



LAKE CITY GROWTH MANAGEMENT
173 NW Hillsboro Street, Lake City, FL 32055
Office: 386-719-5750 Fax: 386-758-5426
growthmanagement@lcfla.com

NEW CONSTRUCTION
COMMERCIAL/RESIDENTIAL

1st pg Permit Application with PROPERTY OWNER'S Signature & Notarized Contractor Signature
The Deeded Property owner must sign page 1 of the Application. If the customer has a notarized Power of Attorney from the Deeded Property Owner, then that named person can sign for the owner.

1 -Notes

Subcontractors Verification Pg 3, signed by the license holder/contractor that is subcontracted the job.

2 -Notes:

License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.

3 -Notes:

If an Owner Builder, Notarized Disclosure Statement (Owner Builders must sign for the Permit)

4 -Notes:

Recorded deed or Property Appraiser's parcel details printout; and if

5 -Notes:

Owner is Corporation or Trust, provide corporate articles listing the signor, trust executor or POA forms.

6 -Notes:

Site plan with actual distances of the structure to each property line

8 -Notes:

911 Address by calling 386-5820

9 -Notes:

Residential or Commercial Checklist completed including Product Approval Code Spec sheet.

10 -Notes:

Recorded Notice of Commencement; before the 1st inspection must be submitted to Growth Management and posted on jobsite.

11 -Notes:

2 sets of plans (blueprints) folded to 9 x 12 size with Signed & Sealed Engineering and 1 electronic

13 -Notes:

2 sets of Signed & Sealed truss engineering, if not included within the building blueprints and 1 electronic

45 -Notes:

2 sets of energy code & Manual J forms, if required, and 1 electronic

15 -Notes:

Provide information on Development Permits/Zoning Applications applied for, if applicable.

16 -Notes:

Approved and Signed Site Plan from Environmental Health on the septic 386-758-1058

Notes:

City Water approval and City sewer approval
contact Customer Service @386-719-5786.

Notes:

CITY OF LAKE CITY
Growth Management
PERMITTING HOURS

8:00 A.M. & 4:30 P.M.
 MONDAY – FRIDAY



Physical: 713 NW Hillsboro Street
 Mail: 205 N. Marion Ave
 Lake City, Florida 32055
 T.386.719.5750 F.386.758.5426
growthmanagement@lcfla.com

COMMERCIAL/ RESIDENTIAL PERMIT APPLICATION

Permit No. _____

Permit approved by: _____

Date Received: _____

Received By: _____

INSTRUCTIONS

- STEP 1.** Complete the permit application which must be signed by the property owner and qualifier. Both signature(s) must be notarized unless you have a notarized letter to act as the owner agent. Please print or type to allow for a more accurate processing of your application
- STEP 2.** Submit the completed application with all necessary documents to the Growth Management Department for processing. Job Value includes total value of work, costs including labor and material. Square Footage of structure includes all conditioned and unconditioned space under roof and also pervious and impervious square footage.
 During the review of your application, you may be asked to submit additional information.

COMMERCIAL/RESIDENTIAL PERMIT APPLICATION

Commercial Permit _____

Residential Permit _____

Job Address: _____
 Address Apt/Unit City State Zip

Parcel #: _____ Full Description of Work: _____

Zoning of Property: _____

Job Value: \$ _____

New Constr SqFt: Cond _____ Un-Cond _____ Alt/Remodel SqFt: Cond _____ Un-Cond _____

Permit Type (✓)				Permit Change (✓)				Type of Improvement (✓)			
Building		Low Voltage		Change of Contractor		New Construction		Shed			
Electrical		HVAC Change out		Revision		Alteration/Remodel		Fence			
Mechanical		Roof new		Extension		Windows/Doors		Sign			
Plumbing		Roof – re-roof _____		Change of Sub-Contractor		Demolition		Shell Only			
		Roof - Roof-over									
Roofing (new)		Gas Nat _____ LP _____				Pool/Spa Resid _____ Commer _____					

Property Owner/Fee Simple Titleholder

Name: _____
 Address: _____
 Telephone: _____
 Email: _____

Architect/Engineer

Name: _____
 License No. _____
 Address: _____
 Telephone: _____
 Email: _____

Contractor

Name: _____
 License No. _____
 Address: _____
 Telephone: _____
 Email: _____

Bonding/Mortgage Lender

Bonding Company: _____
 Address: _____
 Mortgage Lender: _____
 Address: _____

Revised March 2025

IMPORTANT NOTICES

- 1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. Applying for a permit does not grant the right to begin construction. No inspections will be conducted on weekends or holidays without prior approval.
- 2. All construction and/ or demolition areas MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION free from construction debris.
- 3. All construction debris must be removed from the site by Waste Pro contracted with the City of Lake City
- 4. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
- 5. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
- 6. CONSTRUCTION TRAILERS require a separate permit.
- 7. PORTABLE TOILETS for a construction site shall be maintained in a sanitary condition.
- 8. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS.
- 9. EQUIPMENT AND MATERIALS SHALL BE STORED within your property, not on public right of way.
- 10. All construction area(s) shall be protected by properly installed silt fencing.
- 11. Lake City Water and Sewer Department (LCWASD) approval is required for applications involving sewers and water.

AFFIDAVIT – PLEASE READ CAREFULLY

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, GAS PIPING and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I, the OWNER of the property, understand that a permit application is subject to denial and a validated permit or permit card is subject to revocation or modification based upon applicable deeds, covenants, declarations, easements and any other legal restriction. By issuing a permit, the City of Lake City makes no representation as to the existence or validity of any property restriction. I authorize the Growth Management Department to enter and inspect the site and premises which is the subject of this application.

Additionally, I (we) do hereby certify that I (we) understand that a violation of Florida Statute 489.129, particularly performing any act which assists a person or entity in engaging in the prohibited uncertified and unregistered practice of contracting, and knowingly combining or conspiring with an uncertified or unregistered person by allowing his or her certificate or registration to be used by the uncertified or unregistered person with intent to evade the provisions of chapter 489, will result in complaints being filed with the Florida Department of Business and Professional Regulation.

This also includes a property owner acting as the contractor applying for a permit for an unlicensed contractor.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

The Notice of Commencement must be recorded at: Columbia County Clerk of Court; once recorded, **MUST BE POSTED AT THE JOB SITE** in accordance with Section 713.35 of Florida Statutes. Failure to comply with this lien law may result in the property owner paying twice for the building improvements. **Digital Signature does not require notarization**

STATE OF FLORIDA, COUNTY OF _____

STATE OF FLORIDA, COUNTY OF _____

Signature of Owner

Signature of Contractor/Qualifier

Print Name

Print Name

Sworn to and subscribed before me this _____
day of _____ 20_____

Sworn to and subscribed before me this _____
day of _____ 20_____

Signature of Notary Public – State of Florida
SEAL:

Signature of Notary Public – State of Florida
SEAL:

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

INSTRUCTIONS: Please indicate the type of work being performed/copies of required documents are required to be submitted

PLUMBING	
Sub-Contractor New Renovation	
Backflow Preventer	
Grease Trap - size in Gals _____	
Interceptor – size in gals _____	
Lawn Sprinkler # heads _____	
Water Heater new _____ Replacement _____	
Sewer Service City _____ - County _____	
Water Service City _____ County _____	

ELECTRICAL	
Sub-Contractor New Renovation	
Service Size Amps	
Generator Commercial Residential	
Temp Power Pole Amps	
Photovoltaic System # of panels	
FPL CLAY	

Signature of Plumbing Contractor (Qualifier) License # _____

Signature of Electrical Contractor (qualifier) License # _____

Company Name _____ Date _____

Company Name _____ Date _____

WC _____ WC Exempt _____ Liability Insurance _____

WC _____ WC Exempt _____ Liability Insurance _____

MECHANICAL (HVAC)	
Sub-Contractor New Renovation	
Commercial Residential	
HVAC Change-out # units	
Complete HVAC/Exhaust System	

WINDOWS & DOORS (FPA Required)	
Sub-Contractor New Renovation	
Commercial Residential	
Doors # Doors	
Windows # Windows	

Signature of Mechanical Contractor (Qualifier) License # _____

Signature of Window/Door Contractor (Qualifier) License # _____

Company Name _____ Date _____

Company Name _____ Date _____

WC _____ WC Exempt _____ Liability Insurance _____

WC _____ WC Exempt _____ Liability Insurance _____

CONTRACTOR/SUB-CONTRACTOR SHALL SUBMIT COPIES OF WORKER'S COMPENSATION (OR WC EXEMPTION CARD), COPY OF LIABILITY INSURANCE POLICY AND A COPY OF THEIR CONTRACTOR LICENSE

INSTRUCTIONS: Please indicate the type of work being performed/copies of required documents are required to be submitted

Fire New ___ Renovation ___	
Kitchen Hood Ansul System	
Fire Sprinkler System	
Fire Extinguishers	
Exit Signage/Emergency Light Fixtures	
Fire Hydrants	
Dedicated Fire Lines	
Fire Alarm System	

GAS New ___ Renovation ___		NATURAL (Circle one)	LP
Gas Piping	Length & Size	# of outlets	Total BTUs
Provide Schematic drawing			
Gas Appliances		BTUs	BTUs
Stove			
Furnace			
Fireplace			
Water Heater			
Generator			

Signature of Fire Contractor (FS 163 Licensed Qualifier) License # _____

Signature of Gas Contractor (Qualifier) Plumbing or Mechanical Contractor & License # _____

Company Name _____ Date _____

Company Name _____ Date _____

W/C ___ W/C Exempt ___ Liability Ins ___

W/C ___ W/C Exempt ___ Liability Ins ___

ROOFING REROOF <input type="checkbox"/> ROOF OVER <input type="checkbox"/>	SF
BUR - FLAT	
EDPM ROOF SYSTEM	
TPO	
ASPHALT SHINGLE	
TILE	
METAL	
LWIC	
WOOD SHAKE	
FOAM	

Signature of Roofing Contractor (Qualifier) License # _____

Company Name _____ Date _____

W/C ___ W/C Exempt ___ Liability Ins ___

CONTRACTOR/SUB-CONTRACTOR SHALL SUBMIT COPIES OF WORKER'S COMPENSATION (OR WC EXEMPTION CARD), COPY OF LIABILITY INSURANCE POLICY AND A COPY OF THEIR CONTRACTOR LICENSE



NOTICE TO APPLICANT/OWNER REGARDING FLOODING

Please read carefully before you begin your construction project!

WARNING: The degree of flood protection required by this City's floodplain ordinance and the Florida Building Code are considered as minimum for regulatory purposes only. The floodplain ordinance and Florida Building Code are based on scientific and engineering considerations, but do not include actual, observed events of flooding that may have occurred at your property. You should also keep in mind that larger floods have, can, and will occur from time to time. Flood heights may be increased by man-made or natural causes. Approval of your permit under the floodplain ordinance does not imply that the permitted structure will be free from flooding or flood damage. The Special Flood Hazard Areas and Base Flood elevations are contained in the Flood Insurance Study and shown on Flood Insurance Rate Maps. The City adopts these maps for purposes of compliance with the National Flood Insurance Program but makes no representations or assurances of their accuracy or reliability. The City does not maintain, track, or provide flood history data for any particular parcel of land.

THERE IS NO GUARANTY OF VESTED USE, EXISTING USE, OR FUTURE USE CREATED BY YOUR COMPLIANCE WITH THE FLOODPLAIN ORDINANCE. YOU ARE RESPONSIBLE FOR ASSESSING YOUR OWN PARTICULAR FLOOD RISK AND YOU ARE ENCOURAGED TO SPEAK WITH NEIGHBORING OWNERS AND THE PREVIOUS OWNERS OF YOUR LAND TO OBTAIN FIRST-HAND KNOWLEDGE OF YOUR PROPERTY'S SPECIFIC FLOOD HISTORY.

DISCLAIMER OF LIABILITY. The City's floodplain ordinance does not create liability on the part of City of Lake City's City Council or any officer or employee thereof for any flood damage that results from reliance on the ordinance, or any administrative decision lawfully made thereunder. Again, it is your responsibility to assess your property's flood risk and build accordingly.

For more information, see the City of Lake City Code of Ordinances Chapter 50, Land Development Regulations, Article 8, at:

<http://www.municode.com/resources/gateway.aspx?productId=11113>

<http://www.ncfrpc.org/>

ACKNOWLEDGMENT

I have read and understand the foregoing **NOTICE TO APPLICANT/OWNER REGARDING FLOOD ZONES.** I understand it is my responsibility to determine my property's flood risk, and that the City has made me no assurances that my property cannot or will not flood.

OWNER SIGNATURE: _____ PRINT

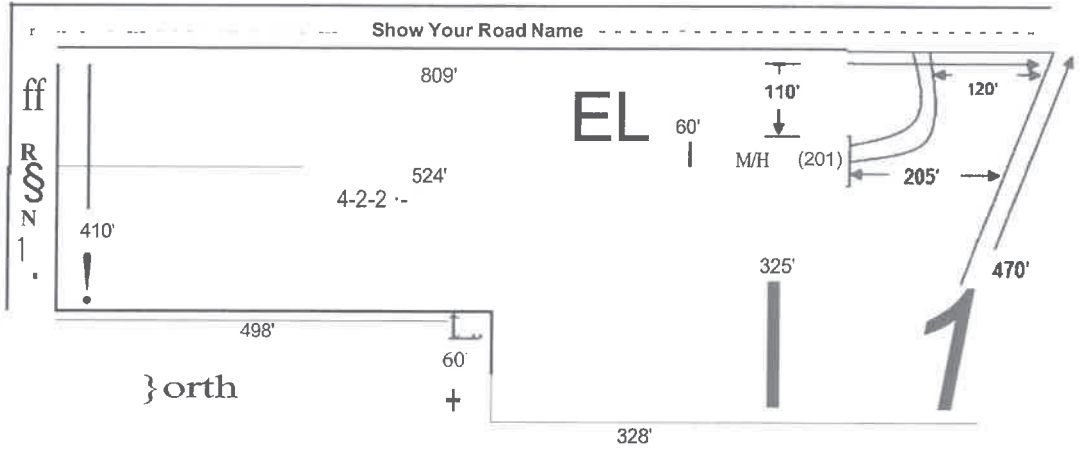
NAME: _____

PARCEL # OR ADDRESS: _____

SITE PLAN CHECKLIST

- _1) Property Dimensions
- _2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- _3) Distance from structures to all property lines
- _4) Location and size of easements
- _5) Driveway path and distance at the entrance to the nearest property line
- _6) Location and distance from any waters; sink holes; wetlands; and etc.
- _7) Show slopes and or drainage paths
- _8) Arrow showing North direction

SITE PLAN EXAMPLE



NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.



City of Lake City Growth Management
 173 NW Hillsboro Street, Lake City, FL 32055
 Phone: 386-719-5750 Fax: 386-785-5426

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, _____ (license holder name), licensed qualifier
 for _____ (company name), do certify that
 the below referenced person(s) listed on this form is/are contracted/hired by me, the license
 holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
 officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
 person(s) is/are under my direct supervision and control and is/are authorized to purchase
 permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege be granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
 officer(s), you must notify this department in writing of the changes and submit a new letter of
 authorization form, which will supersede all previous lists. Failure to do so may allow
 unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____ License Number _____ Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF--: _____

The above license holder, whose name is _____ personally
 appeared before me and is known by me or has produced identification (type of I.D.)
 _____ on this _____ day of _____, 20 _____

NOTARY'S SIGNATURE

(Seal/Stamp)

NOTICE OF COMMENCEMENT



Tax Parcel Identification Number:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- 1. Description of property (legal description):
a) Street (job) Address:
2. General description of improvements:
3. Owner Information or lessee information if the lessee contracted for the improvements:
a) Name and address:
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property
4. Contractor Information
a) Name and address:
b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.:
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this day of 20, by:

(Name of Person) as (Type of Authority) for (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification Type

Notary Signature Notary Stamp or Seal:

As required by Florida Statute 553.842 and Florida Administrative Code 98-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A.SWINGING			
B.SLIDING			
C. SECTIONAL/ROLL UP			
D.OTHER			
Z.WINDOWS			
A.SINGLE/DOUBLE HUNG			
B.HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F.SKYLIGHTS			
G.OTHER			
3. PANEL WALL			
A.SIDING			
B.SOFFITS			
C.STOREFRONTS			
D.GLASS BLOCK			
E.OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B.NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E.OTHER			
5. STRUCT COMPONENTS			
A.WOOD CONNECTORS			
B.WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review.I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Owner Signature

NOTES: _____

