

**From:** [Jo-Ann Cassidy](#)  
**To:** [Columbia County Building and Zoning Info](#)  
**Subject:** New form for permit rxtrnsion  
**Date:** Tuesday, February 17, 2026 3:09:18 PM

**External Sender - From: (Jo-Ann Cassidy**  
**<mamacatj@gmail.com>)**  
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Columbia County Building Department  
 135 NE Hernando Ave, Suite B-21  
 Lake City, FL 32055  
 Phone: 386-758-1008  
 Please email requests to: [bcginfo@columbiacountyfla.com](mailto:bcginfo@columbiacountyfla.com)

**Permit Renewal/Extension Request for Expired Permit**

Date: 11 February 2026 (overcut 15%)

To Whom It May Concern:  
 I am requesting renewal of the building permit listed below, which was entered under the provisions of the Florida Building Code. I am aware that this permit is subject to review and approval by the Building Department, and that additional documentation, fees, or inspections may be required.

**Reason for delay/Justification for Renewal Request**

I have had heart failure & been hospitalized.

**Permit Time Limit (FS 553.23)**  
 Pursuant to Florida Statute 553.23 of the Florida Building Code, a permit shall expire if:  
 • Work has been suspended within 180 days of expiration.  
 • Work has been suspended for more than 180 days.  
 • No permit inspection has occurred within 180 days.  
 • An expired permit may be eligible for renewal provided that substantial changes have occurred or if the permit owner is engaged with current code.

**Renewal Fee Calculation**  
 Fees are based on the percentage of inspections completed before the permit expired:  
 • No Inspections Complete: 100% of original permit fee  
 • 1-2 Inspections Complete: 50% of original permit fee  
 • 3-4 Inspections Complete: 25% of original permit fee  
 • Minimum Fee: \$100.00

**Acknowledgment & Certification**  
 By signing below, I affirm that the information provided is true and correct. I understand that this request is subject to review and approval by Building Department staff, and that additional documentation or inspections may be required.  
 I affirm that:  
 • I am the original permit applicant, I represent the permit holder, or I am authorized and am authorized to make this request.  
 • No substantial changes have been made to the original permit since it was issued.  
 • I agree to comply with all applicable provisions of the Florida Building Code and Florida Statutes.

**Permit Information**  
 Permit #: 05240  
 Permittee: Jo-Ann Cassidy  
 PCL assigned: Jo-Ann Cassidy  
 (Authorized Agent)

**Requestor Signature:** Jo-Ann Cassidy  
 \*Note: Only the original permit applicant, licensed contractor, or provider may be listed on this original permit. Proof of authorization may be required.

**Notarization (Required)**  
 STATE OF Florida  
 COUNTY OF Columbia  
 I, the undersigned, being duly sworn and qualified in the State of Florida, do hereby certify that Jo-Ann Cassidy is the person whose name is subscribed to the foregoing instrument, and that she is the person whose name is subscribed to the foregoing instrument.

Notary Public Printed Name: Melinda Kechler  
 Notary Public Signature: Melinda Kechler

**FOR OFFICE USE ONLY:**  
 Approved  
 Denied  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Notes/Conditions: \_\_\_\_\_

Permit Reinstatement Fee: \_\_\_\_\_

Notary Seal: MELINDA KECHLER, Notary Public - State of Florida, Commission # 0144033, My Commission Expires 02/28/2027, Notarized through National Notary Assn.

Published 10/2025