

Date Completed: _____

PERMIT # _____



**Florida Building Codes 8th Edition (2023), 2020
National Electrical Code (NEC)
Florida Fire Prevention Code 8th Edition (2023)**

APPLICATION FOR:

DEMOLITION PERMIT

Mail: City of Lake City - 205 North Marion Ave - Lake City, FL 32055
Phone: 386.719.5750 ofc.
e-mail: growthmanagement@lcfca.com

Date Stamp:

- NOTE: Demolition. For the purposes of permit issuance, code enforcement/Magistrate order, or other related actions by property owners, City officials or related parties; shall mean the complete removal of all building components, that there is nothing preserved for reuse in place and the improved construction area is to look as if nothing was ever there, once demolition is complete.

Received by: _____

THIS SECTION TO BE COMPLETED BY APPLICANT
E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED

1) Title Holder/ Property Owner Information (Considered applicant unless a contractor is named)

Name: _____ Phone: _____

Mailing Address: _____ e-mail: _____

Do any other persons have any ownership/ interest in the subject property? Yes ___ No ___

If YES, please list such persons.

Name: _____ Phone: _____

Mailing Address: _____

Name: _____ Phone: _____

Mailing Address: _____

2) Contractor Information

Name: _____ Phone: _____

Mailing Address: _____ e-mail: _____

Contractor License Number: _____

3) Property Information Location and Use:

All / Part (*Circle One*) of Tax Parcel Number: _____

General Job Address Location Description or 911 Address:

Legal Description (Please give Lot #, Block, Sub-division):

Please also provide a parcel info. sheet from the Property Appraiser site columbia.floridapa.com

Date Completed: _____

PERMIT # _____

Acreage/Size of Property (use fractions thereof if applies): _____

Present Use: _____

Intended Use: _____

(Commercial, Industrial, Residential, Agricultural, Undeveloped, Vacant Building, etc.)

Current Zoning: _____ Future Land Use Plan Map Category: _____

Does any portion of the property flood after heavy rains or is any portion of the property in a Flood Prone Area or Flood Zone? YES NO

Who will be performing the demolition work? _____

Who will be hauling off the materials? _____

How long will your demolition and removal take? _____

Are there any hazardous materials being demolished? _____

If yes, please explain what type. _____

Nature of Demolition Work: _____

Job Valuation (materials + labor): \$ _____

I (we) do hereby certify that to the best of my (our) knowledge and belief, that all of the above statements and information, and the statements contained in any papers or plans submitted herewith, are true and correct. I authorize the Growth Management Department to enter and inspect the site and premises which is the subject of this application. Additionally, I (we) do hereby certify that I (we) understand that a violation of Florida Stature 489.129, particularly performing any act which assists a person or entity in engaging in the prohibited uncertified and unregistered practice of contracting, and knowingly combining or conspiring with an uncertified or unregistered person by allowing his or her certificate or registration to be used by the uncertified or unregistered person with intent to evade the provisions of chapter 489, will result in complaints being filed with the Florida Department of Business and Professional Regulation by this city.

Signature of Title Holder or Applicant

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by (name of person acknowledging).

(NOTARY SEAL or STAMP)

Signature of Notary

Printed Name of Notary

Personally Known _____ OR Produced Identification _____
Type of Identification Produced

Signature of Contractor

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by (name of person acknowledging).

(NOTARY SEAL or STAMP)

Signature of Notary _____

Printed Name of Notary _____

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

OFFICIAL CITY OF LIVE OAK USE ONLY

ZONING: _____

FLOOD ZONE: _____

PRE-DEMOLITION ACTIONS:

Water Disconnected: _____

Sewer Disconnected: _____

Gas Disconnected: _____

Electricity Disconnected: _____

811 Call Approval: _____

PERMITS ISSUED: _____

BUILDING OFFICIAL: _____

**David C Young, CBO
BU645**