

# CITY OF PUNTA GORDA ROOF PERMIT APPLICATION

EMAIL TO: [pgpermittech@cityofpuntagordaf1.com](mailto:pgpermittech@cityofpuntagordaf1.com)

LOCATION ID:		CODE:		DATE:		PERMIT#:	
JOB ADDRESS:				UNIT #:		BLDG #:	PHASE#
BLOCK:		LOT:	SECTION:	SUBDIVISION:		PROJECT/CONDO NAME:	
OWNER NAME:			MAILING ADDRESS:			ZIP:	

OWNER EMAIL ADDRESS: \_\_\_\_\_ OWNER'S PHONE NUMBER: (REQUIRED) \_\_\_\_\_

IS OWNER ACTING AS OWN CONTRACTOR?:  YES  NO IF YES, PLEASE COMPLETE AND SUBMIT OWNER BUILDER AFFIDAVIT TO THE BLDG DEPT.

CONTRACTORS BUSINESS NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR'S STATE REGISTRATION NO.: \_\_\_\_\_ CITY CERTIFICATE NO.: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

USE OF BUILDING:  SINGLE FAMILY  DUPLEX  MULTI-FAMILY COMMERCIAL, DESCRIBE \_\_\_\_\_

### NOA's, F.L.#/ PRODUCT APPROVALS:

UNDERLAYMENT/ VENTS	ROOF COVERING/ SKYLIGHTS	OTHER
NOA# / FL#: _____	NOA# / FL#: _____	NOA# / FL#: _____
EXPIRATION DATE: _____	EXPIRATION DATE: _____	EXPIRATION DATE: _____
NOA# / FL#: _____	NOA# / FL#: _____	NOA# / FL#: _____
EXPIRATION DATE: _____	EXPIRATION DATE: _____	EXPIRATION DATE: _____

\*MUST BE IN COMPLIANCE WITH CURRENT FBC

DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY:  
\_\_\_\_\_  
\_\_\_\_\_

HURRICANE DAMAGE:  YES  NO VALUATION OF WORK \$ \_\_\_\_\_

**NOTICE:** This permit becomes null and void if work or construction authorized in 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.

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. PRINTED COPY OF PERMIT PRODUCT APPROVALS MUST BE POSTED ON JOB SITE FOR INSPECTIONS.

\_\_\_\_\_  
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 THE OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.

**CITY OF PUNTA GORDA**  
**ROOF PERMIT APPLICATION**  
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**BELOW FOR OFFICE USE ONLY**

PERMIT FEE: \$ _____ TOTAL ALL FEES: \$ _____				PERMIT # _____	
				APPROVED ZONING: _____	
DATE: _____					
<b>IS STRUCTURE LISTED AS HISTORICAL?:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ANY OPEN PERMITS?:</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>OPEN PERMITS LISTED BELOW:</b> <hr/> <hr/> <hr/>		<b>APPROVED HISTORIC:</b>  DATE: _____	
				<b>APPROVED FLOOD:</b>  DATE: _____	
<b>LIKE FOR LIKE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FLOOD ZONE:</b>  	<b>SQUARE FOOT OF WORK AREA:</b>  	<b>STRUCTURE VALUE PER PROPERTY APPRAISER:</b>  	<b>VALUATION % OF STRUCTURE VALUE:</b>  	[REDACTED]
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____					

**IF GREATER THAN 35%, FEMA WORK SHEETS REQUIRED.**

CERTIFIED JUST VALUE	LAND VALUE	PERCENTAGE	TOTAL %