LAKE COUNTY
FLORIDA

# LETTER OF TRANSMITTAL

| Rev. |
|---|
| Re-Sub. |
| Intake |
| Date |

## TO BE COMPLETED BY CUSTOMER

1. Permit No. _____ Master No. _____
2. Contractor Name _____
3. Telephone _____ Fax _____

   Email Address _____

4. Is this a Revision? Yes ☐ No ☐ (Permit already issued)
5. Is this a Re-submittal? Yes ☐ No ☐ (Response to review letter)
6. Response to Letter dated _____.

If a sub-contractor is being added make sure to list their name and license number.

Permit #

Contractor

Job Descript.

## TO BE COMPLETED BY CUSTOMER

LIST ITEMS BEING SUBMITTED:

_____

_____

_____

_____

_____

_____

_____

_____

_____

## FOR BUILDING DIVISION USE ONLY

| REVIEW | | BY | RESULT |
|---|---|---|---|
| Building | ☐ | _____ | _____ |
| Mechanical | ☐ | _____ | _____ |
| Plumbing | ☐ | _____ | _____ |
| Electric | ☐ | _____ | _____ |
| Fire | ☐ | _____ | _____ |

Picked up by:

➡ _____
Signature

_____
Printed Name Date