

Date Completed: _____

PERMIT # _____

THIS SECTION TO BE COMPLETED BY APPLICANT

E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED

1) Title Holder/ Property Owner InformationName: Willie & Tami McWhorterPhone: 206 818 6943Mailing Address: 293 NW Indian Pond crtE-Mail: Yever21.Tami@gmail.com**2) Contractor / Hired Company**Name: Tier 1 Construction DBA RedfisherPhone: 904 853 1188Mailing Address: 13245 Atlantic blvd 4-212 Jan FL 32225E-Mail: Admin@Tier1Redfisher.comContractor License Number: CCC1329059**3) Property / Job Location and Use:**All / Part (Circle One) of Tax Parcel Number: 12-35-15-00147-210 (524)Job Location Description / 911 Address: 293 NW Indian Pond Ct Lake City FL 32055Legal Description (Please give Lot #, Block, Sub-division): Please also provide a Columbia County Property Appraiser Print-outType 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): 5.39 Building Size: 2424Complete scope of work: Re-roofValuation of Work: \$ 22,806³⁶ (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.

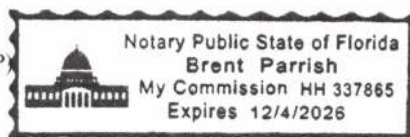
Tami McWhorter
Signature of Title Holder or Applicant

4-4-24
Date

STATE OF FLORIDA
COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 4 day of 4, 2024, 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.

City of Lake City
Application for Residential Permit

Date Completed: _____

PERMIT # _____

Contractor Signature

Date

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 10th day of April, 2024, by Brent Parry Parrish (name of person acknowledging).



Signature of Notary

JACQUELINE F. TACANDONG
Printed Name of Notary

Personally Known ☐ OR Produced Identification ☒
Type of Identification Produced FL Drivers License

TO BE COMPLETED BY CITY STAFF

Property Zoning: _____ Flood Zone: _____

Approvals:

Gas Service ☐ Water Service ☐ City Sewer Service _____
(Check with Growth Management to see if Septic allowable.)
Flood Zone or Storm Drainage _____ Zoning Dept. _____

Building Official: _____

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