



Permit # _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Zoning:	Tract/Other:	Project/Plaza name:	
Site Address:		Name of Business:	
Legal Description (Section/Block/Lot):			Parcel ID:
Owner's Information			
Name:	Email:	Phone:	
Address:			
Contractor's Information			
Name:	Email:	Phone:	
Address:		State License no.	
Architect's/Engineer's Information			
Architect's Name:	Email:	Phone:	
Address:		State License no.	
Engineer's Name:	Email:	Phone:	
Address:		State License no.	

PROJECT INFORMATION

Description of work: _____ Fire sprinklers: Yes No Number of stories: _____
 Number of units: _____ Elevator Yes No Construction Type : _____ Occupancy group: _____
 Total sq. footage of building: _____ Specify tenant improvement: New Remodel Existing
 City water: Yes No Change of Occupancy: Yes No City Sewer: Yes No Flood Zone: Yes No
 Class of work: New Addition Alteration Impervious SQ FT: _____
 Septic Tank _____ Utilities _____ Property use: _____
 Is this for a new business? Yes No Type of business: _____

Total Valuation \$ _____

****MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

_____ Contractor Signature Date _____ Print Name _____ Notary Public, State of Florida STATE OF FLORIDA, County of _____ <small>[NOTARIAL SEAL]</small> The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.	_____ Owner or Owner's Authorized Representative Signature Date _____ Print Name _____ Notary Public, State of Florida STATE OF FLORIDA, County of _____ <small>[NOTARIAL SEAL]</small> The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.
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FOR OFFICE USE ONLY

PERMIT FEE \$

Application date: _____ Rec'd by: _____



City of Lake City - Growth Management
173 NW Hillsboro St. Lake City, FL 32055 Ph:
386-719-5754 Email: Permits@lcfla.com

Building Department
CHECKLIST FOR NEW COMMERCIAL BUILDING PERMITS

Pre-Approval required by:
Planning Department

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number
- Note Project/plaza name
- Site address
- Note Name of business
- Parcel ID
- Owner's information, including contact info
- Contractor's information, including contact info
- Architect/Engineer's information
- Description of work
- Number of stories and units
- Occupancy
- Construction type
- Conditioned space square footage
- Total sq. footage of building
- Note if Shell permit only
- Valuation
- Notarized Contractor/owner builder signature

PLANS AND DOCUMENTS – Provide 3 copies of the permit package if paper - **ELECTRONIC S&S PLANS PREFERRED**

- Original Plans signed and sealed by a Florida licensed Architect/Engineer. (Plans shall be no larger than 24" x 36" unless approved by a supervisor prior to submittal and are to be securely stapled and coincide with one another.) or digitally stamped signed and sealed plans.
- Product Approvals with installation instructions
- Manual N, energy codes and load calculations, if applicable
- Wind load calculation form, if applicable
- Truss layout/cut sheets, if applicable
- Fire stop components cut sheets, if applicable
- Specification manual, if applicable
- Landscape and irrigation plans
- Site-plan approved by the Planning Department
- Sub-contractor agreements for mechanical, electrical and plumbing, if applicable
- Debris Form
- Recorded Notice of Commencement for work valued at \$5,000 or more.

NOTES:

- Permit packet will simultaneously be reviewed by the Fire Department – additional fees will be charged by Fire Department and paid directly to the Fire Department.
- If the structure is in a special flood hazard area (SFHA), the application is subject to review flood regulations.



City of Lake City – Growth Management

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB ADDRESS _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

City of Lake City issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who did the trade specific work under the general contractor's permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all the subcontractors are licensed with the City of Lake City Growth Management.

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/> Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



City of Lake City – Growth Management

173 NW Hillsboro St. Lake City, FL 32055
Phone: 386-719-5754 Email: Permits@lcfla.com

Debris Removal Affidavit

Owner: _____

Property Address: _____

Permit # _____ **Contractor:** _____

I understand and accept full responsibility for the prompt removal of all debris and construction materials from the property for which I am seeking to obtain a building permit in accordance with the Code of Ordinances of the City. Initials _____

I agree that no debris or construction materials will be placed on any public property or on any public right-of-way except as may be specifically authorized by the Code of Ordinances. Initials _____

I further understand that prior to a final inspection for the project completion or issuance of a Certificate of Occupancy (or Certificate of Completion), all debris and construction materials shall be removed from the property, or the Inspector will not approve the final inspection. Additional reinspection fees shall apply. Initials _____

I understand and accept full responsibility for debris removal at my own expense in accordance with the City Code of Ordinances. Initials _____

The City Council has authorized WASTE PRO of FLORIDA to collect and dispose of garbage, yard waste, commercial and demolition debris and recyclable items for all properties or customers within the City of Lake City, this includes all construction debris for all residential and commercial construction, renovation and demolition projects. Pursuant to Ordinance 2025-2312 use of a waste container provided other than the authorized provider will result in a penalty fee of \$250.00 per occurrence. Exception: Upon prior approval by Growth Management, the contractor of record for the project who owns their own visible labeled container and transporting vehicle for the container is exempt from the above requirement. Initials _____

I understand and acknowledge and accept responsibility for always maintaining a clean and safe job site during construction. Initials _____

Date

Contractor or Owner/Builder's Signature



City of Lake City – Growth Management

173 NW Hillsboro St. Lake City, FL 32055

Phone: (386) 719-5754 Email: Permits@lcfla.com

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 people 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_____

(Seal/Stamp)

 NOTARY SIGNATURE

NOTICE OF COMMENCEMENT

Permit No. _____ Tax Folio No. _____

State of Florida County of _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Legal Description of Property: (and street address if available):

General description of improvement: _____

Owner information or Lessee information if the Lessee contracted for the improvement:

Name _____

Address _____

Interest in property: _____

Name and address of fee simple titleholder (if different from Owner listed above):

Contractor's Name: _____

Contractor Address: _____ Phone Number: _____

Surety (if applicable, a copy of the payment bond is attached): Amount of bond: \$ _____

Name and address: _____ Phone number: _____

Lender Name: _____ Phone Number: _____

Lender's address: _____

Persons 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:

Name: _____ Phone Number: _____

Address: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes.

Phone number of person or entity designated by owner: _____

Expiration date of notice of commencement: (the expiration date may not be before the completion of construction and final payment to the contractor, but 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Signatory's Title/Office)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20 __, by _____ who is personally known to me or has produced _____ as identification.

[NOTARIAL SEAL]

NOTARY PUBLIC, State of Florida

Product Approval Specification Sheet



As required by Florida Statute 553.842 and Florida Administrative Code 61G20-3, for each building component listed below that will be utilized on the building or structure being permitted, document the manufacturer’s name, product model and/or series number and either a Florida Product Approval Number **or** Miami Dade Notice of Acceptance Number and expiration date. When entering the product approval number, you must enter the entire number including the numbers after the decimal point.

Please refer to the examples for each type of approval number below:

Windows	Manufacturer, Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Skylights	Acme 3000 Series	12345.1		
Skylights	Acme 3000 Series		12-3456.78	4/8/2024

Product information can be obtained from the product supplier or the websites below:

- Florida Product Approval www.floridabuilding.org
- Miami Dade Notice of Acceptance (NOA) <http://www.miamidade.gov/building/home.asp>

Approved installation details and screen shots for all products listed below are **no longer** required to be submitted for plan review. However, you are required to have the approved installation details on the jobsite for inspection. Failure to do so will result in a failed inspection.

Enter Applicable Florida Building Code Version:

Exterior Doors	Manufacturer Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Swinging				
Sliding				
Sectional/Rollup				

Windows	Manufacturer, Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Single/Double Hung				
Horizontal Slider				
Casement				
Fixed				
Mullion				
Skylights				

Product Approval Specification Sheet



Wall Panels	Manufacturer, Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Siding				
Soffits				
Storefront				
Glass Block				

Roofing Products	Manufacturer Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Asphalt Shingles				
Single-Ply Roof				
Roofing Tiles				
Modified Bitumen				
Non-Structural Metal				
Roofing Underlayment				

Structural Components	Manufacturer Model Number/Series	FL Product Approval Number	Miami Dade NOA Number	Miami Dade NOA Expiration
Lintels				
Insulation Forms				

It is the applicant’s responsibility to verify specific products have been installed in accordance with their limitations and with the minimum required design pressures for the structure. Specific compliance will be verified during field inspections.

Applicant’s Printed Name: _____

Property Address: _____
