





**Building Department**  
**CHECKLIST FOR FIRE SPRINKLER PERMITS**

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

- *For office use only - Permit number*
- Site address
- Parcel ID
- Owner's information, including contact info
- Contractor's information, including contact info
- Note description of proposed work
- Valuation
- SQ FT of Building
- Notarized Contractor/Homeowner builder signature

**PLANS AND DOCUMENTS** –

- Provide plans/drawings
  - Proposed fire system location
  - Fire hydrants (existing/proposed)
  - Utility Plan
  - System Details
- Property Record Card
- Recorded Notice of Commencement for work valued at \$5000 or more.
- Debris Affidavit.

**NOTES:**

- If the structure is in a special flood hazard area (SFHA), the application is subject to substantial damage/improvement review.

*This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.*



## City of Lake City – Growth Management

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

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](http://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: \_\_\_\_\_  
 \_\_\_\_\_