



# HENDRY COUNTY BUILDING LICENSING & CODE ENFORCEMENT

POST OFFICE BOX 2340 \* 88 SOUTH MAIN STREET \* LABELLE, FLORIDA 33975 \* Phone: (863) 675-5245 \* FAX: (863) 675-5319

## BUILDING PERMIT EXEMPTION AFFADAVIT

This is to certify that I, \_\_\_\_\_ am exempt from the requirements for a Building Permit under Florida Statute **604.50** and **553.73(7) [1]**.

The proposed building permit exemption is for a non residential farm use building on a farm as defined in Florida Statute **823.14** or on classified Agriculture land, which will not be used for personal use or storage.

**Farming or Agriculture for your own use does not qualify for this exemption.**

I further certify that this is not a commercial building and will be in full compliance with FEMA floodplain regulations and Hendry County Zoning requirements.

Property Address; \_\_\_\_\_

Parcel ID: \_\_\_\_\_. Agricultural Classification? yes \_\_\_ no \_\_\_

Farm Name: \_\_\_\_\_

The Agricultural product produced on this property is \_\_\_\_\_

Type of structure; \_\_\_\_\_. Use of structure: \_\_\_\_\_

### NOTES:

1. Please attach a site plan showing location of building indicating North and the distance from the two closest intersecting property lines.
2. Attach an IRS schedule F (minus SSAN's) or other such proof of a bona fide farming operation for profit/loss.
3. There may be other permits required from other governmental agencies such as water management, Department of Agriculture.
4. Exemption from a building permit in no way implies any tax exemptions from any taxing authority.

I herby certify that the above information and any attachments are true and correct and that I fully understand the above information to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address of Owner or Representative

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail

STATE OF FLORIDA  
COUNTY OF HENDRY  
(Name of Notary typed printed  
Or stamped)

SWORN AND DESCRIBED BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_ BY \_\_\_\_\_  
WHO IS PERSONALY KNOWN TO ME OR HAS PRODUCED  
IDENTIFICATION \_\_\_\_\_

(Type of Identification)

\_\_\_\_\_  
Notary signature

Zoning: \_\_\_\_\_. Zoning setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Signature of Building Official or Appointee: \_\_\_\_\_ Date: \_\_\_\_\_