



BUILDING DEPARTMENT INFORMATION

GENERAL

In order to work in the City of Punta Gorda, **ALL** contractors and **ALL** subcontractors must first obtain a City of Punta Gorda Certificate of Competency.

Anyone can pick up or drop off permits, however, the **Qualifier** must sign all permit applications. Stamped or photocopies of the qualifier's signature **are not** acceptable.

A **CERTIFIED COPY** of the Notice of Commencement **MUST** be submitted with any permit application with a job valuation over **\$2500** or for Air Conditioning over **\$7500**.

INSPECTIONS

To schedule an inspection you must have the permit number and job address. Call the inspection(s) on the Building Department's inspection line at **(941) 575-3327**. Leave your name, permit number, job address, inspection type, and either AM or PM inspection. Inspections called **before 6:00 AM** will be scheduled on the current working day. Any inspection called **after 6:00 AM** will be scheduled on the next working day. Please note that times of inspections could be changed at our department's discretion. Failure to provide required information may prevent your inspection from being scheduled.

Prior to the **Footer/Slab** inspection on Commercial or Multi-Family projects, a compaction test must be submitted to this office and **approved** or the inspection cannot be scheduled.

Required one week prior to tie beam inspection:

1 – A sealed finish floor elevation survey (with front, side and rear setbacks). This document may be faxed to 941.575.3347 or e-mailed to buildingdept@pgorda.us. Be sure the seal is visible prior to sending.

AND

2 – If there are no changes to the original truss layouts submitted with the permit application, one set of truss engineering drawings and 2 sealed letters from the architect/engineer stating he/she has reviewed the drawings and that there are no changes.

3 – If there are changes to the original truss layouts, two sets of truss engineering drawings and sealed letters from the architect/engineer stating he/she has reviewed the drawings and has listed the changes.

The submitted/approved sealed letter must be on the job site for the tie beam inspection, the truss engineering must be on the job site for the framing inspection.

Re-inspections can be scheduled before paying the fee(s), but **ALL** fees must be paid before you can schedule final inspection(s).

A **Sealed** Finished Construction Elevation Certificate (FEMA) is required must be submitted and approved prior to issuance of the Certificate of Occupancy (CO).

Termite Protection Certificate of Compliance from pest control company (**FL Building Code 1816.1.7 and 320.1**) is required and must be submitted and approved prior to the issuance of the CO.

FEES

Refer to the enclosed Permit Fee Schedule for specific costs.

Permit fees for new construction are based on job valuation. There is a base fee of \$50.00 plus \$7.00 per each \$1000.00 of valuation.

The valuation for a new single family residence is based on the current (at time of application) International Building Code construction costs data.

For all Building permits, a surcharge of .015 of the permit fee is charged by the Florida Dept. of Business and Professional Regulation. This fee must be paid at permit issue.

For all Building permits, a surcharge of .015 of the permit fee is charged by the Florida Dept. of Community Affairs. This fee must be paid at permit issue.

Impact fee information, can be obtained by contacting the Zoning Division at **(941) 575-3314** or **(941) 575-3363**. The Building Division does not perform the calculations on impact fees.

If you have any questions please call the Building Department at **941-575-3324**

CITY OF PUNTA GORDA
BUILDING PERMIT CHECKLIST

All drawings must be drawn to scale with sufficient clarity and detail.

Reversed plans (mirror image) are not accepted.

RESIDENTIAL ONE AND TWO FAMILY

1. Building permit application completely filled out and signed by **QUALIFIER** only. Be sure to include telephone and fax numbers and e-mail address.
2. Line and Grade application (on the reverse side of the permit application) completely filled out and signed by qualifier.
3. Certified copy of the Notice of Commencement.
4. Qualifier's Affidavit with notarized signature.
5. County Impact Fee Affidavit with notarized signature.
6. Sub-contractors List.
7. Roofing System Sheet
8. **2** Sets of completed drawings, **sealed** by a Structural Engineer or an Architect.
9. **3** Sets of **sealed** surveys.
10. **3 signed and sealed** site drainage plans.
11. **4** Sets of plot plans, if not part of the original drawings.
12. **2** Sets of Thermal Energy Calculations and **1** copy minimum Manual-J.
13. **2** Sets of complete truss layouts from truss manufacturer approved by the architect/engineer of record.
14. Provisions affidavit.
15. Data Summary Worksheet

buildingdept@ci.punta-gorda.fl.us

CITY OF PUNTA GORDA 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
FAX			
E-MAIL			
CONTRACTOR'S STATE REGISTRATION NO.:		CONTRACTOR'S CITY CERTIFICATE NO.:	
ARCHITECT:		ENGINEER:	
USE OF BUILDING:	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY
<input type="checkbox"/> COMMERCIAL, DESCRIBE			
DESCRIPTION OF WORK – SPECIFICALLY:			
NOTICE OF COMMENCEMENT:		VALUATION OF WORK:	
SETBACK:	RIGHT	FRONT	REAR
LEFT			
S.F. LIVING	S.F. TOTAL		
TYPE OF CONSTRUCTION	NUMBER OF STORIES	ZONING DISTRICT	FLOOD ZONE
			FLOOD ELEVATION
			LOT TYPE
NUMBER OF UNITS	CITY IMPACT FEE ASSESSMENT	COUNTY IMPACT FEE ASSESSMENT	DBPR SURCHARGE
			DCA SURCHARGE
DRC #	VARIANCE #	OTHER FEES	PERMIT FEE
TOTAL ALL FEES			
SPECIAL CONDITIONS:			
<p style="text-align: center;">NOTICE</p> <p>Separate permits are required for electrical, plumbing, heating, ventilating, air conditioning, roofing, and lawn sprinklers. 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>		ACCEPTED BY:	DATE
		PLANS CHECKED BY:	DATE
		APPROVED FOR ISSUANCE BLDG:	DATE
		SPECIAL APPROVALS:	DATE
		APPROVED R.O.W. CONST.:	DATE
		APPROVED FIRE DEPT.:	DATE
		APPROVED ZONING:	DATE
		APPROVED HISTORIC:	DATE
CONTRACTOR (QUALIFIER) SIGNATURE		DATE	
SIGNATURE OF OWNER (IF OWNER/BUILDER)		DATE	
FAILURE TO READ AND UNDERSTAND THE CONDITIONS, GENERAL PROVISIONS, AND SPECIAL PROVISIONS, ON THE BACK HEREOF, 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.			
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____			

See Reverse Side

CITY OF PUNTA GORDA LINE & GRADE APPLICATION

		CODE	DATE:	APPLICATION #:	
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.:		
USE OF BUILDING:	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL, DESCRIBE	
DESCRIPTION OF WORK - SPECIFICALLY: Line and Grade only					
TYPE OF CONSTRUCTION	ZONING DISTRICT	FLOOD ZONE	FLOOD ELEVATION	LOT TYPE	
Special Conditions:				Line & Grade Fee: \$100.00	
<p style="text-align: center;">NOTICE</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 THIS APPLICATION 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>			ACCEPTED BY:	DATE	
			APPROVED BY:	DATE	
			CONTRACTOR (QUALIFIER) SIGNATURE _____	DATE _____	
SIGNATURE OF OWNER (IF OWNER/BUILDER) _____	DATE _____				
VALIDATION CK# _____ RECEIPT: _____ CASH: _____ M/C: _____ VISA: _____ DATE: _____					

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
CHARLOTTE COUNTY

Permit No. _____
Tax Folio No. _____

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

Legal Description of property (*include street address, if available*):

This Space Reserved for Recording

General Description of improvements: _____

Owner: _____

Address: _____

Owners interest in the site of improvement: _____

Fee simple title holder (*if other than owner*): _____

Address: _____

Contractor: _____

Address: _____

Surety: _____

Address: _____

Amount of Bond: _____

Any person making a loan for the construction of the improvements:

Name: _____

Address: _____

Person within the State of Florida designated by owner whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name: _____

Address: _____

In addition to himself, owner designates _____ of _____ to receive a copy of Lienor's notice as provided in Section 713.13(1)(b), Florida Statutes.

Name: _____

Address: _____

Expiration date of Notice of Commencement (*the expiration date is one year from the date of recording unless a different date is specified*). _____

Signature of Owner

Printed Name of Owner

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification . And who did take an oath.

Signature - Notary Public/ Deputy Clerk

This document prepared by:

Printed Name Notary Public/Deputy Clerk

**CITY OF PUNTA GORDA
QUALIFIER'S AFFIDAVIT**

QUALIFIER'S PRINTED NAME: _____
DBA (If applicable): _____
JOB ADDRESS: _____
PERMIT #: _____

I hereby certify that all documents for the above named job requiring my signature, contain my original signature, none are photo copies or stamps, and no one else has signed or will sign in my place.

Signature of Qualifier

Date Signed

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who is personally known to me or who has produced
_____, as identification, who did/did not take an oath.

Signature Notary Public

SEAL

Date

CHARLOTTE COUNTY IMPACT FEES
AREA 103 B PUNTA GORDA
(Based on Impact Fees Effective 05/22/98 at 5% Discount)

Contractor/Owner: _____

Permit #: _____

Address: _____

Date: _____

Pay impact fee at issuance of building permit.

Pay impact fee immediately prior to issuance of the certificate of occupancy for the referenced improvement.

THE UNDERSIGNED hereby represents that authority exists from the owner and contractor to make the representations with reference to land use and election of time of payment.

Print Name of Owner: _____

Print Name of Contractor: _____

Date _____ Owner/Contractor _____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The above election was acknowledged before me by _____,
who is the owner/contractor for the referenced improvement, and who stated under oath that the representations in
the above election are true and correct.

My Commission Expires: _____ Notary Public _____

FOR OFFICE USE ONLY

Land Use Type:

Residential: SF / MF / MH / O / Hotel/Motel

Impact Fee _____ * _____ Units = _____

Commercial: _____

Impact Fee _____ * _____ Square Feet = _____

Commercial: _____

Impact Fee _____ * _____ Square Feet = _____

Signature

Total Due \$ _____ **Receipt Date** _____ **Receipt Number** _____

**CITY OF PUNTA GORDA
BUILDING DEPARTMENT
QUALIFIED SUB CONTRACTORS LIST
FOR 1 & 2 FAMILY DWELLINGS**

JOB ADDRESS: _____

PERMIT # _____

COMPANY NAME: _____

PHONE # _____

CATEGORY	CITY CERT. #	COMPANY NAME
A/C-HARV-HVAC		
ALUMINUM- SOFFIT-FASCIA		
ALUMINUM ENCLOSURES		
ELECTRIC		
PLUMBING		
ROOFING		
SWIMMING POOL-SPA		
ICYNENE		
INSULATION		
ROUGH CARPENTRY		
FINISH CARPENTRY		
CONCRETE-FLOORS- DRIVEWAYS		
CONCRETE-FOOTERS		
CONCRETE-TIE BEAMS		
MASONRY		
CERAMIC-TILE		
MARBLE		
DRYWALL		
PAINTING		
SHUTTERS		

PLASTER/STUCCO		
IRRIGATION		
SOLAR SYSTEMS		
WATER CONDITIONER		
STEEL ERECTORS		
GLASS/GLAZING		
HAND RAILS/GUARD RAILS		
DEMLITION CONTRACTOR		
CABINET INSTALLER		
TRASH HAULING (Name Only)	--	

 Qualifier's Signature

CONTRACTOR NAME: _____

JOB ADDRESS: _____

ROOF CATEGORY

___ Low slope Application ___ Tile ___ Other
___ Asphalt/Fiberglass shingles ___ Metal

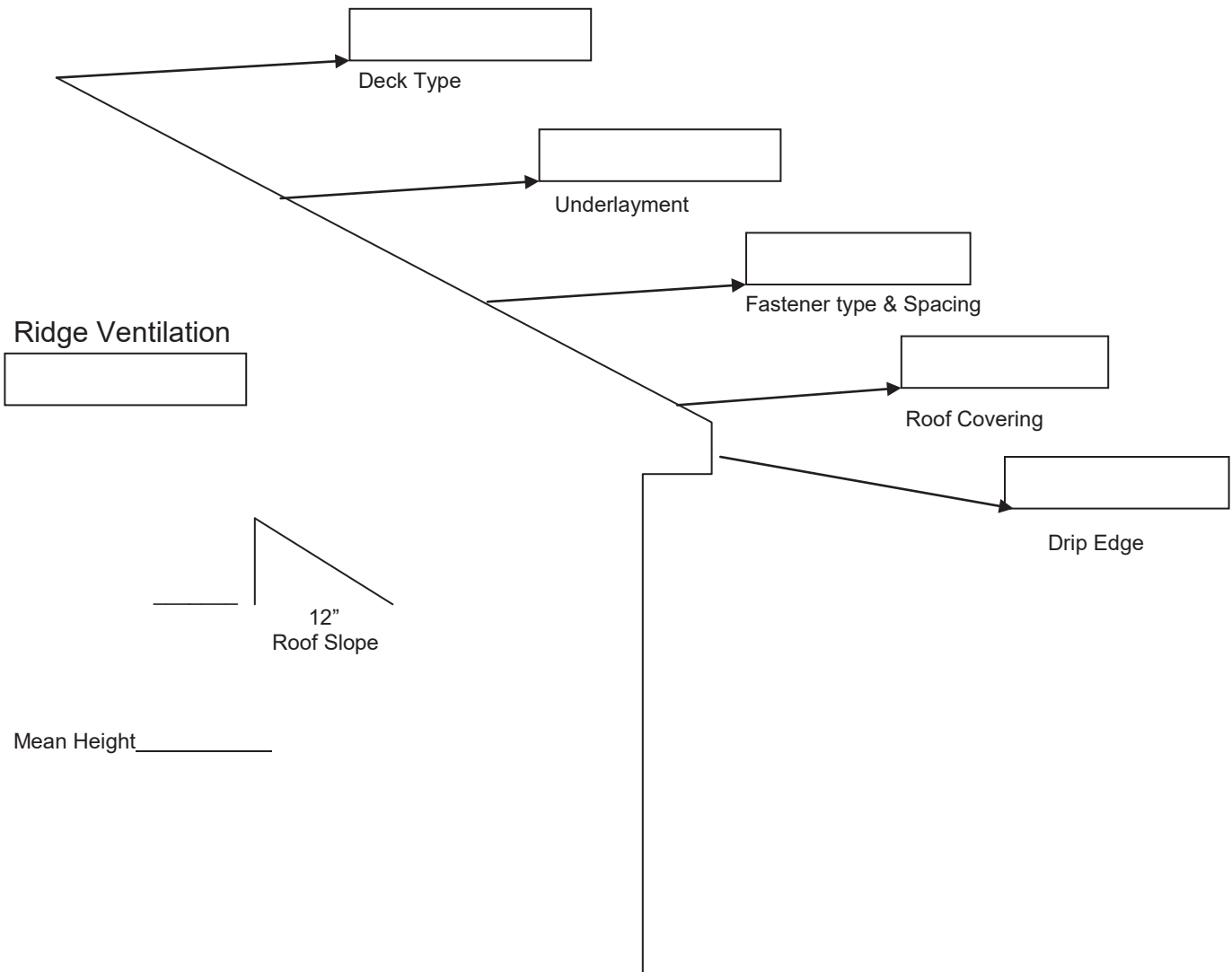
ROOF TYPE

___ New ___ Re-roofing ___ Recovering ___ Repair

Exposure category _____

Building Classification Category _____

SLOPED SYSTEM DESCRIPTION



This permit is issued subject to the following:

SPECIAL PROVISIONS

1. Applicant agrees to repair/replace to pre-permit condition any public property/ waterway or premises used or occupied.
2. Under no circumstances will water be taken from the neighboring property without prior written approval from the property owner.
2. Prior to excavation for driveways, resods, contact the Building Inspection line at 575-3327 to obtain grade elevations, etc.
3. Contact BUILDING DIVISION prior to installing boatlift pilings/pouring elevvert/davit pads.

GENERAL PROVISIONS

1. City Police, Fire, and the Public Works Departments will be notified when streets are closed and opened, or when excavations are made in paved areas.
2. Provisions will be made for the accommodation and convenience of traffic. If all or a portion of a street or roadway is to be temporarily blocked by the Contractor's work, a traffic maintenance plan must be approved by the City Engineering Division prior to start of work.
3. Fire Hydrants will be left accessible at all times.
4. Provisions will be made for the continuous operation of all pipes, ducts, and other lines.
5. An approved Contractor will make necessary pavement repairs under the direct supervision of the City Engineering Division and/or Public Works Department.
6. All work, equipment, and materials will be properly barricaded and lighted and watchmen/flagmen employed where necessary.
7. Stormwater facilities will be kept open for the flow of water and soil erosion protection devices maintained.
8. No excavations in public rights-of-way or easements dedicated to the public will be made without prior approval from the City Public Works Department and/or Building Division.
9. No structures will be placed in public waterways without prior approval of the City Building Division. Dredging and/or excavating in public waterways are prohibited unless approved by the City Public Works Department and/or Building Division.
10. Permitted construction, when approved by a variance, or special permit approved by City Council, will be subject to time constraints and limitations imposed by the City Council.
11. No excavations are allowed within thirty inches (30") of the edge of the pavement.
12. Utilities must be buried a minimum of twenty-four inches (24") in the ground and thirty inches (30") under paved areas.
13. A copy of the construction plans must be attached to the permit.
14. All work will be conducted in such a manner as to interfere as little as possible with public safety and convenience.
15. Both public and private property, and public waterways, of whatever nature, occupied or affected hereunder, will be maintained and preserved from injury during the operations and cleaned and restored to its original condition upon completion or cessation of the work.
16. Locations and elevations furnished by the Applicant for improvements in the public rights-of-way, waterways and easement areas, as approved by the City Building Division, will be reasonably permanent; but are subject to revision wherever required by changing conditions; and the right is reserved to require the owner or owners of such property to make, at their own expense, such changes, alterations or replacements as may from time-to-time be necessary in order to adapt them to the changed conditions.
17. All suits, actions or claims of whatever nature which may arise, occasioned whether directly or indirectly by the work permitted or the special privileges granted hereunder, shall be assumed by the Applicant; and the City Council and all its officers, agents, and employees, shall be indemnified and saved harmless therefrom.
18. The City Building Division reserves the right to revoke this PERMIT without other formality than that of notifying Applicant of revocation.

I have read and agree to the above provisions.

Signature Contractor/Authorized Agent

Date Signed

Printed Name

**CITY OF PUNTA GORDA
BUILDING DEPARTMENT
RESIDENTIAL 1 & 2 FAMILY DATA SUMMARY**

RESIDENTIAL DATA SUMMARY WORKSHEET

This form shall be completed and submitted with Application Documents

Owners Name _____ Project Address _____
 _____ Design Professional _____
 _____ Phone _____ Fax _____ Contractor
 _____ Phone _____ Fax _____

Applicable Codes

Building Code Florida Building Code 2020 Residential Volume
 Mechanical Code Florida Building Code 2020 Residential Volume
 Plumbing Code Florida Building Code 2020 Residential Volume
 Electrical Code NFPA 70 / NEC 2017
 Accessibility Code Florida Building Code FACBC 2020
 Energy Code Florida Building Code Residential Energy Efficiency 2020

Manufacturer / FL Product Approval / NOA #

Doors / SGD _____
 Windows _____
 Overhead Doors _____
 Mitered Glass _____
 Shutters _____
 Roof Coverings _____
 Soffit _____
 Sentricon Bait _____

Method of Design per R301 / Residential Volume			
_____ AF&PA(WFCM)	_____ ASCE 7 - 10	_____ AISI(COFS/PM)	_____ ICC 600
_____ MAF Guide	Other _____		
_____ FBC 2014 / Residential Volume			
Construction Type	IV	V	(circle one) Other _____
Basic Wind Speed _____ m.p.h.	R301.2 (4)		
Risk Category _____			
Wind Debris Area Yes No	Exposure B C or D (circle one)		
Internal Pressure Coefficient _____			
Structural Forces	Section R301.4 / R301.5 / R301.6		
Floor Design	Live Load _____	p.s.f	
	Dead Load _____	p.s.f	
Roof Design	Live Load _____	p.s.f	
	Dead Load _____	p.s.f	
WINDOW & DOOR WIND PRESSURE DESIGN LOADING			
Windows _____	psf		
Doors _____	psf		
Garage Doors _____	psf		
Please Show Design Pressure for Worst Case ONLY			
Components and Cladding Design Pressures:		Mean Roof Height _____ ft	
Z1 _____	p.s.f.	Z3 _____	p.s.f.
Z2 _____	p.s.f.	Z4 _____	p.s.f.
		Z5 _____	p.s.f.
		a= edge distance _____	
Type of Protection:		Area Tabulation	
Shutter	Impact	(circle one)	
Misc. Notes:		Living	sf / Conditioned Space
		Garage	sf
		Lanai	sf
		Entry	sf
		Storage	sf
		Other	sf
		Total square footage	

I certify to the best of my knowledge and belief, these plans and specifications have been designed to comply with the structural portion of the Building Code for wind and gravity loads as amended and enforced by the permitting jurisdiction.

Signature _____
 Architect / Engineer

Date _____

**SEWER TEST
CONTRACTOR AFFIDAVIT**

**FLORIDA PLUMBING CODE
SECTION 312 TESTS AND INSPECTIONS**

Sewer tests shall be provided by the licensed plumbing contractor. It shall be verified by an affidavit at time of sewer connection and posted on the job site inspection board.

Job Address: _____

Plumbing Contractor: _____

Telephone Number: _____

Property Owner: _____

City Certificate of Competency Number: _____

License Type: _____

I, as the qualified plumbing contractor with permit # _____
have tested the gravity sewer to conform to FPC Section 312.

Date of Test: _____

Start Time of Test: _____

Finish Time of Test _____

Signature of Contractor

Date Signed



TEMPORARY ELECTRICAL SERVICE POLICY FOR ONE AND TWO FAMILY DWELLINGS

To obtain an exterior “Standard Temporary Electric Service Pole”, the electrical contractor must obtain the main electrical permit. The temporary pole is included in this permit.

If you wish to install interior “Temporary/Permanent Electrical Service – (TUG)” in a one or two family dwelling, the following requirements must be met:

1. The main electrical permit must be obtained.
2. A notarized “Hold Harmless” letter signed by the General Contractor and the Electrical Contractor must be submitted.
3. A separate notarized “Owner Hold Harmless” letter, signed by the homeowner, stating that they will not move any furniture and/or personal belongings into the structure, and that the structure will not be occupied until a Certificate of Occupancy is issued, must also be submitted.
4. The fee for this type of service is fifty dollars (\$50.00), payable upon submittal of both “Hold Harmless” letters.
5. The service must be completely built, wired and all grounding and bonding completed.
6. The interior branch circuit panel shall be protected from the weather by a method acceptable to the Building Division of Code Compliance.
7. The branch circuit panel must be installed on a solid wall that is an integral part of the structure.
8. For purposes of construction only, a maximum of two (2) GFCI protected duplex receptacle outlets may be wired into this panel.
9. No other circuit breakers shall be installed until the electrical trim is 100% complete.

TEMPORARY ELECTRICAL SERVICE POLICY (CON'T)

10. A bold letter sign must be affixed to panel and/or any associated main disconnect, reading as follows:

“ENERGIZED...QUALIFIED PERSONNEL ONLY!”

11. The panel cover must be in place at all times.
12. After **ALL** of these requirements are satisfied, call the Building Department at (941) 575-3327, for a temporary/permanent power inspection.

**IF, AT ANY TIME, POWER IS BEING USED IN AN UNSAFE MANNER, OR
ANY ONE OF THE REQUIREMENTS OF THIS AGREEMENT IS VIOLATED,
THE POWER SHALL BE DISCONNECTED IMMEDIATELY!**

**CITY OF PUNTA GORDA
TEMPORARY ELECTRICAL SERVICE FOR ONE AND TWO FAMILY DWELLINGS**

VALID BUILDING PERMIT(S) MUST BE IN PLACE BEFORE THIS AFFIDAVIT IS APPLICABLE

Date

We, _____, General Contractor and qualifier for _____
_____, and _____

Electrical Contractor and qualifier for _____

hereby request that a temporary electrical power release be considered at: _____
_____.

If at any time this temporary power is being used in an unsafe manner, or any one of the requirements of the Temporary Electrical Service policy have been violated, the power shall be disconnected immediately.

We understand that we will not hold the City of Punta Gorda, or it's employees, responsible for any damages that might arise as a result of this action.

Signature-General Contractor

Sworn to and subscribed before me this ____ day of _____, 2____.

(SEAL)

Notary Public Signature

Signature-Electrical Contractor

Sworn to and subscribed before me this ____ day of _____, 2____.

(SEAL)

Notary Public Signature

**CITY OF PUNTA GORDA
OWNER'S HOLD HARMLESS AFFIDAVIT**

VALID BUILDING PERMIT(S) MUST BE IN PLACE BEFORE THIS AFFIDAVIT IS APPLICABLE

I, _____, owner of property located at Block _____,
Lot _____, Section _____, also known as _____
will not occupy this dwelling, and I further state that I will not move furniture or any
personal belongings into the above described property, prior to the City of Punta Gorda's
issuance of a Certificate of Occupancy.

I understand that I will not hold the City of Punta Gorda, or it's employees responsible for any
damages that might arise as a result of this action.

Property Owner's Signature

Date Signed

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
2 _____, by _____, who is personally known to me, or
who has produced _____ as identification.

Notary Public Signature

(SEAL)



**CITY OF PUNTA GORDA
CHANGE OF SUBCONTRACTOR NOTICE
1 & 2 FAMILY DWELLINGS**

PERMIT # _____

JOB ADDRESS _____

I, _____, qualifier for _____,
Qualifier's Name Company Name

have changed _____ subcontractors.
(Type of Work)

From: _____ City Cert. # _____

To: _____ City Cert. # _____

as of _____ for the above referenced job.
Date

Qualifier's Signature



REQUEST FORM

DATE SUBMITTED _____

PERMIT # _____ - _____

JOB ADDRESS _____

CONTRACTOR NAME _____

CONTACT TELEPHONE NUMBER (**REQUIRED**) () - _____

PLEASE CHECK ONE OF THE FOLLOWING:

1. PLANS CHANGE-STRUCTURAL/SEALED. BRIEF SUMMARY OF CHANGE(S)

2. PLANS CHANGE-NON STRUCTURAL. BRIEF SUMMARY OF CHANGE(S)

3. FIRE _____

4. ZONING _____

5. OTHER. DESCRIPTION:

_____ REJECTED BY _____

_____ APPROVED BY _____

AMOUNT DUE: \$ _____

IDENTIFY ALL PAPERWORK

Any and all paperwork delivered to the City of Punta Gorda Building Department must be identified. This identification is to include the **CORRECT** permit number, job address, and phase and/or building number, if applicable. Your attention is appreciated in this matter.