



785-21

Florida Building Codes 7<sup>th</sup> Edition (2020), 2017  
 National Electrical Code (NEC)  
 Florida Fire Prevention Code 7<sup>th</sup> Edition (2020)

## APPLICATION FOR: RESIDENTIAL BUILDING PERMIT

Mail: City of Lake City - 205 North Marion Ave. - Lake City, FL 32055  
 Phone: 386.719-5750 ofc. - 386.758-5426 fax

E-Mail: growthmanagement@lcfia.com

Submit to the office of Growth Management

Date Stamp:

PERMIT FEE:

DATE PAID:

RECEIPT #:

- If Demolition, use separate city Demolition Permit Application
- If Manufactured Home, use separate city Manufactured Home Applications
- If a Driveway, requires Zoning Driveway Application in addition to this application
- A travel trailer shall not be used as a residence - no utilities may be extended to such, etc.
- Single-family homes shall not be converted into a duplex or multi-family without zoning approval.
- All new housing requires zoning review and approval prior to permit application.

### PERMIT TYPE (please check)

<input type="checkbox"/> NEW ELECTRICAL SERVICE	<input type="checkbox"/> MECHANICAL / HVAC
<input type="checkbox"/> ELECTRICAL SERVICE UPGRADE	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> ELECTRICAL ALTERATION / REWIRING	<input type="checkbox"/> ADA / HANDICAPPED RAMP
	<input type="checkbox"/> GAS - LP ____ NATURAL ____
<input type="checkbox"/> ADDITION (LIVING SPACE) TO A RESIDENCE	<input type="checkbox"/> UNCOVERED DECK, PATIO, SLAB
<input type="checkbox"/> AWNING / PORCH / COVERED DECK ATTACHED TO A RESIDENCE	<input type="checkbox"/> DETACHED ACCESSORY BUILDING / SHED, GARAGE, CARPORT, ETC.
<input type="checkbox"/> INTERIOR ALTERATION / RENOVATION A SINGLE-FAMILY RESIDENCE	<input type="checkbox"/> POOL AND/OR POOL SCREEN ENCLOSURE
	<input type="checkbox"/> FENCE (subject to LDR 42.10 requirements)
<input type="checkbox"/> MODULAR HOME	<input type="checkbox"/> MOVING OF BUILDING OR STRUCTURE
<input type="checkbox"/> NEW CONVENTIONAL STICK-BUILT HOME	<input type="checkbox"/> SLAB WITH FOOTERS
<input checked="" type="checkbox"/> WINDOWS	<input type="checkbox"/> RE-ROOF (TEAR-OFF)
<input type="checkbox"/> DOORS	<input type="checkbox"/> ROOF-OVER
<input type="checkbox"/> SIDING	<input type="checkbox"/> SHINGLES
<input type="checkbox"/> DRIVEWAY (For any access to a City Street)	<input type="checkbox"/> METAL ROOF
<input type="checkbox"/> UTILITY WORK OR CONNECTIONS	<input type="checkbox"/> IRRIGATION METER or WELL
<input type="checkbox"/> OTHER (LIST)	

THIS SECTION TO BE COMPLETED BY APPLICANT  
E-MAIL ADDRESS OF PROPERTY OWNER AND CONTRACTOR REQUIRED

1) Title Holder/ Property Owner Information (Considered applicant unless a contractor is named)

Name: Heidi Evans Phone: 912-381-8682

2) Mailing Address: 600 Griffin Cemetery Rd e-mail: \_\_\_\_\_  
Ambrose, GA 31512

3) Contractor /Hired Company

Name: American Window Products Phone: 904-731-2247 Mailing Address: 2633 Powers Ave Jacksonville 11e, FL

Contractor Florida License #: CBC1251207 E-Mail Address: cheryl@americanwindowproducts.com

4) Property/Job Location and Use:

All / Part (Circle One) of Tax Parcel Number: 05-4S-17-07824-000

Job Location Description or 911 Address: 1520 S.E. Valencia Dr. Lake City, FL 32025

Legal Description (Please give Lot #, Block, Sub-division): Please also provide a Property Appraiser print-out.

Lot 2 Block 6 Lakewood S/D 784-1524, WD 1027-924, WD 1280-2093, WD 1390-1727

Type of Residence: Single Family 1 owner  
(Single-Family, Duplex & Rental or Owner Occupied)

Acreage/Size of Property (use fractions thereof if applies): \_\_\_\_\_

Building Size: \_\_\_\_\_

Additional details if needed regarding nature of work:

30 Replacement windows size for size

Valuation of Work: \$ 18,780.<sup>00</sup> (Materials & 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 (Plumbing, HVAC, Electrical, 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.

Heidi Evans  
Signature of Title Holder or Applicant

11-8-21  
Date

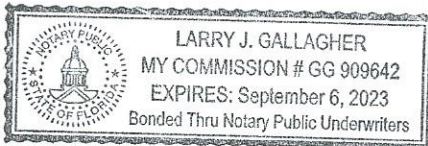
STATE OF FLORIDA  
COUNTY OF COLUMBIA

I hereby certify that on this day, 11-8-21 personally appeared before me, by means of 1 physical presence or     online notarization, who is personally known to me or who has produced \_\_\_\_\_ as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that they executed the same for the uses and purposes therein expressed.



Witnessed by my hand and official seal, this 8<sup>TH</sup> day of NOV, 2020.

(NOTARY SEAL or STAMP)



Larry J. Gallagher  
Signature of Notary

LARRY J. GALLAGHER  
Printed Name of Notary

PROPERTY OWNER or OWNER AGENT (if different): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner or Owner Agent \_\_\_\_\_ Date \_\_\_\_\_  
(if different from Applicant)

STATE OF FLORIDA  
COUNTY OF COLUMBIA

I hereby certify that on this day, \_\_\_\_\_ personally appeared before me, by means  
of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, who is personally known to me or who  
has produced \_\_\_\_\_ as identification, who is the person described in and  
who executed the foregoing instrument and who acknowledged before me that they executed the same for the  
uses and purposes therein expressed.

Witnessed by my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

(NOTARY SEAL or STAMP)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

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 is allowable).
Flood Zone or Storm Drainage: _____	Zoning Dept.: _____	
Building Official: _____		