

TRAILER ESTATES PARK AND RECREATION DISTRICT DEED RESTRICTIONS BUILDING REQUEST

PP 39

THIS FORM IS ONLY FOR APPROVAL OF BUILDING REQUESTS AS DEFINED IN THE TRAILER ESTATES DEED RESTRICTIONS. PROPERTY OWNER SHOULD CONTACT MANATEE COUNTY DIRECTLY TO DETERMINE IF BUILDING PERMITS OR OTHER ADDITIONAL LAND DEVELOPMENT APPROVALS ARE REQUIRED. They can be reached at MANATEE COUNTY PERMITTING DEPT., 1112 Manatee Ave West 2nd floor, Bradenton , FL 34205 , 941-749-3047 ext.3800

PERMIT NUMBER: _____

(Print) LAST NAME	FIRST	ADDRESS	PHONE
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BLOCK NUMBER	LOT NUMBER(S)	SUBDIVISION OR ADDITION
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TYPE OF CONSTRUCTION Example: NEW HOME, ADDITION, CEMENT WORK, PORCH, A/C, RESIDING, ETC.

DIMENSIONS: (W-L-H)	BUILDER	CONTRACTORS NUMBER
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SET BACKS	FRONT	BACK	LEFT SIDE	RIGHT SIDE
ORIG & 2 nd ADD	5'	5'	4'	2'8" (single lots only) otherwise 4'
1 st ADD	5'	5'	4'	4'
3 rd to 7 th	5'	5'	5'	5'

MAKE SCALE DRAWING ON REVERSE SIDE OR SUBMIT ON SEPARATE SHEET(S) SHOWING PROPER SETBACKS. ASK OFFICE FOR SHEETS.

EXPIRATION: THIS BUILDING REQUEST EXPIRES 6 MONTHS FROM DATE OF APPROVAL.

APPROVAL IS FOR SETBACKS ONLY. ALL COUNTY CODES MUST BE FOLLOWED AND APPROVED.

I, the undersigned owner or purchaser of Lot _____ Block _____ of Trailer Estates do hereby certify that I assume full responsibility that the construction will conform as shown in the drawings, plans, and specifications as submitted. If said construction commences before this application is approved and a building permit is issued by the County, the construction or addition work will be stopped immediately and I shall be subject to County Zoning Laws as per violation noted, until such violation is remedied. I also realize I am responsible for any other persons property as to damage done by contractors working for my benefit, and I shall see that the damage is corrected at no cost to the district or property owner.

NOTIFY DISTRICT OFFICE WHEN WORK STARTS AND UPON COMPLETION.

_____ Date _____ Property Owner

OFFICE USE

APPROVED OR DISAPPROVED Date: _____ For The Board of Trustees

EXPLANATION: _____

APPLICANT NOTIFIED BY _____ ON _____ (date)

