMATION DATE: _____

ELEVATION CERTIFICATE ATTACHED: YES ☐ NO ☐

PARCEL NUMBER: _____ APPROVE: _____ DISAPPROVE: _____

BUILDING/ZONING OFFICIAL: _____ DATE: _____

Code Enforcement Officer _____ Date: _____