



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

IN-GROUND POOL 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. _____

Architect's/Engineer's Information

Name: _____

Email: _____

Phone: _____

Address: _____

State License no. _____

PROJECT INFORMATION

Commercial Residential

Max width: _____ Max length: _____ Perimeter ft.: _____ Square ft.: _____

Min. depth: _____ Max depth: _____ Patio type: _____

Number of lights: _____ Pool gallons: _____ Barrier type: _____

Spa: Yes No Heater: Yes No

Total Valuation \$ _____

***See checklist for additional requirements.**

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: _____



Building Department
CHECKLIST FOR IN-GROUND POOL/SPA PERMITS

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

- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Commercial/Residential
- Max width and length
- Perimeter ft. and square ft.
- Minimum depth and max depth
- Patio type
- Number of lights
- Pool gallons
- Barrier type
- Spa
- Heater
- Heater source
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS

- Original Pool plans signed and sealed by a Florida licensed Architect/Engineer Pool
- Site Plan Showing location of pool and distance from property lines and all other structures to waters edge.
 - Pool/Deck/ Fences and all other structures
 - Set backs
 - Stormwater
- Selected safety barriers shall be listed on the engineered pool plans.
- Public Works Engineering Approval
- Signed and sealed survey showing the proposed location of the pool and all setback dimensions to the property lines.
- Electrical Sub-contractor
- Plumbing Sub-contractor
- Structural Sub-contractor
- Gas Sub-contractor
- Gas system design - if applicable

- FEMA Flood Elevation Certificate required (A, AE, AH Zones) before final inspection.
- When a pool heater, pool enclosure, child safety barrier, or pool alarm is proposed to be installed, the designs and specifications are to be submitted as part of the pool permit submittal.
 - ****Any additional scope of work, related to the construction of the pool, that is to be added to the project after permit issuance shall be submitted as a revision to the pool permit.**

NO SEPARATE PERMIT APPLICATIONS WILL BE ACCEPTED

- Recorded Notice of Commencement for work valued at \$5,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****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 HOB Affidavit.****

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.



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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

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) 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

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. 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(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):

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, 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)