USE, Rev. 11/24

COUNTY OF VOLUSIA
DEVELOPMENT ENGINEERING
APPLICATION FOR USE PERMIT

Volusia County
FLORIDA

Mail or hand deliver the completed application to:
Thomas C. Kelly Administration Center, County of Volusia, Development Engineering
123 W. Indiana Avenue, Room 402, DeLand, Florida 32720-4604
DeLand 386-736-5926

DIVISION 6 - USE PERMIT (USE)

☐ **SINGLE FAMILY 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:** _____

PERMITEE INFORMATION

NAME:

COMPANY:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: EXT: FAX: EMAIL:

All Information concerning this application will be directed to the permittee
The USE Permit will be issued in the name of thepermittee

OTHER / SECONDARY PERMITTEE INFORMATION

NAME:

COMPANY:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: EXT: FAX: EMAIL:

SPECIAL INSTRUCTIONS:

TO BE SUPPLIED AT THE TIME OF SUBMISSION:

- ☐ 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) (1 copy)
- ☐ 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.

PERMITTEE 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, _____, as the sole or joint fee title holder(s) of the property described (or referenced) as: _____ authorize _____ to act as my agent to seek _____ on the above property.

_____
OWNER'S SIGNATURE

_____
CO-OWNER'S SIGNATURE (IF APPLICABLE)

_____
DATE

_____
DATE

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20____, by _____ who ☐ is/are personally known to me or ☐ has/have produced _____ as identification and who did not take an oath.

OWNER(S) NAME

TYPE OF IDENTIFICATION

NOTARY PUBLIC, STATE OF _____

_____
Type or Print Name:

_____
Commission No.:

_____
My Commission Expires:

[Place Notary Seal / Stamp Here]

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

PROJECT NAME	USE PERMIT NUMBER	RSN