Building Department

CHECKLIST FOR DEMOLITION PERMITS

Pre-Approval required by:

Planning Department

City of Lake City Utilities or FPL

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

- For office use only - Permit number
- Property address
- Date
- Parcel ID
- Owner's information including contact info
- Contractor's information including contact info
- Commercial/residential
- Description of work
- Type of structure
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 2 copies:

- Full demo of a structure requires letters from City of Lake City and/or FPL stating utilities have been removed.
- Recorded Notice of Commencement for work valued at $5,000 or more.
- **If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with Owner Builder Affidavit.
- Debris Affidavit
- Asbestos Report if:
  - Commercial and built before 1972
  - Residential and built before 1980
- If partial demo or interior demo, plans showing location of work

NOTES:

- Please note: Partial demos or interior-only demos may also require a building permit.
- We require confirmation from the power company that the disconnection has been completed. Our inspections are to verify that water has been disconnected and capped on the city side, sewer has been disconnected and capped on the city side, and gas has been disconnected.
- We will require a 24-hour notice prior to Demo so that we can notify the Fire Department.

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
Ph: 386-719-5750 Email: Permits@lcfla.com

DEMOLITION PERMIT APPLICATION

Permit #: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION		
Site Address:		
Legal Description (Section/Block/Lot):	Parcel ID:	
Owner's Information		
Name:	Email:	Phone:
Address:		
Contractor's Information		
Name:	Email:	Phone:
Address:	State License no.	

PROJECT INFORMATION

☐ Commercial ☐ Residential 811 Ticket Number: _____

Description of work: _____

Type of structure: ☐ Structural ☐ Non-structural ☐ Entire home Percent to be demolished: _____

Does the demolition involve any of the following (please check all that apply): ☐ Electric ☐ A/C ☐ Plumbing

☐ Gas ☐ Sewer/Grinder/Septic Flood Zone: ☐ Yes ☐ No Days to complete: _____

Total Valuation $_____

APPLICATION 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 _____

[NOTARIAL SEAL]

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.

_____
Owner or Owner's Authorized Representative Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

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.

FOR OFFICE USE ONLY

PERMIT FEE $ _____

Application date: _____ Rec'd by: _____

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.

		Need
ELECTRICAL ☐	Print Name_____ Signature_____	☐ Lic
	Company Name:_____	☐ Liab
CC#_____	License #: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
MECHANICAL/	Print Name_____ Signature_____	Need
A/C _____☐	Company Name:_____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
PLUMBING/	Print Name_____ Signature_____	Need
GAS ☐	Company Name:_____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
ROOFING	Print Name_____ Signature_____	Need
☐	Company Name:_____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
SHEET METAL	Print Name_____ Signature_____	Need
☐	Company Name: _____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
FIRE SYSTEM/	Print Name_____ Signature_____	Need
SPRINKLER ☐	Company Name:_____	☐ Lic
		☐ Liab
CC#_____	License#: _____ Phone #:_____	☐ W/C
		☐ EX
		☐ DE
SOLAR	Print Name_____ Signature_____	Need
☐	Company Name: _____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #: _____	☐ W/C
		☐ EX
		☐ DE
STATE ☐	Print Name_____ Signature_____	Need
SPECIALTY	Company Name: _____	☐ Lic
		☐ Liab
CC#_____	License #: _____ Phone #: _____	☐ W/C
		☐ EX
		☐ DE

City of Lake City – Growth Management
173 NW Hillsboro St. Lake City, FL 32055
Phone: (386) 752-2031 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

CITY OF LAKE CITY

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

173 NW Hillsboro St. Lake City, Florida 32055

Phone (386) 719-5570

ASBESTOS NOTIFICATION STATEMENT

Florida Building Code 105.9 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of *Section 469.003, Florida Statutes*, and to notify the **Department of Environmental Protection** of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

469.003 License Required –

1. No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
2. (a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter. (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor and who has complied with the training requirements of S. 469.013(1)(b), may provide survey services as described in S. 255.553(1), (2) and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
3. No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

AFFIDAVIT: I HAVE READ THE REQUIREMENTS ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN.

Must be signed in the presence of a Notary

_____ _____

Signature of Owner or Agent (including Contractor) Date

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed before me this _____ day of_____, 20_____

by _____.

Personally Known_____(or)

Produced Identification (TYPE)_____

_____

_____

Notary Public Signature

CITY OF LAKE CITY

GROWTH MANAGEMENT DEPARTMENT
Building Permits & Inspections
173 NW Hillsboro St. Lake City, Florida 32055
Phone (386) 719-5750

ASBESTOS REMOVAL
OWNER-BUILDER RESIDENTIAL EXEMPTION

Florida Building Code 105.3.6. Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application.

DISCLOSURE STATEMENT: STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU, AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY MOVE, REMOVE OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY. IF YOU SELL OR LEASE SUCH BUILDING WITHIN 1 YEAR AFTER THE ASBESTOS ABATEMENT IS COMPLETE, THE LAW WILL PRESUME THAT YOU INTENDED TO SELL OR LEASE THE PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

OWNER AFFIDAVIT: I HAVE READ THE DISCLOSURE STATEMENT ABOVE AND I UNDERSTAND AND AGREE TO THE REQUIREMENTS THEREIN

Must be signed in the presence of a Notary

_____ _____
Signature of Owner or Agent (including Contractor) Date

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed before me this _____ day of_____, 20_____
by _____ .

Personally Known_____(or)
Produced Identification (TYPE)_____

_____
Notary Public Signature

PLOT/SITE PLAN

Builder/Contractor: _____ Homeowner: _____

Telephone: _____ FAX: _____ Telephone: _____ FAX: _____

Parcel Description:

Subdivision: _____ Lot: _____ Block: _____ Plat Book: _____ Page: _____

Unrecorded: Yes □ No □ Parcel ID #: _____

Lot Address: _____

Legends/Symbols:

North

Scale: _____

Zoning:

FLUM Category: _____

Zoning District: _____

Flood:

Flood Zone: _____

Base Flood Elevation: _____

Community Panel #: _____

Effective Date: _____

Required Setbacks:

Front: _____

Left Side: _____

Right Side: _____

Rear: _____

Other: _____

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

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

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. 0wner 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(l)(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)**: _____

<u>WARNING TO OWNER</u>: 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, by means of ☐ physical presence or ☐ online notarization, a Florida Notary,

this _____ day of _____, 20_____, by: _____ as _____
(Name of Person) (Type of Authority)

for_____ who is personally known ☐ OR produced identification ☐
(name of party on behalf of whom instrument was executed)

Type ID _____

Notary Signature _____ (Notary Stamp or Seal)