



CITY OF PARKER

1001 WEST PARK STREET • PARKER, FLORIDA 32404
TELEPHONE (850) 871-4104 • FAX (850) 871-6684

**CITY OF PARKER
MINOR DEVELOPMENT
ACCESSORY STRUCTURE
Application Review Fee - \$100**

Date of Submittal: _____
DO Permit #: _____
Bldg Permit #: _____
Land Use Designation: _____
Parcel ID# _____

Applicant Information:

Name of property owner: _____

Address: _____

Telephone #: _____ Email: _____

Name of contractor: _____

Address: _____

Telephone #: _____ Email: _____

Site location: _____
(must include address)

Flood Zone: _____

Building/Structure Information:

Current use of existing property: _____

What type structure are you adding? _____

Will this structure be used for a business or home occupation? _____

Will anyone live in this structure? _____

Complete the following calculations:

Lot size: _____ Ttl sq. ft of lot: _____

Total **existing** square feet of your:
Primary structure: _____
Accessory structures: _____
Driveway/paved parking: _____
Total square feet of impervious (existing): _____

Amount of impervious surface to be added: _____
Percentage of lot coverage: _____

Provide site plan: _____
Setbacks for new structure:
Side yard: _____ Rear yard: _____
Road right-of-way: _____ Building height: _____
Space between structures: _____

Minimum setbacks: 5 feet side and rear [Sec 5-5.1(g)]
10 foot minimum setback between buildings (Sec 4-5.9)

Utilities Information:

Are you planning to connect this structure to water and/or sewer? _____
Number of proposed water connections _____ sewer connections _____
Is the utility account currently in your name? _____
If not, whose name is it in? _____

NOTE: Failure to comply with the provisions of this permit may subject the permit to modification, withdrawal, or cancellation, and in addition may subject the applicant and/or property owner to additional permit fees and additional costs including legal fees.

I hereby certify, under penalty of perjury, that I have read and understood the provisions of this permit, and that the information provided herein is true and correct to the best of my knowledge.

Signature of Applicant

Date

TO EPCI BUILDING DEPARTMENT: Please be advised that you may issue a building permit to the above named applicant/contractor on behalf of the City of Parker.

Signature of Approval

Date