



Punta Gorda

FLORIDA

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

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 **\$5000** or for Air Conditioning over **\$15000**.

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. Inspections can additionally be scheduled on our online permitting website at [Click2Gov Building Permit \(aspgov.com\)](http://Click2Gov_Building_Permit_(aspgov.com)).

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 pgpermittech@cityofpuntafordafl.com. Be sure the seal is visible prior to sending.

AND

2 – 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 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, when applicable, filled out and signed by the qualifier.
3. Certified copy of the Notice of Commencement.
4. Completed Commercial Data Summary Checklist.
5. Sub-contractors List
6. Roofing System Sheet.
7. Provisions affidavit
8. 3 Sets of sealed surveys.
9. 3 Sets of plot plans.
10. 2 Sets of Thermal Energy Calculations with input data summary sheets.
11. 5 Sets of completed drawings, sealed by a Structural Engineer or an Architect.
12. 5 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. County Impact Fee Affidavit with notarized signature.
15. Warranty Deed (If applicable).
16. Electric, Mechanical and Plumbing plans.

CITY OF PUNTA GORDA PERMIT APPLICATION

			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.:	EMAIL ADDRESS:		
ARCHITECT:		ENGINEER:			
USE OF BUILDING:					
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL, DESCRIBE					
<input type="checkbox"/> BUILDING – DESCRIBE BELOW <input type="checkbox"/> CLEAR & FILL <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> SPRINKLER		<input type="checkbox"/> WATERWAY CONSTRUCTION <input type="checkbox"/> RIGHT-OF-WAY CONSTRUCTION <input type="checkbox"/> UTILITIES <input type="checkbox"/> SIGN		<input type="checkbox"/> MODEL HOME <input type="checkbox"/> EVENT/SALE <input type="checkbox"/> GRAND OPENING <input type="checkbox"/> OTHER – DESCRIBE BELOW	
DESCRIPTION OF WORK – SPECIFICALLY:					
			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 STORIES:	CITY IMPACT FEE ASSESSMENT	COUNTY IMPACT FEE ASSESSMENT		RADON TAX	ADDITIONAL FEES
<input type="checkbox"/> D.R.C. # _____ <input type="checkbox"/> VARIANCE # _____		<input type="checkbox"/> SPECIAL EXCEPTION # _____ <input type="checkbox"/> HISTORIC		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 _____		
<p><i>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.</i></p>					
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____					

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	Florida Building Code 2023	Electrical Code	NFPA 70 / NEC 2020
Building Code	FBC Building Volume 2023	Accessibility Code	FBC Building Volume 2023
Mechanical Code	FBC Mechanical Volume 2023	Energy Code	FBC Building Volume 2023
Plumbing Code	FBC Plumbing Volume 2023	Fair Housing Act	FBC Building Volume 2023

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 Area Modifier Section 506	Allowed	Sprinkler Total	Yes No 1 Hr Protected Yes No
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 ASCE 7-10 _____ 1609 _____ Other _____	
Units of Exit Width Section 1005.3	Travel Distance Section 1016	Fully Enclosed _____	
Means of Egress Section 1003	Exit Configuration Section 1021	Design Wind Speed _____ m.p.h. (Figure 1609)	
Dead Ends Section 1018.4	Mezzanine Egress Section 505.2	Risk Category _____ Class (Table 1604.5)	
Vertical Openings Section 705.8.5	Exterior Stairways Section 1026	Exposure B C or D (circle one)	
Exit Doors Section 1015	Side hinged Section 716.5.1	Swing	
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. Dead Load _____ p.s.f.
Draft Stopping & Fire Blocking Section 718	Fire Partitions Section 709	Roof Design	Live Load _____ p.s.f. Section 1609.5 Dead Load _____ p.s.f.
Fire Dampers Section 717	Penetrations Section 714	Components and Cladding Design Pressures:	
Sprinklers Section 903	Standpipes Section 905	Fire alarm Section 907	Zone 1 _____ P.S.F. Zone 4 _____ P.S.F. Zone 2 _____ P.S.F. Zone 5 _____ P.S.F. Zone 3 _____ P.S.F. Edge Strip a = _____
Plumbing / Fixtures T 403.1	Occupancy Use		
Number of Fixtures	Water Closets Required	M F	Lavs Required M F
	Water Closets Provided	M F	Lavs Provided: M F
	Urinals	Required	Provided
	Drinking Fountains	Required	Provided
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

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** _____



Qualified Sub- Contractors List

Job Address _____ Permit # _____

Company Name _____ Phone # _____

TRADE CATEGORY	CITY CERT. #	COMPANY NAME
AIR CONTIDIONING		
ALUMINUM SOFFIT / FASCIA		
CARPENTRY		
CONCRETE		
DRIVEWAYS		
ELECTRIC		
GLASS/GLAZING		
ICYNENE		
INSULATION		
IRRIGATION		
MASONRY		
PLUMBING		
REFRIDGERATION		
ROOFING		
STEEL ERECTORS		
TRASH HAULER	N/A	
WATER CONDITIONER		



CITY OF PUNTA GORDA

BUILDING OFFICE
326 WEST MARION AVENUE
PUNTA GORDA, FL 33950

(941) 575-3324

FAX: (941) 575-3347

BuildingDept@CityofPuntaGordaFL.com

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)



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 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

Permit Number: _____

County of Charlotte

Tax Folio or Parcel Number: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property** (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available):

2. **General Description of Improvement:** _____

3. **Owner Information:**

a. **Name:** _____

b. **Address:** _____ **City/State/Zip Code:** _____

c. **Interest in Property:** _____

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above): _____

4. **Contractor Information:**

a. **Name:** _____ **Phone Number:** _____

b. **Address:** _____ **City/State/Zip Code:** _____

5. **Surety Information:**

a. **Name:** _____ **Phone Number:** _____

b. **Address:** _____ **City/State/Zip Code:** _____

c. **Bond Amount: \$** _____

6. **Lender Information:**

a. **Name:** _____ **Phone Number:** _____

b. **Address:** _____ **City/State/Zip Code:** _____

7. **Persons 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:**

Name/Address/Phone Number: _____

8. **In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:**

Name/Address/Phone Number: _____

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

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 JOB SITE 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.

Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

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

Printed Name

Company Name and Title

State of _____, County of _____ Sworn to (or affirmed) and subscribed before me, by means of
physical presence or online notarization, this _____ day of _____, 20 _____ by _____,
(name of person making statement)

personally known, or produced identification with type of identification _____.

Signature of Notary Public

Printed or Stamped Commissioned Name of Notary Public

CONTRACTOR NAME: _____

JOB ADDRESS: _____

ROOF CATEGORY

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

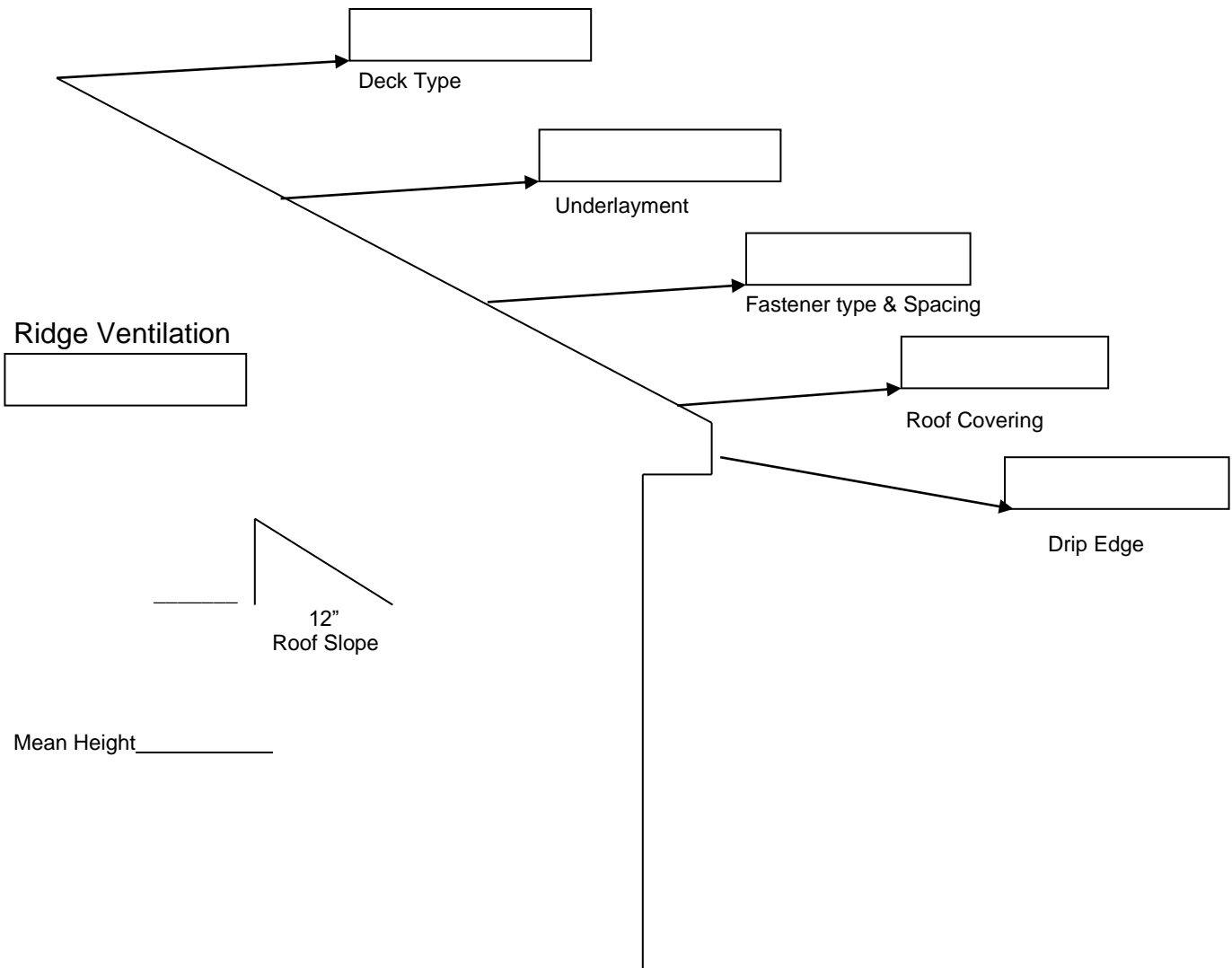
ROOF TYPE

___ 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