



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

Residential Request for Permit Renewal

Permit # _____

PROPERTY ADDRESS: _____

OWNER NAME

MAIL ADDRESS

ZIP

PHONE #

CONTRACTOR

MAIL ADDRESS

ZIP

PHONE #

Scope of Work: _____

Original Permit Issue Date: _____

Has Work Commenced: YES NO

Date of Last Approved Inspection: _____

Reason for Renewal: _____

Date: _____

Signature of Qualifier/Permit Holder

Print Name

FOR OFFICIAL USE ONLY

RENEWAL GRANTED for _____ day period

Clerk Initials _____

Date: _____

BUILDING OFFICIAL SIGNATURE OR DESIGNEE

MUST BE COMPLETELY FILLED OUT