



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

Low Voltage Permit Application

City of Lake City-Growth Management

205 N Marion Ave, Lake City, Fl. 32055

Email: growthmanagement@lcfcla.com

Phone: 386-719-5750

Fax: 386-758-5426

| | | | | |
|-------------------|--------------|--------|---------------|------------------|
| PROPERTY ADDRESS: | | | | |
| Parcel ID# | | | OWNER'S NAME: | |
| MAIL ADDRESS | ZIP | PHONE | e-mail: | Job Valuation \$ |
| CONTRACTOR NAME | MAIL ADDRESS | ZIP | STATE LIC. # | |
| CONTRACTOR'S | PHONE # | CELL # | e-mail: | |

Check only **one** of the following: Fire Alarm _____ Security Alarm _____ TV Cable _____
 Phone _____ Data _____ Lighting _____
 Security Cameras _____ Other: _____

E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED

Verification of Job Valuation AND Scope of Work or Plans must be attached

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Contractor

Date

Signature of Owner (if Owner Builder)

Date

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 Statute 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

Printed Name of Contractor /owner (if owner builder)

To Schedule Inspections for Fire Alarms ONLY 386-752-3312
All other requested inspections: 386-719-5748