LAKE COUNTY
FLORIDA

Office of Building Services

LETTER OF TRANSMITTAL

Permit No. _____

Date: _____

Resubmittal ☐ Revision ☐ Rev # _____

Intake Initials _____

To be completed by customer:

REVISION ----------> List ALL items being submitted AND indicate ALL modifications.

RESUBMITTAL ----> List ALL items being submitted AND attach a copy of the deficiency letter with response comments.

Plan Review
☐ Building
☐ Fire
☐ Mechanical
☐ Plumbing
☐ Electric
☐ Gas

Picked up by: _____ Printed Name: _____ Date: _____