



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

**APPLICATION FOR: RESIDENTIAL BUILDING PERMIT**

Mail: City of Lake City - 205 North Marion Ave. - Lake City, FL 32055  
Phone: 386.719-5750 ofc. - 386.758-5426 fax

E-Mail: growthmanagement@lcfla.com

Submit to the office of Growth Management

Date Stamp:

PERMIT FEE: \_\_\_\_\_  
 DATE PAID: \_\_\_\_\_  
 RECEIPT #: \_\_\_\_\_

- If Demolition, use separate city Demolition Permit Application
- If Manufactured Home, use separate city Manufactured Home Applications
- If a Driveway, requires Zoning Driveway Application **in addition to** this application
- A travel trailer **shall not** be used as a residence – no utilities may be extended to such, etc.
- Single-family homes **shall not** be converted into a duplex or multi-family without zoning approval.
- All new housing requires zoning review and approval prior to permit application.

**PERMIT TYPE (please check)**

<input type="checkbox"/> NEW ELECTRICAL SERVICE <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE <input type="checkbox"/> ELECTRICAL ALTERATION/REWIRING  FPL          Clay Electric	<input type="checkbox"/> MECHANICAL/HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> ADA/ACCESSIBLE RAMP <input type="checkbox"/> GAS -      NATURAL      LP
<input type="checkbox"/> ADDITION (LIVING SPACE) TO A RESIDENCE <input type="checkbox"/> AWNING/PORCH/COVERED DECK (ATTACHED TO A RESIDENCE) <input type="checkbox"/> INTERIOR ALTERARTION/RENOVATION (TO A SINGLE-FAMILY RESIDENCE)	<input type="checkbox"/> UNCOVERED DECK, PATIO, SLAB <input type="checkbox"/> DETACHED ACCESSORY BUILDING (SHED, GARAGE, CARPORT, ETC) <input type="checkbox"/> POOL AND/OR POOL SCREEN ENCLOSURE <input type="checkbox"/> FENCE (SUBJECT TO LDR 4.2.10 REQUIREMENTS)
<input type="checkbox"/> MODULAR HOME <input type="checkbox"/> NEW CONVENTIONAL STICK-BUILT HOME	<input type="checkbox"/> MOVING OF BUILDING OR STRUCTURE <input type="checkbox"/> SLAB WITH FOOTERS
<input type="checkbox"/> WINDOWS      DOORS      SIDING <input type="checkbox"/> DRIVEWAY (FOR ANY ACCESS TO A CITY STREET)	<input type="checkbox"/> RE-ROOF (TEAR OFF)                  ROOF-OVER (OVER EXISTING) <input type="checkbox"/> SHINGLES                  METAL                  TPO
<input type="checkbox"/> UTILITY WORK OR CONNECTIONS	<input type="checkbox"/> IRRIGATION METER OR WELL
<input type="checkbox"/> OTHER (LIST):	

Electrical Power Utility:    Florida Power and Light          Clay Electric

**THIS SECTION TO BE COMPLETED BY APPLICANT**

**E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED**

**1) Title Holder/ Property Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2) Contractor / Hired Company**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contractor License Number: \_\_\_\_\_

**3) Property / Job Location and Use:**

All / Part (Circle One) of Tax Parcel Number: \_\_\_\_\_

Job Location Description / 911 Address: \_\_\_\_\_

Legal Description (Please give Lot #, Block, Sub-division): *Please also provide a Columbia County Property Appraiser Print-out*

Type of Residence: Single-Family Duplex Rental Duplex Owner Occupied

(Single-Family, Duplex & Rental or Owner Occupied)

Acreage/Size of Property (use fractions thereof if applies): \_\_\_\_\_ Building Size: \_\_\_\_\_

Complete scope of work: \_\_\_\_\_

Valuation of Work: \$ \_\_\_\_\_ (materials and 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. A separate permit is required for each contractor (Plbg., HVAC, Elec. Etc.)*

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 \_\_\_\_\_

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

\_\_\_\_\_  
**Contractor Signature**

\_\_\_\_\_  
**Date**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Notary

(NOTARY SEAL or STAMP)

\_\_\_\_\_  
Printed Name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced

TO BE COMPLETED BY CITY STAFF	
<b>Property Zoning:</b> _____	<b>Flood Zone:</b> _____
<b>Approvals:</b>	
<b>Gas Service</b> _____ <b>Water Service</b> _____	<b>City Sewer Service</b> _____ <i>(Check with Growth Management to see if Septic allowable.)</i>
<b>Flood Zone or Storm Drainage</b> _____	<b>Zoning Dept.</b> _____
<b>Building Official:</b> _____	

The Department and Applicant agree that this Document may be electronically signed.  
The parties agree that electronic signatures appearing on this agreement are the same as  
handwritten signatures for the purposes of validity, enforceability and admissibility.

**APPLICANTS FOR RESIDENTIAL PERMITS WILL BE  
REQUIRED TO FURNISH THE FOLLOWING:**



- ┆ Property owner name (may require copy of deed)
- ┆ Current survey of the property
- ┆ Legal description of the property and property Parcel I.D. number
- ┆ Street address
- ┆ Zoning (*see Planning and Zoning Administrator*)
- ┆ Plat / Site Plan with yard clearances/setbacks (*Show how structure will be located on lot*)
- ┆ Size and location of off-street parking spaces
- ┆ Floor plan or blueprints drawn to scale, including electrical, plumbing and HVAC
- ┆ Specifications of materials
- ┆ Typical wall sections
- ┆ Elevations of all walls
- ┆ Location of shear wall
- ┆ Floor diagrams
- ┆ Roof diagrams
- ┆ Nailing patterns (*walls and roof*)
- ┆ Connector locations and manufacturers number
- ┆ Statement that plans comply with the Florida Building Code and sealed by Florida licensed Engineer or Architect
- ┆ Grades of material being used
- ┆ Roof framing details
- ┆ Engineer cut sheets to be submitted for trusses prior to trusses being set
- ┆ All garage door openings must show construction details with required anchorage
- ┆ All windows and doors, including garage doors must be certified by manufacturer to meet the wind load requirements of the Florida Building Code
- ┆ Contractor's name and address
- ┆ Self-contracted work to be by owner and for their own personal use (**Must be owner occupied**)
- ┆ Florida energy form to be submitted
- ┆ Utility availability form to be completed (see Building Official)
- ┆ Septic tank permits must be issued (**If City sewer not existing in area and if allowed by City code – septic not allowed in many locations – you may have to pay to extend infrastructure**)
- ┆ If Flood Hazard Zone: Elevation certificate is required and floor elevation is to be minimum of one foot above Base Flood Elevation (AE Zone), or three feet above highest adjacent grade around perimeter of structure (A Zone) – (**Fill dirt may also be severely restricted**)

- ┌ All plans must show a footing detail, typical wall section with anchorage requirements and must contain a statement by the contractor, architect or engineer that the plans meet the requirements of the Florida Building Code
- ┌ Notice of Commencement must be filed prior to any inspections and copy furnished to the building department
- ┌ Submit Florida Product Approval Forms
- ┌ Pay all impact fees and tap fees, and establish accounts with deposits
- ┌ Separate permits required for roofing, electrical, plumbing, HVAC, and gas.

There may be other requirements, but the above are the minimum that will be accepted. Should you have any questions, please call the Growth Management Department at 386-719-5750



## **SOLID WASTE COMMERCIAL AND RESIDENTIAL SERVICES**

This is an official City of Lake City notice to all solid waste customers.

The City Council has authorized WASTE PRO of FLORIDA, pursuant to City Council Resolution 2014-065 and adopted September 2, 2014, to collect and dispose of garbage, yard waste, commercial and demolition debris and recyclable items for all properties or customers within the City of Lake City. No company other than WASTE PRO may provide solid waste services of any type to any residence, commercial enterprise or property within the City Limits of the City of Lake City.

Please contact City of Lake City, Customer Service, to establish residential service, (386) 758-5784.

Please contact Waste Pro of Florida to establish commercial solid waste service, (386) 758-7800.

This includes all construction debris for all residential and commercial construction, renovation and demolition projects.

Exception: Upon approval by Growth Management, the contractor of record for the project who owns their own visible labeled container and method of transporting the container is exempt from the above requirement.

### **CUSTOMER ACKNOWLEDGEMENT:**

_____	_____
<b>Residential or Commercial Customer Signature</b>	<b>Date</b>

### **Growth Management Approval for contractor of record owned container:**

_____	_____
<b>Growth Management Approval</b>	<b>Date</b>

# PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at [www.floridabuilding.org](http://www.floridabuilding.org).

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
<b>1. EXTERIOR DOORS</b>			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
<b>2. WINDOWS</b>			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
<b>3. PANEL WALL</b>			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
<b>4. ROOFING PRODUCTS</b>			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
<b>5. STRUCT COMPONENTS</b>			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
<b>6. NEW EXTERIOR</b>			
A. ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; **(1)** copy of the product approval **(2)** performance characteristics which the product was tested and certified to comply with **(3)** copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE

DATE

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number: \_\_\_\_\_

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- 1. Description of property (legal description):
a) Street (job) Address:
2. General description of improvements:
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address:
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address:
b) Telephone No.:
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address:
b) Phone No.
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
a) Name: OF
b) Telephone No.:
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. \_\_\_\_\_
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of \_\_\_ physical presence or \_\_\_ online notarization, a Florida Notary, this \_\_\_ day of \_\_\_, 20\_\_\_, by: \_\_\_ as \_\_\_
(Name of Person) (Type of Authority)
for \_\_\_ who is personally known \_\_\_ OR produced identification \_\_\_
(name of party on behalf of whom instrument was executed)

Type ID \_\_\_\_\_

Notary Signature \_\_\_\_\_ (Notary Stamp or Seal)