

**COUNTY OF VOLUSIA  
LAND DEVELOPMENT OFFICE  
APPLICATION FOR USE PERMIT**



Mail or hand deliver the completed application to:

Thomas C. Kelly Administration Center, County of Volusia, Land Development Office  
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604

DeLand 386-736-5942, Daytona Beach 386-248-8157, New Smyrna Beach 386-423-3872

Fax 386-740-5136

**Note:** In lieu of completing this application, the information may be submitted through Connect Live at  
<https://growthmgt.vcgov.org/PublicPortal/Volusia/common/index.jsp>

**DIVISION 6 - USE PERMIT (USE)**

☐ **RESIDENTIAL**

☐ **COMMERCIAL**

☐ **UTILITY**

**PROJECT INFORMATION**

IF YOU USE AN INTERNAL PROJECT NUMBER, PLEASE ENTER IT HERE:

PROPERTY ADDRESS:

TAX PARCEL NUMBER(S):

PROPERTY LOCATION:

☐ Unincorporated - in the community of

☐ Incorporated - in the city of

DIRECTIONS TO  
PROPERTY:

**SCOPE OF WORK**

- ☐ MAILBOX LOCATED ON PUBLIC RIGHT-OF-WAY
- ☐ ASPHALT/CONCRETE DRIVEWAY APPROACH
- ☐ TO PAVED ROAD                      ☐ TO PAVED ROAD WITH CULVERT PIPE
- ☐ DRIVEWAY APPROACH
- ☐ TO UNPAVED ROAD                      ☐ TO UNPAVED ROAD WITH CULVERT PIPE
- ☐ OPEN STREET CUT ON A PAVED STREET                      Number of Cuts
- ☐ OPEN STREET CUT ON AN UNPAVED STREET                      Number of Cuts
- ☐ BORE AND JACK                      Number of Jacks
- ☐ DIRECTIONAL BORE                      Number of Borings
- ☐ ROADWAY CONSTRUCTION OTHER THAN BY A SPECIAL ASSESSMENT DISTRICT, OR IN  
CONJUNCTION WITH THE DEVELOPMENT OF A SUBDIVISION
- ☐ FIRE HYDRANT CONNECTION AND RELATED WORK
- ☐ OTHER (SPECIFY)

**\*\*\*\*STAFF USE ONLY\*\*\*\***

**PROJECT NAME:** \_\_\_\_\_

**USE PERMIT NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RSN:** \_\_\_\_\_

**APPLICANT/OWNER INFORMATION**

NAME:

COMPANY:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  EXT:  FAX:  EMAIL:

\*All Information concerning this application will be directed to the applicant\*

\*The USE Permit will be issued in the name of the applicant\*

**BILLING INFORMATION**

**TO BE COMPLETED IF A CENTRAL BILLING SYSTEM IS USED.**

NAME:

COMPANY:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  EXT:  FAX:  EMAIL:

SPECIAL INSTRUCTIONS:

**One original hard copy and a digital copy in PDF on disk is required for each of the following plans/documents**

- ☐ Completed Application (Authorization from the owner, if applicable)
- ☐ A survey sketch or site plan to scale meeting the requirements of Section 72-691(d)(2)
- ☐ A Maintenance of Traffic (MOT) detail included on plans, when applicable.

**PURSUANT TO CHAPTER 556, FLORIDA STATUTES, AS AMENDED, AN EXCAVATOR OF THE WORK PERFORMED UNDER THE SCOPE OF THIS APPLICATION SHALL CALL THE "SUNSHINE STATE ONE-CALL OF FLORIDA, INC." AT 1-800-432-4770, NOT LESS THAN TWO OR MORE THAN FIVE BUSINESS DAYS BEFORE BEGINNING EXCAVATION.**

**BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE. ADDITIONAL FEES MAY BE ASSESSED DURING THE APPLICATION REVIEW PROCESS AND SHALL BE PAID PRIOR TO ISSUANCE OF THE USE PERMIT. APPLICATIONS DETERMINED TO BE INCOMPLETE MAY BE RETURNED TO THE APPLICANT PRIOR TO ACCEPTANCE, OR APPROVAL MAY BE DELAYED. ACCESS IS HEREBY GRANTED TO COUNTY STAFF FOR INSPECTION AND REVIEW PURPOSES.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:**

**If you are not the property owner, you must have the owner complete the attached "Owner Authorization Form"**

**\*\*\*\*STAFF USE ONLY\*\*\*\***

**PROJECT NAME:** \_\_\_\_\_

**USE PERMIT NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RSN:** \_\_\_\_\_

## NOTARIZED AUTHORIZATION OF OWNER



I/We, \_\_\_\_\_

PRINT OWNER'S NAME

as the sole or joint fee simple title holders(s) of the property described (or referenced) as:

(LEGAL DESCRIPTION AND/OR TAX PARCEL NUMBER)

authorize \_\_\_\_\_

to act as my agent

(PRINT AGENT'S NAME)

to seek \_\_\_\_\_

on the above property

(TYPE OF APPLICATION)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(DATE)

by \_\_\_\_\_, ☐ who is/are personally  
(OWNER(S))

known to me or ☐ who has/have produced \_\_\_\_\_ as  
identification and who did not take an oath. (TYPE OF IDENTIFICATION)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

Type or Print Name:

\_\_\_\_\_  
Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\*\*\*\*STAFF USE ONLY\*\*\*\*

PROJECT NAME: \_\_\_\_\_

USE PERMIT NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RSN: \_\_\_\_\_