

City of Lake City Approval Letter
(Required before Building Permit Issuance)



Please submit form to : growthmanagement@lcfla.com, PelhamS@lcfla.com,
MedearisK@lcfla.com, McGhinB@lcfla.com

Date 3/24/2022 County Application #: 54090

Contact Information:

Name GREGORY SISSON Phone 386-961-9860
Email _____

Project Site Information:

Site Address 117 NE TREASURE CT LAKE CITY, FL 32055
Parcel ID Number 28-3S-17-05729-005 Acres 0.45
Description of project Roof Replacement or Repair(Residential)
Existing Structures on the property _____
Any Tree Removal – Number of trees removed _____ Trees Remaining _____
Any Existing Development Applications or permits _____

To Be Completed By City Officials

Utilities:

Water: Yes Active: Yes **City Letter of Availability Required:** No
Sewer: Yes Active: No Has Impact Fee?: _____ Impact Fees paid: _____
Gas: No Active: No

Customer Service Official Clearance: Name: Brandy Meghan Date: 3/24/2022 Notes: _____
The COLC provides water to this address. The utility account is active.

Zoning:

Minimum Setback Requirements: Front: _____ Side: _____ Rear: _____
Landscape requirements _____
Flood Zone- _____ B.F.E.- _____ Finished Floor Elevation Requirement- _____
Site Plan Approval- _____ Special Exception- _____ Variance- _____
Documents Required- _____
Needed Before Power No
Needed Before CO No
Zoning Official Clearance: Name: _____ Date: _____ Notes: _____

Access:

Permit Issued _____ Needed before CO _____
Access Official Clearance: Name: _____ Date: _____ Notes: _____

Code Enforcement:

Open Code Enforcement Cases – _____
Code Enforcement Clearance: Name: _____ Date: _____ Notes: _____

Previous Permits Issued:

Special Notes to be Notated on Permit:

Stamp of Approval:

