City of Lake City - Growth Management
173 NW Hillsboro St. Lake City, FL 32055
Ph: 386-719-5750 Email: Permits@lcfla.com

MISCELLANEOUS 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

Describe the proposed work in detail: _____

_____

Detailed location of proposed work: _____

***See checklist for additional requirements.**

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: _____