Town of Lady Lake
409 Fennell Blvd
Lady Lake, FL 32159
www.Ladylakefl.gov
(352) 751 -1500

MASTER BUILDING PERMIT APPLICATION

CONTRACTOR BUSINESS NAME (Print Name): _____

Name of Licensed Contractor: _____ State License #: _____

Phone # _____ Contractor's Email Address: _____

MODEL DESIGN, NAME OR NUMBER: _____

LIVING SQ. FT. _____

☐ SINGLE-FAMILY DWELLING ☐ TWO-FAMILY DWELLING ☐ TOWNHOME

Description: Basic Plan and Variations/Options

_____

_____

_____

_____

_____

CONTRACTOR'S AFFIDAVIT: I CERTIFY ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

_____ _____ _____
CONTRACTOR NAME (PRINTED) CONTRACTOR SIGNATURE DATE

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of ☐physical presence or ☐online notarization, this _____day of_____, 20_____, (year)by _____ , who is personally known to me or who has produced _____(type of identification)as identification.

_____ _____
NOTARY PUBLIC SIGNATURE DATE