

Columbia County Building Department 135 NE Hernando Ave, Suite B-21 Lake City, FL 32055 Phone: 386.758.1008

Reason for delay/Justification for Renewal Request

Please email request to bldginfo@columbiacountyfla.com

Permit Renewal/Extension Request for Expired Permit

Date: 10/6/2023

To Whom It May Concern

I am requesting renewal of the building permit listed below, which has expired under the provisions of the Florida Building Code I am aware that this request is subject to review and approval by the Building Department, and that additional documentation, fees, or inspections may be required

Permit Time Limit (F.S. 553.79). Pursuant to Florida Statutes 553.79 and the Florida Building Code, a permit Work has not commenced within 180 days of issuance, Work has been suspended or abandoned for 180 days after commencen No passed inspection has occurred within 180 days	·
*An expired permit may be eligible for renewal provided no substantial char codes	iges have occurred and the project remains compliant with current
Renewal Fee Calculation Fees are based on the percentage of inspections completed before • No Inspections Complete: 100% of original permit fee • ½ Inspections Complete: 75% of original permit fee • ½ Inspections Complete: 50% of original permit fee • ½ Inspections Complete: 25% of original permit fee • Minimum Fee: \$100 00	e the permit expired
Acknowledgement & Certification By signing below, I affirm that the information provided is true and approval by Building Department staff, and that additional do	
I affirm that I am the original permit applicant, licensed contractor, or prop No substantial changes have been made to the project since the I agree to comply with all applicable provisions of the Florida E	ne original permit was issued
Permit # 39569	
(Please select one) Owner-Builder Licensed Contractor Authorized Agent Printed Name of Requestor: Will R. Price	
Requestor Signature:	page de la companya d
*Note: Only the original permit applicant, licensed contractor, or prenewal Proof of authorization may be required	oroperty owner listed on the original permit may request a
STATE OF	
COUNTY OF	sical presence or online notarization, this that day of to me or has provided the following identification
Notary Public Printed Name. Shuran W. Sheppad	Notary Sear SHARON W. SHEPPARD
Notary Public Signature Starch W. Shey. C	Commission # HH 445908 Expires January 20, 2028
Approved Denied	ermit Reinstatement Fee: 250.00
Notes/Conditions:	Creat 5/202