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

RESIDENTIAL REMODEL 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:		

PROJECT INFORMATION

Description of work: _____

Sq. footage of remodeled space: _____ Sq. footage of additional space: _____ Total of both: _____

Future use of remodeled space: _____ (ex: kitchen, family room, den or storage)

Will the remodel require any of the following (select all that apply): ☐ Electric ☐ A/C ☐ Plumbing ☐ Insulation ☐ Gas
(if yes, a separate sub-permit is required for each)

***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: _____