

# COLUMBIA COUNTY BUILDING DEPARTMENT

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Scan QR code to submit online.  
(On next page)

## Replacing Cellular Tower Antennas Co-Locations on Existing Towers Checklist

***\*New Towers fall under New Commercial\****

- ☐ 2nd pg of Permit Application with PROPERTY OWNER'S Signature & Notarized Contractor Signature - The deeded property owner must sign page 2 of Application
- ☐ Subcontractors Verification Form, signed by the license holder/contractor or authorized Qualifier for each trade - if required
- ☐ License Holders (Contractors) must complete a "Letter of Authorization" for who is authorized to pull the permit on their behalf
- ☐ Proof of ownership by way of Recorded Deed or Property Appraiser's parcel details printout-- visit <https://search.ccpafl.com/>
- ☐ Corporation or Trust Details listing authorized signor(s) and POA forms if necessary
- ☐ Lessee Letter of Authority/Secretary's Certificate
- ☐ IF NECESSARY~~ Site plan with actual distances from the structure to each property line
- ☐ For hard copy apps: 2 sets of plans folded to 9x12 size with Signed & Sealed Engineering; For online apps: 1 set of Engineered plans digitally sealed (verifiable)
- ☐ Recorded Notice of Commencement; before 1st inspection
- ☐ Any other necessary documents requested (Floodplain Notice to Owner, etc...)

### **Notice of Compliance for Replacing Cellular Tower Antennas and Colocations**

This application is for the replacement of antennas and colocations on an existing communication tower. The proposed modifications will comply with the Florida Building Code (FBC) 2023 and National Electrical Code (NEC) 2020, as follows:

1. **Structural Integrity & Wind Load Compliance:** A structural analysis has been conducted to ensure the tower can support the new antennas. The tower will meet FBC wind load requirements (Section 1609), ensuring it can withstand hurricane-force winds based on height, location, and exposure.
2. **Electrical & Safety Compliance:** All electrical systems, including wiring and grounding, will comply with NEC 2020 (Articles 250, 300, and 820) for safe installation.
3. **Permitting & Inspections:** Required permits will be obtained, and the work will be inspected for compliance with the FBC and NEC. A licensed engineer will certify the modifications meet structural and safety standards.
4. **Zoning & Land Use:** The installation will comply with local zoning and land use regulations, including height, setbacks, and aesthetic requirements.

This project will fully comply with FBC 2023 and NEC 2020 for replacing cellular tower antennas and colocations.

**Published 10/2025**



# Columbia County, Florida

## Cell Tower/Co-location Application



\*\*Scan QR Code to  
complete application online.

**For Office Use Only**

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

Comments/Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*This page not required for Online submissions.**

☐ Septic Permit No. \_\_\_\_\_ OR ☐ City Water

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_  
(person applying, not owner)

Applicant Address \_\_\_\_\_

Contact Email (updates sent here) \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Job Site Address \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contractors Address \_\_\_\_\_

Contractors Email \_\_\_\_\_

Architect/Engineer Name & PE/AR # \_\_\_\_\_

Architect Address \_\_\_\_\_

Power Company - ☐ FI Power & Light - ☐ Clay Electric - ☐ Suwannee Valley - ☐ Duke Energy

Parcel # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Estimated Cost of Construction \_\_\_\_\_

Construction of \_\_\_\_\_ ☒ Commercial

Is this a: ☐ New Tower ☐ Co-location/Existing Tower ☐ Other

**Actual Distance of Structure from Property Lines (Required for New Towers)**

Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

\*\*\*Please be advised you will still need to provide a site plan drawing along with filling in the above section\*\*\*

**Zoning Applications Applied for (Site & Development, Special Exception, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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**CODES: 2023 Florida Building Code 8th Edition and the 2020 National Electrical Code**

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# Subcontractor Verification Form

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the General Contractor's permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

MECHANICAL / A/C

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

PLUMBING / GAS

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

ROOFING

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

FIRE SYSTEM /  
SPRINKLER

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

SOLAR

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

STATE SPECIALTY

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_





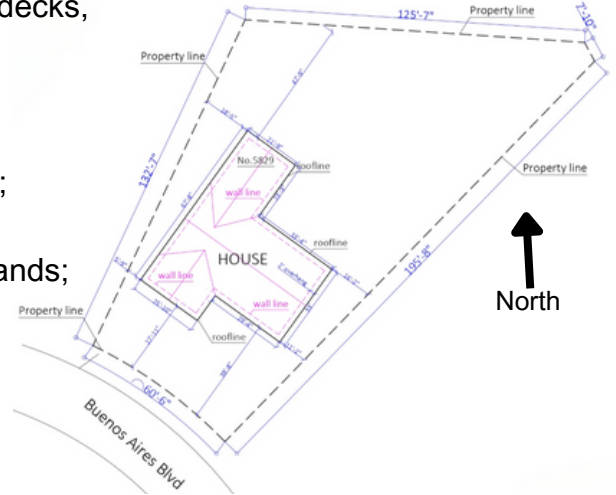
# PROPOSED SITE PLAN



## SITE PLAN CHECKLIST:

- \_\_\_ 1) Property Dimensions
- \_\_\_ 2) Footprint of proposed and existing structures (including decks, label these with existing addresses
- \_\_\_ 3) Distance from structures to all property lines
- \_\_\_ 4) Location and size of easements
- \_\_\_ 5) Driveway path and distance from any waters; sink holes; wetlands; and etc.
- \_\_\_ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- \_\_\_ 7) Show slopes and/or drainage paths
- \_\_\_ 8) Arrow showing North direction

## SITE PLAN EXAMPLE



Recording Stamp



TAX ID/PARCEL #:

## NOTICE OF COMMENCEMENT

**THE UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** \_\_\_\_\_
  - a. Street (job) Address: \_\_\_\_\_
2. **General description of improvements:** \_\_\_\_\_
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
  - a. Name and Address: \_\_\_\_\_
  - b. Name and Address of fee simple titleholder (if other than owner): \_\_\_\_\_
  - c. Interest in property: \_\_\_\_\_
4. **Contractor Information**
  - a. Name and Address: \_\_\_\_\_
  - b. Telephone #: \_\_\_\_\_
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
  - a. Name and Address: \_\_\_\_\_
  - b. Amount of Bond: \_\_\_\_\_
  - c. Telephone #: \_\_\_\_\_
6. **Lender**
  - a. Name and Address: \_\_\_\_\_
  - b. Telephone #: \_\_\_\_\_
7. **Person within the State of Florida designated by Owner upon whom notices, or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes**
  - a. Name and Address: \_\_\_\_\_
  - b. Telephone #: \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
  - a. Name: \_\_\_\_\_
  - b. Telephone #: \_\_\_\_\_
9. **Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):** \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**STATE OF FLORIDA  
COLUMBIA COUNTY**

\_\_\_\_\_  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_  
as \_\_\_\_\_ for \_\_\_\_\_  
DATE MONTH YEAR NAME OF PERSON  
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of ID Produced \_\_\_\_\_  
SEAL/STAMP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

\_\_\_\_\_  
PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

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# COLUMBIA COUNTY BUILDING DEPARTMENT

## AGENT AUTHORIZATION TO SIGN FOR PERMITS

### (BLANKET)

**\*Use if authorized to pull all permits on your behalf\***

**\*License holder still MUST sign Owner and Contractor Signature Page\***

I, \_\_\_\_\_ (License Holder Name), licensed qualifier for \_\_\_\_\_ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) \_\_\_\_\_

License Number \_\_\_\_\_

Date \_\_\_\_\_

#### NOTARY INFORMATION:

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

The above license holder, whose name is \_\_\_\_\_ personally appeared before me and is ( ) known by me or ( ) has produced identification (type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal/Stamp)

Notary's Signature \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

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### (JOB SPECIFIC)

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Job Site Address: \_\_\_\_\_

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

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