

# CITY OF PUNTA GORDA HELENE STORM DAMAGE PERMIT APPLICATION

EMAIL TO: [pgpermittech@cityofpuntagordafl.com](mailto:pgpermittech@cityofpuntagordafl.com)

		CODE:	DATE:	PERMIT#:	
JOB ADDRESS:			UNIT #:	BUILDING #:	PHASE #:
BLOCK:	LOT:	SECTION:	SUBDIVISION:	PROJECT/CONDO NAME	
OWNER NAME:		MAILING ADDRESS	ZIP	PHONE	
IS OWNER ACTING AS OWN CONTRACTOR: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ABOVE, PLEASE COMPLETE AND ATTACHED OWNER BUILDER AFFIDAVIT.					
OWNER EMAIL ADDRESS:					
CONTRACTOR'S BUSINESS NAME:		MAILING ADDRESS	ZIP	PHONE	
CONTRACTOR'S STATE REGISTRATION NO.:		CONTRACTOR'S CITY CERTIFICATE NO.:	EMAIL ADDRESS:		
USE OF BUILDING:		<input type="checkbox"/> SINGLE FAMILY		<input type="checkbox"/> DUPLEX	
		<input type="checkbox"/> MULTI-FAMILY		<input type="checkbox"/> COMMERCIAL, DESCRIBE	
Electric: Is any Electric being added, extended or deleted: <input type="checkbox"/> YES <input type="checkbox"/> NO		Mechanical: Is any Mechanical being added, extended or deleted: <input type="checkbox"/> YES <input type="checkbox"/> NO		If marked YES to Electrical, Plumbing and or Mechanical at Left, please use Standard Building permit Application.	
Plumbing: Is any Plumbing being added, extended or deleted: <input type="checkbox"/> YES <input type="checkbox"/> NO		Cabinets: Are any Kitchen, Bathroom or Laundry room cabinets being replaced: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Electric Subcontractor Name:		State License #:		City Certificate #:	
Plumbing Subcontractor Name:		State License #:		City Certificate #:	
Mechanical Subcontractor Name:		State License#:		City Certificate #:	
DESCRIPTION (SCOPE) OF WORK – SPECIFICALLY:					
TOTAL COST OF WORK, VALUATION OF WORK: \$					
STRUCTURE VALUE PER PROPERTY APPRAISER:	VALUATION % OF STRUCTURE VALUE:	IF GREATER THAN 25%, FEMA WORK SHEETS REQUIRED.	PLEASE INCLUDE A FLOOR PLAN SKETCH OF STRUCTURE AND INDICATE WORK AREA ON REVERSE	Square Foot of Work Area:	TOTAL SQUARE FOOT OF LIVING:
ARE ANY EXTERIOR SIDING, WINDOWS OR DOORS BEING REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO		IS STRUCTURE LISTED AS HISTORICAL		FLOOD ZONE	
IF YES, PLEASE USE STANDARD BUILDING PERMIT APPLICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO			
SPECIAL CONDITIONS:					
PERMIT FEE:			TOTAL ALL FEES:		

<p><b>NOTICE</b> 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>_____ DATE _____</p> <p>CONTRACTOR (QUALIFIER) SIGNATURE</p> <p>_____ DATE _____</p> <p>SIGNATURE OF OWNER (IF OWNER/BUILDER)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">OFFICE USE ONLY:</td> </tr> <tr> <td style="width: 80%;">ACCEPTED BY:</td> <td style="width: 20%;">DATE:</td> </tr> <tr> <td>APPROVED FOR ISSUANCE BLDG:</td> <td>DATE</td> </tr> <tr> <td>SPECIAL APPROVALS:</td> <td>DATE</td> </tr> <tr> <td>APPROVED R.O.W. CONST.:</td> <td>DATE</td> </tr> <tr> <td>APPROVED FIRE DEPT.:</td> <td>DATE</td> </tr> <tr> <td>APPROVED ZONING:</td> <td>DATE</td> </tr> <tr> <td>APPROVED HISTORIC:</td> <td>DATE</td> </tr> </table>	OFFICE USE ONLY:		ACCEPTED 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
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<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>																	
<p>PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____</p>																	

PLEASE PROVIDE FLOOR PLAN SKETCH BELOW