

CITY OF PUNTA GORDA HVAC PERMIT APPLICATION

PARCEL ID #:	CODE	DATE:	PERMIT#:
JOB ADDRESS:		UNIT #:	BUILDING #:
PHASE #:			
BLOCK:	LOT:	SECTION:	SUBDIVISION:
PROJECT/CONDO NAME			
OWNER NAME:	MAILING ADDRESS	ZIP	PHONE
CONTRACTOR'S BUSINESS NAME:	MAILING ADDRESS	ZIP	PHONE
CONTRACTOR'S STATE REGISTRATION NO.:		CONTRACTOR'S CITY CERTIFICATE NO.:	
ARCHITECT:		ENGINEER:	
USE OF BUILDING:	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL, DESCRIBE
<input type="checkbox"/> SINGLE FAMILY			
ZONING DISTRICT	FLOOD ZONE	FLOOD ELEVATION	LOT TYPE
TONS	KW	SEER	UNITS
DESCRIPTION OF WORK – SPECIFICALLY:			
NOTICE OF COMMENCEMENT:		VALUATION OF WORK:	
<p style="text-align: center;">NOTICE</p> <p>This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		<p style="text-align: center;">PERMIT FEES:</p>	
<p>_____ CONTRACTOR (QUALIFIER) SIGNATURE</p> <p style="text-align: right;">DATE</p>		ACCEPTED BY:	DATE
<p>_____ SIGNATURE OF OWNER (IF OWNER/BUILDER)</p> <p style="text-align: right;">DATE</p>		PLANS CHECKED BY:	DATE
		APPROVED FOR ISSUANCE BUILDING:	DATE
		APPROVED ZONING:	DATE
		APPROVED HISTORIC:	DATE
<p><i>FAILURE TO READ AND UNDERSTAND THE CONDITIONS AND GENERAL PROVISIONS DOES NOT RELIEVE THE APPLICANT FROM HIS OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.</i></p>			
<p>PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____</p>			