

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

bldginfo@columbiacountyfla.com

Scan QR code to submit online.

(On next page)

Additions Application Checklist

(Use if this will be attached to existing roofline)

- ☐ 2nd pg of Permit Application with PROPERTY OWNER'S Signature & Notarized Contractor Signature - The deeded property owner must sign page 2 of Application
- ☐ Subcontractors Verification Form, signed by the license holder/contractor or authorized Qualifier for each trade
- ☐ License Holders (Contractors) must complete a "Letter of Authorization" for who is authorized to pull the permit on their behalf
- ☐ If an Owner Builder, Notarized Owner Disclosure Statement is required
- ☐ Proof of ownership by way of Recorded Deed or Property Appraiser's parcel details printout-- visit <https://search.ccpafl.com/>
- ☐ Corporation or Trust Details listing authorized signor(s) and POA forms if necessary
- ☐ 911 Address applications or verifications are submitted/found online. Visit <https://www.columbiacountyfla.com/BuildingandZoning.asp>
- ☐ Residential Checklist completed including Product Approval Code Specifications Sheet
- ☐ **Site Plan:** FOLLOW THE SITE PLAN CHECKLIST, included in this packet.
- ☐ Recorded Notice of Commencement; before 1st inspection
- ☐ For hard copy apps: 2 sets of plans folded to 9x12 size with Signed & Sealed Engineering; For online apps: 1 set of Engineered plans digitally sealed (verifiable)
- ☐ For hard copy apps: 2 sets of Truss Engineering Signed & Sealed; For online apps: 1 set of Truss Engineering digitally sealed (verifiable)
- ☐ For hard copy apps: 2 sets of Energy Codes & Manual J Forms; For online apps: 1 set of Energy Codes & Manual J Forms
- ☐ Provide any other pertinent information we should know: Development Permits/Zoning Applications, if applicable
- ☐ Approved and Signed Site Plan from Environmental Health for septic; contact 386.758.1058. If on City Water or Sewer, City Availability Letter required. If on the Ellisville Water System; contact 386.719.7565 for review
- ☐ Any other necessary documents requested (Floodplain Notice to Owner, Additions Affidavit, etc...)

PLAN REVIEW IS REQUIRED FOR: Any property located within a Flood Zone OR any Substantial Improvement - Any repair, reconstruction, rehabilitation, alteration, addition, or other improvement of a building or structure, the cost of which equals or exceeds 50% of the market value of the structure before the improvement or repair is started. If the structure has sustained substantial damage, any repairs are considered substantial improvement regardless of the actual repair work performed. The term does not, however, include either: (1) Any project for improvement of a building required to correct existing health, sanitary, or safety code violations identified by the Building Official and that is the minimum necessary to ensure living conditions; or (2) Any alteration of a historic structure, provided that the alteration will not preclude the structure's continued designation as a historic structure.

Published 10/2025



Columbia County, Florida Additions (Additional Sq Ft) Application



**Scan QR Code to
complete application online.

For Office Use Only Application # _____ Permit # _____

Comments/Notes _____

***This page not required for Online submissions.**

☐ Septic Permit No. _____ OR ☐ City Water

Applicant _____ Phone # _____
(person applying, not owner)

Applicant Address _____

Contact Email (updates sent here) _____

Owners Name _____ Phone # _____

Job Site Address _____

Contractors Name _____ Phone # _____

Contractors Address _____

Contractors Email _____

Architect/Engineer Name & AR/PE # _____

Architect Address _____

Power Company - ☐ FI Power & Light - ☐ Clay Electric - ☐ Suwannee Valley - ☐ Duke Energy

Parcel # ____ - ____ - ____ - ____ - ____ Estimated Cost of Construction _____

What kind of addition? _____ ☐ Commercial ☐ Residential

Proposed Use/Occupancy _____ # of Existing Dwellings on Property _____

Is the Building Fire Sprinkled? ☐ YES ☐ NO If YES, blueprints included ☐

OR Explain _____

Actual Distance of Structure from Property Lines -

Front _____ Side _____ Side _____ Rear _____

Please be advised you will still need to provide a site plan drawing along with filling in the above section

Number of Stories _____ Heated Floor Area _____ Total Floor Area _____ Acreage _____
Of Addition ONLY Of Addition ONLY

Zoning Applications Applied for (Site & Development, Special Exception, etc.)

CODES: 2023 Florida Building Code 8th Edition and the 2020 National Electrical Code

Published 10/2025

AFFIDAVIT FOR ATTACHING A NEW STRUCTURE TO EXISTING STRUCTURE

(For use with Additions (or other structures) attached to existing structure)

Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008
www.columbiacountyfla.com

PROPERTY INFORMATION

Subject Property Address: _____
City/State: _____ Zip Code: _____

CONTACT INFORMATION

Full Name: _____
Company Name/Affiliation (if applicable): _____
Contractor License #: _____
Phone Number: _____ **(MUST BE CONTRACTOR OR OWNER IF OWNER BUILDER)**
Email Address (required): _____

GUIDELINES

1. If the structural components for the new structure are attached and anchored in any way to the host structure, the construction drawings must clearly indicate how the attachment/anchoring will be accomplished, in accordance with Columbia County LDRs and the Florida Building Code (FBC), as adopted by Columbia County.
2. Drawings must specify the size and type of the members of the host structure to which the new components are being attached, per Columbia County LDRs and FBC requirements.
3. Drawings must indicate the type, size, and spacing of all anchors/fasteners, as required by the FBC and local ordinances.
4. If the drawings are signed and sealed by a Florida licensed architect or engineer, that professional assumes responsibility for the new structure and the structural integrity of the host structure to which the new structure is connected, as required by Florida Statutes Chapter 471/481 and Columbia County LDRs.
5. If the drawings include a disclaimer from the architect/engineer stating that the property owner and/or contractor must verify the host structure's adequacy, then one of the following must be provided:
 - a. A signed/sealed document from a Florida licensed architect or engineer attesting that the host structure will support the additional loads, per FBC and Columbia County LDRs.
 - b. In lieu of 5a, the contractor may provide this Affidavit.

STATEMENT TO ATTEST

As the contractor for the proposed new structure at the above address, I have personally inspected, together with the property owner, those portions of the existing structure to which the new structure will be attached for structural support. I confirm that the drawings and details submitted with this permit application accurately represent the existing conditions of the host structure.

I have advised the property owner that, in my best judgment and based on my experience and knowledge of structural adequacy, the members of the existing structure to which the new structure will be attached are sound, free of rot or deterioration, and capable of supporting all imposed structural loads, in compliance with the Florida Building Code, Columbia County LDRs, and all applicable ordinances.

By signing below, I hereby declare that I will hold Columbia County, Florida, harmless and release it from any responsibility or liability for adverse consequences or failures resulting from this work. I further agree not to initiate or pursue any legal action against Columbia County, Florida, for such consequences or failures. I have read and understand this affidavit and the requirements for using an existing structure as support for a new addition.

I have read this complete form and understand the issues I may experience using an existing slab.

Contractor or Architect/Engineer or Owner's (if owner-builder) Signature

Contractor or Architect/Engineer or Owner's (if owner-builder) Printed Name

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF _____
COUNTY _____

The foregoing instrument acknowledged before me by means of () physical presence or () online notarization, this ____ day _____ of 20____, by _____, who is () personally known to me or () has provided the following identification: _____

(Seal)
Notary Public Signature

Notary Printed Name

Published 10/2025



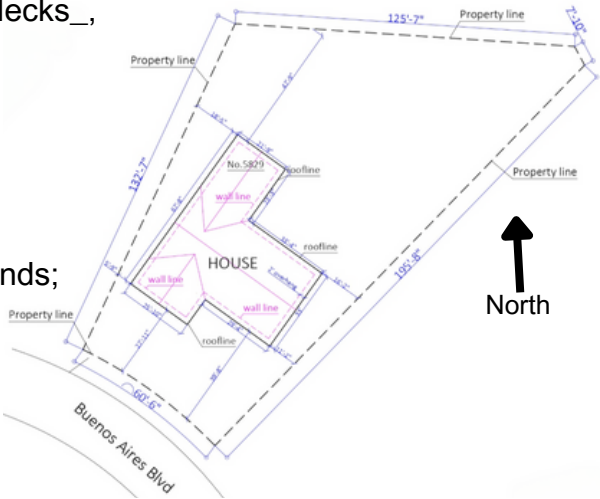
PROPOSED SITE PLAN



SITE PLAN CHECKLIST:

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks__, label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance from any waters; sink holes; wetlands; and etc.
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and/or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE



Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the General Contractor's permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

**FIRE SYSTEM /
SPRINKLER**

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

NOTICE TO APPLICANT/OWNER REGARDING FLOODING

Please read carefully before you begin your construction project!

WARNING: The degree of flood protection required by County's floodplain ordinance and the Florida Building Code are considered as minimum regulatory purposes only. The floodplain ordinance and Florida Building Code are based on scientific and engineering considerations, but do not include actual, observed events of flooding that may have occurred at your property. You should also keep in mind that larger floods have, can, and will occur from time to time. Flood heights may be increased by man-made or natural causes. Approval of your permit under the floodplain ordinance does not imply that the permitted structure will be free from flooding or flood damage. The Special Flood Hazard Areas and Base Flood elevations are contained in the Flood Insurance Study and shown on Flood Insurance Rate Maps. The County adopts these maps for purposes of compliance with the National Flood Insurance Program, but makes no representations or assurances of their accuracy or reliability. The County does not maintain, track, or provide flood history data for any particular parcel of land.

THERE IS NO GUARANTY OF VESTED USE, EXISTING USE, OR FUTURE USE CREATED BY YOUR COMPLIANCE WITH THE FLOODPLAIN ORDINANCE. YOU ARE RESPONSIBLE FOR ASSESSING YOUR OWN PARTICULAR FLOOD RISK AND YOU ARE ENCOURAGED TO SPEAK WITH NEIGHBORING OWNERS AND THE PREVIOUS OWNERS OF YOUR LAND TO OBTAIN FIRST-HAND KNOWLEDGE OF YOUR PROPERTY'S SPECIFIC FLOOD HISTORY.

DISCLAIMER OF LIABILITY. The County floodplain ordinance does not create liability on the part of Board of County Commissioners of Columbia County or any officer or employee thereof for any flood damage that results from reliance on the ordinance, or any administrative decision lawfully made thereunder. Again, it is your responsibility to assess your property's flood risk and build accordingly.

For more information, see the Columbia County Code of Ordinances, Land Development Regulations, Article 8, at: https://library.municode.com/fl/columbia_county. Additional information can also be found on the County Building Department's web page: <https://www.columbiacountyfla.com/BuildingandZoning.asp>.

ACKNOWLEDGEMENT

I have read and understand the foregoing **NOTICE TO APPLICANT/OWNER REGARDING FLOOD ZONES**. I understand it is my responsibility to determine my property's flood risk, and that the County has made me no assurances that my property can not or will not flood.

OWNER SIGNATURE: _____

PRINT NAME: _____

PARCEL # OR ADDRESS: _____

ROOFING UNDERLAYMENT AFFIDAVIT

Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

REQUIRED FOR WALK-IN OR PAPER SUBMITTALS

www.columbiacountyfla.com

Job Address: _____

I (Print Name) _____, as a Florida license Roofing Contractor or an Owner Builder, I understand to comply with the 2023 Florida Building Code 8th Edition underlayment requirements, I must select an option for sealing the roof deck.

The options are summarized below...

☐ A self-adhering polymer-modified bitumen underlayment complying with ASTM D1970 applied over the entire roof.

☐ A minimum 4-inch-wide strip of self-adhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ³/₄ - wide strip of self-adhering flexible flashing tape complying with AAMA 711, applied over all joints in the roof decking. A felt underlayment complying with ASTM D226 Type II, ASTM D4869 Type III or IV, or ASTM D6757, or a synthetic underlayment meeting the performance requirements specified, is required to be applied over the strips/tape over the entire roof.

☐ Two layers of felt underlayment comply with ASTM D226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

☐ Other (explain) _____

Contractor/Owners Signature _____

FINAL INSPECTION & CERTIFICATE OF COMPLETION: This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) [Welcome to Columbia County Online \(columbiacountyfla.com\)](http://Welcome to Columbia County Online (columbiacountyfla.com)).

If for a roofing permit, clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. (Not required for additions or New Residential)

Published 10/2025

Product Approval Code Specifications

As required by Florida Statute 553.842 and Florida Administrative Code 8B-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 supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org ***Paper form not required if online submittal for roofs ONLY**

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1.Exterior Doors			
A. Swinging			
B. Sliding			
C. Sectional/Roll Up			
D. Other			
2. Windows			
A. Single/Double Hung			
B. Horizontal Slider			
C. Casement			
D. Fixed			
E. Mullion			
F. Skylights			
G. Other			
3. Panel Walls			
A. Siding			
B. Soffits			
C. Storefronts			
D. Glass Block			
E. Other			
4. Roofing Products			
A. Asphalt Shingles			
B. Non-Struct Metal			
C. Roofing Tiles			
D. Single Ply Roof			
E. Other			
5. Struct Componenets			
A. Wood Connectors			
B. Wood Anchors			
C. Truss Plates			
D. Insulation Forms			
E. Lintels			
F. Others			
6. New Exterior			
A. Envelope Products			

Recording Stamp



TAX ID/PARCEL #:

NOTICE OF COMMENCEMENT

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 #: _____
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
 - a. Name and Address: _____
 - b. Amount of Bond: _____
 - c. Telephone #: _____
6. **Lender**
 - a. Name and Address: _____
 - b. Telephone #: _____
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 #: _____
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(1)(b), Florida Statutes**
 - a. Name: _____
 - b. Telephone #: _____
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 SITE OF THE IMPROVEMENT 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.

**STATE OF FLORIDA
COLUMBIA COUNTY**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization _____ day of _____, _____, by _____
as _____ for _____
DATE MONTH YEAR NAME OF PERSON
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known _____ OR Produced Identification _____ Type of ID Produced _____
SEAL/STAMP: _____

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

Published 10/2025

COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(BLANKET)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____

License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____ personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

Published 10/2025

COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(JOB SPECIFIC)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf for the job address shown below ONLY.

Job Site Address: _____

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____

License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____ personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

Published 10/2025