



Town of _____
Micanopy
Florida

Application for Land Use Approval

Date: 2-28-25

Application Number: 2025 0304-A

Requested Approval

Certificate of Appropriateness ☒

Lot Split ☐

Variance ☐

Rezoning ☐

Site Plan Review ☐

Sign ☐

Fence ☐

Other ☐

Property Owner Name: Richard Beardslee

Property Owner Mailing Address: 604 NE CholoKra Blvd

Applicant (if other than property owner): _____

Applicant Mailing Address: _____

Owner/Applicant Telephone: 352-283-1509 Email _____

Property Tax Parcel Number: 16634-001-000

Current Zoning: C-1

Property Street Address: _____

Requested/Proposed Action: Handicaped Ramp

Reason/Justification for this Application: V.A. Doctor ordered. Multiple medical problems making stairs nearly impossible & Very painful. Walking is also painful.

Included With this Application:

☐ Survey

☐ Site Plan

☐ Floor Plan

☐ Elevation Drawings

☐ Construction Drawings

☐ Project Photos

☒ Other: Standard installation of Short handicap Ramp

Fee Amount: \$ 50.00

Date Paid: 3-17-2025

☐ Cash

☒ Check:

Date

3-17-2025

Number

111

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:

Richard Beardslee
Signature Owner/Applicant

2-28-25

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

Forms

2020