



Town of _____
Micranopy
 Florida

Application for Land Use Approval

Date: 10-6-2025

Application Number: 20251006-A

Requested Approval

- Certificate of Appropriateness
 Lot Split
 Variance
 Rezoning
 Site Plan Review
 Sign
 Fence
 Other
Re-Roof

Property Owner Name: Caroline Roach

Property Owner Mailing Address: 107 W Smith Ave Micranopy FL 32667

Applicant (if other than property owner): _____

Applicant Mailing Address: same

Owner/Applicant Telephone: 352 672 8167 Email carolineroach@gmail.com

Property Tax Parcel Number: 14620-050-002 Current Zoning: R-2

Property Street Address: 107 W Smith Ave Micranopy FL 32667

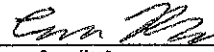
Requested/Proposed Action: New roof due to leaks - cannot replace with original

Reason/Justification for this Application: leaks, cannot repair, must replace.

Included With this Application: Survey Site Plan Floor Plan
 Elevation Drawings Construction Drawings Project Photos
 Other: _____

Fee Amount: \$ 50.00 Date Paid: 10-6-2025
 Cash Check: Date 10-6-2025 Number 212

The undersigned property Owner/Applicant understands that this Application becomes a part of the permanent records of the Town of Micanopy; that the information and statements provided herein and documentation provided herewith are correct and true to the best of the undersigned's knowledge and belief, and all such information/documentation is public record; and that any work or other action associated with the approval granted must commence within one year of the date of the issuance of such approval.

Signature of Owner/Applicant: 
Signature Owner/Applicant
10/6/25
Date

Town of Micanopy

Approval Conditional Approval Denied

Comments and/or Conditions:

Planning & Historic Preservation Board: Date: _____

Signature Printed Name & Title

Town of Micanopy: Date: _____

Signature Printed Name & Title