



# Department of Growth Management

## Electronic Plan Review Communication Authorization

Permit Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Contractor or Builder: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> New Submittal                     | <input type="checkbox"/> New Permit                     |
| <input type="checkbox"/> Resubmittal per Deficiency Letter | <input type="checkbox"/> New Master Plan                |
| <input type="checkbox"/> Revision to Approved Plan         | <input type="checkbox"/> Existing Master Plan No. _____ |

Permit Type: \_\_\_\_\_ Model Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Design Professional of Record: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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### AUTHORIZATION

I authorize plans examiners of Lake County Building Services to communicate as needed, directly with the above named design professional of record in writing, telephone or electronically. The purpose of the communication would be to discuss deficiencies and any clarifications necessary in regard to plans submitted for this project.

Comments: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature is not required when submitted through the online permit process.

315 West Main Street, Tavares, FL 32778  
For information, please contact us at [permitting@lakecountyfl.gov](mailto:permitting@lakecountyfl.gov) (352) 343-9653, or Fax 343-9771  
[www.lakecountyfl.gov](http://www.lakecountyfl.gov)