



**CITY OF PUNTA GORDA
NEW CONSTRUCTION PACKAGE
FOR
MULTI FAMILY AND
COMMERCIAL WORK**





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.

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.

ONE WEEK before **TIE BEAM** inspection is **REQUESTED**, a sealed finish floor elevation survey, with front, side and rear setbacks, must be submitted along with **2** sets of Truss Engineering drawings, **2** copies of the final truss layouts, and a sealed letter from the architect/engineer stating he has reviewed the drawings. **ALL** of the above must be submitted to our office and **APPROVED** before requesting a tie beam inspection. The sealed letter must be on the job site for 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** Elevation Certificate (FEMA) is required **3 Working days** before scheduling final inspections.

Termite Protection Certificate of Compliance from pest control company (**FL Building Code 1816.1.7 and 320.1**) required **3 working days** before scheduling final inspections.

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 new construction, additions and some renovations, there may be a Radon Tax of ½ cent per square foot and a State Certification fee of ½ cent per square foot.

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 ext 1**.

CITY OF PUNTA GORDA BUILDING PERMIT CHECKLIST

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

Reversed plans are not accepted.

MULTI – FAMILY & COMMERCIAL

1. Building permit application completely filled out and signed by QUALIFIER only. Be sure to include telephone and fax numbers, and the e-mail address
2. Line and Grade application (on the reverse side of the permit application), filled out and signed by the qualifier.
3. Certified copy of the Notice of Commencement.
4. County Impact Fee Affidavit with notarized signature.
5. Sub-contractors List
6. Roofing System Sheet.
7. Provisions affidavit
8. 4 Sets of sealed surveys.
9. 4 Sets of plot plans, if not part of the original drawings.
10. 2 Sets of Thermal Energy Calculations with input data summary sheets.
11. 6 Sets of completed drawings, sealed by a Structural Engineer or an Architect.
 - a. ****If you wish to receive 2 sets of plans back, submit 5 sets, including additional survey, plot plan, truss layout and energy calculation.****
12. 2 Sets of complete truss layouts from truss manufacturer approved by the architect/engineer of record.
13. DRC number and copy of letter showing approval – Upon, request, Building staff will perform a preliminary plan review, with civils, during the DRC process
14. Commercial Data Summary Checklist.
15. Warranty Deed (If applicable).
16. Electric, Mechanical and Plumbing plans if applicable.

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"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL, DESCRIBE				
<input type="checkbox"/> SINGLE FAMILY								
DESCRIPTION OF WORK – SPECIFICALLY:								
NOTICE OF COMMENCEMENT:			VALUATION OF WORK:					
SETBACK: LEFT	RIGHT	FRONT	REAR	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			
			CONTRACTOR (QUALIFIER) SIGNATURE		DATE	PLANS CHECKED BY:		DATE
			SIGNATURE OF OWNER (IF OWNER/BUILDER)		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
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

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 MULTI FAMILY AND COMMERCIAL WORK**

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		
CABINET INSTALLER		
TRASH HAULING (Name Only)	--	

I HEREBY CERTIFY that all persons who will be performing work in any category for which I have listed my company as the sub-contractor are, at present, on the payroll of my company, and that, for all such persons, social security, income tax, insurance, and all other deductions are being withheld and will continue to be withheld.

 Qualifier's Signature

 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 and who did/did not take an oath.

 Signature Notary Public

(SEAL)

CONTRACTOR NAME: _____

JOB ADDRESS: _____

ROOF CATEGORY

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

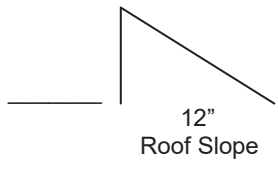
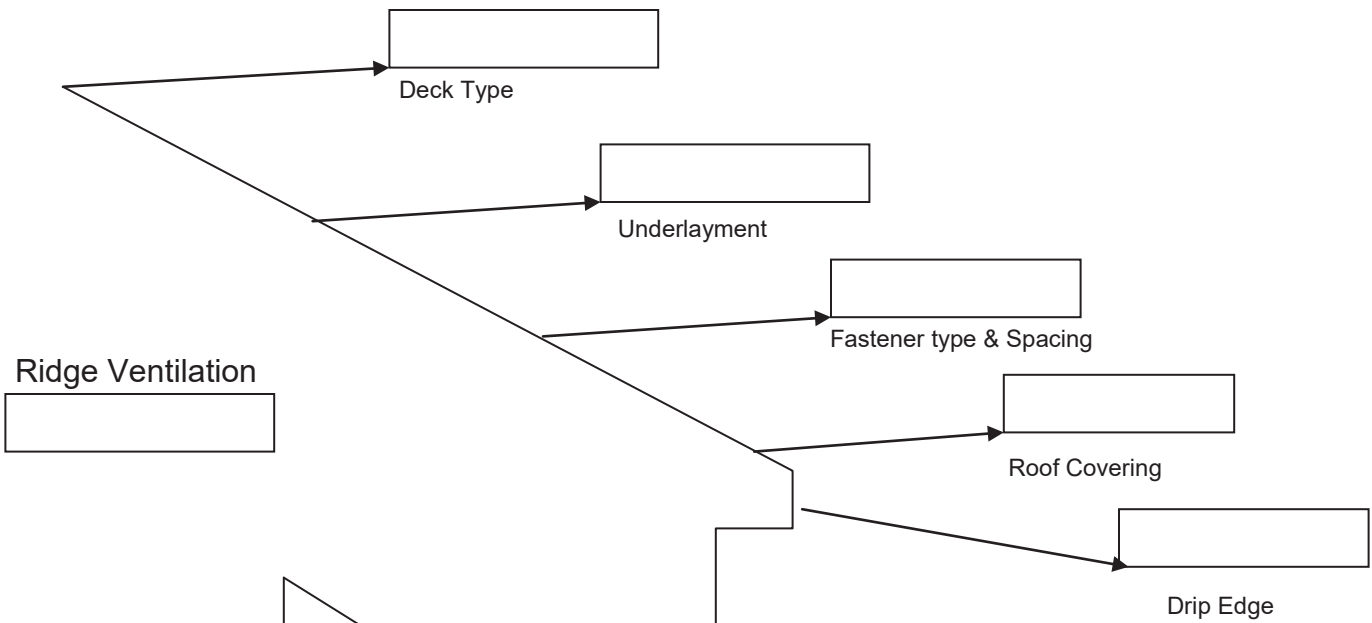
ROOF TYPE

___ New ___ Re-roofing ___ Recovering ___ Repair

Exposure category _____

Building Classification Category _____

SLOPED SYSTEM DESCRIPTION



Mean Height _____

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
326 W. Marion Ave.
Punta Gorda, FL 33950

COMMERCIAL DATA SUMMARY WORKSHEET

This form shall be completed and Submitted with the Application

Owner's Name _____
 Project Address _____
 Design Professional _____ Phone _____ Fax _____
 Contractor _____ Phone _____ Fax _____

Applicable Codes
 Building Code Florida Building Code 2020 Electrical Code NFPA 70 / NEC 2017
 Mechanical Code FBC Building Volume 2020 Accessibility Code FBC Building Volume 2020
 Plumbing Code FBC Mechanical Volume 2020 Energy Code FBC Building Volume 2020
 FBC Plumbing Volume 2020 Fair Housing Act FBC Building Volume 2020

Product Manufacturers' NOA # for:		Windows:		Doors:		Overhead Door:	
Impact Glass:		Shutters:		Roof Covering:		Other:	
Building Limitations Type of Construction Table 503		Minimum Type of Constr		Occupancy Classification		Flood Zone	
Square Footage per Floor		Allowed		Sprinkler Yes No		1 Hr Protected Yes No	
Area Modifier Section 506		Total					
Actual Building Height		Allowable Height		Mezzanines (section 505)			
Fire Separation Table 602		N S		E W			
Percent of Opening Allowed		N S		E W			
Exterior Wall Rating		N S		E W			
Protected Openings		N S		E W			
Columns		Beams Floor		Roof		Interior Bearing	
Occupant Load Table 1004.1.2		Number of Exits Section 1021		METHOD OF DESIGN PER Chapter 16			
Units of Exit Width Section 1005.3		Travel Distance Section 1016		ASCE 7-10 _____ 1609 _____ Other _____			
Means of Egress Section 1003		Exit Configuration Section 1021		Fully Enclosed _____			
Dead Ends Section 1018.4		Mezzanine Egress Section 505.2		Design Wind Speed _____ m.p.h. (Figure 1609)			
Vertical Openings Section 705.8.5		Exterior Stairways Section 1026		Risk Category _____ Class (Table 1604.5)			
Exit Doors Section 1015		Side hinged Section 716.5.1		Swing		Exposure B C or D (circle one)	
Fire Resistance Table 706.4		Fire Separation Table 508.4		Structural Forces (Section 1606 & 1607)			
Wall Openings Section 706.8		Fire Windows-Doors Section 716		Floor Design Live Load _____ p.s.f.			
Draft Stopping & Fire Blocking Section 718		Fire Partitions Section 709		Dead Load _____ p.s.f.			
Fire Dampers Section 717		Penetrations Section 714		Roof Design Live Load _____ p.s.f.			
Sprinklers Section 903		Standpipes Section 905		Fire alarm Section 907		Section 1609.5 Dead Load _____ p.s.f.	
Plumbing / Fixtures T 403.1		Occupancy Use		Components and Cladding Design Pressures:			
Number of Fixtures		Water Closets Required		M F		Zone 1 _____ P.S.F. Zone 4 _____ P.S.F.	
		Water Closets Provided		M F		Zone 2 _____ P.S.F. Zone 5 _____ P.S.F.	
		Urinals		Required		Edge Strip a = _____	
		Drinking Fountains		Required			
Handicap Accessibility		Restrooms		Building			
Building Valuation		Energy Calcs					
Threshold Inspector (if required)							

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: _____ Date: _____
 Architect/Engineer

**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



**CITY OF PUNTA GORDA
CHANGE OF SUBCONTRACTOR NOTICE
FOR MULTI FAMILY AND COMMERCIAL WORK**

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

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ (name of person acknowledging), who is personally known to me or who
has produced _____ as identification.

Notary Public

(SEAL)



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.