City of Lake City Approval Letter (Required before Building Permit Issuance) Contact Information: Name Abigail Griffin Phone 904-337-0509 Emall Abigail. Griffine jand NRonfing. com Project Site Information: Site Address 2104 NW Cutter Glen
Parcel ID Number 34 - 35-16-02462-207 Acres Description of project _ Shinale Re-ROOF Existing Structures on the property_ Any Tree Removal - YES / No Number of trees removed ______ Trees Remaining ____ Any Existing Development Applications or permits _____ Utilities: Water: X Sewer: X Gas: X Customer Service Official Clearance: Name: Shasta Pelham Date: 03/02/22 Notes: The utility account is active for all services. Zoning: Minimum Setback Requirements: Front: ____ Side: ____ Rear: ___ Landscape requirements _ Flood Zone-_____ B.F.E.-___ Finished Floor Elevation Requirement-__ Special Exception-_____Variance-____ Site Plan Approval-Documents Required-Needed Before Power ____ Needed Before CO Notes: Date: Zoning Official Clearance: Name: Access: Needed before CO ___ Permit Issued _____ Notes: Date: Access Official Clearance: Name: Code Enforcement: Open Code Enforcement Cases – YES / NO _____ Date: Notes: Code Enforcement Clearance: Name: Previous Permits issued: Special Notes to be Noted on Permit:

CITY OF LAKE CITY DUNON