

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

Please email request to bldginfo@columbiacountyfla.com

Permit Renewal/Extension Request for Expired Permit

| ate: <u>9/26/25</u> | |
|---|---|
| ode. I am aware that this request is subject to review a ocumentation, fees, or inspections may be required. | , which has expired under the provisions of the Florida Building and approval by the Building Department, and that additional |
| eason for delay/Justification for Renewal Request | |
| nsurance Carrier | |
| | |
| ermit Time Limit (F.S. 553.79) | ormit shall evnire if |
| ursuant to Florida Statutes 553.79 and the Florida Building Code, a pe Work has not commenced within 180 days of issuance, | |
| Work has been suspended or abandoned for 180 days after comme | encement, or |
| | |
| An expired permit may be eligible for renewal provided no substantia | al changes have occurred and the project remains compliant with current |
| odes. | |
| Renewal Fee Calculation Fees are based on the percentage of inspections completed b | pefore the permit expired: |
| No Inspections Complete: 100% of original permit fee | |
| • 1/ Inspections Complete: 75% of original permit fee | |
| • 1/ Inspections Complete: 50% of original permit fee | |
| <u>Inspections Complete:</u> 25% of original permit fee | |
| • Minimum Fee: \$100.00 | |
| Acknowledgement & Certification | Lul - |
| | ue and correct. I understand that this request is subject to review |
| By signing below, I affirm that the information provided is a same approval by Building Department staff, and that addition | nal documentation or inspections may be required. |
| I affirm that: | to a substantial to make this request |
| I am the original permit applicant, licensed contractor, or | r property owner, and am authorized to make this request. |
| No substantial changes have been made to the project si | nce the original permit was issued. |
| I agree to comply with all applicable provisions of the Flo | Tida Buitaing Code and Frontal Status St |
| Permit Information | |
| Permit #: 000052173 | |
| (Please select one) | |
| Owner-Builder | |
| ✓ Licensed Contractor | |
| Authorized Agent | |
| Printed Name of Requestor: Tim Lee | |
| | |
| Requestor Signature: | |
| *Note: Only the original permit applicant, licensed contract | tor, or property owner listed on the original permit may request a |
| renewal. Proof of authorization may be required. | |
| Notarization (Required) | |
| STATE OF: Florida | |
| COUNTY OF: SUWANNEL | |
| The Secretary ment was acknowledged before me by means of | of Ohysical presence or Online notarization, this day of Sykuladis |
| 2015, by who is personally | y known to me or Resprovided the following reentification: |
| 71. | y known to me or LYNETTE BLANKENSHIP Notary Public-State of Florida Commission # HH 514786 |
| Notary Public Printed Name: Whether BLANK | Commission with States |
| Notary Public Signature: Y worth 12 10 800 | My Commission Expires April 11, 2028 |
| FOR OFFICE USE ONLY: | Арти 11, 2020 |
| Approved Denied | |
| Reviewed by: | Permit Reinstatement Fee: |
| Date: | |
| Notes/Conditions: | |
| 110 too, oonardo | |