

CITY OF PUNTA GORDA
SHUTTERS PERMIT APPLICATION
 EMAIL TO: pgpermittech@cityofpuntagordaf1.com

LOCATION ID:		CODE:		DATE:		PERMIT#:	
JOB ADDRESS:				UNIT #:		BLDG #:	
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:		CONTRACTORS PHONE NO.:	
CONTRACTOR'S STATE REGISTRATION NO.:		CITY CERTIFICATE NO.:		EMAIL ADDRESS:	
ELECTRIC SUB-CONTRACTOR'S STATE REGISTRATION NO.:		CITY CERTIFICATE NO.:		EMAIL ADDRESS:	
USE OF BUILDING: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY				COMMERCIAL, DESCRIBE _____	

PLEASE PROVIDE FOOT PRINT OF BUILDING INDICATING LOCATION OF SHUTTERS BEING REPLACED.

TYPE	FL# OR NOA#	EXPIRATION DATE	IMPACT RESISTANT?	AFFECTED OPENING NUMBER(S) ON THE FLOOR PLAN
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FL# OR <input type="checkbox"/> NOA#			<input type="checkbox"/> YES <input type="checkbox"/> NO	

IS ELECTRIC REQUIRED? YES NO IF YES TO ELECTRIC, PLEASE LIST ELECTRIC SUB IN THE FIELD ABOVE

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.

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BELOW FOR OFFICE USE ONLY

PERMIT FEE: \$ _____		TOTAL ALL FEES: \$ _____		PERMIT # _____	
IS STRUCTURE LISTED AS HISTORICAL?: <input type="checkbox"/> YES <input type="checkbox"/> NO		ANY OPEN PERMITS?: <input type="checkbox"/> YES <input type="checkbox"/> NO		APPROVED ZONING: _____	
FLOOD ZONE:		STRUCTURE VALUE PER PROPERTY APPRAISER:		APPROVED HISTORIC: _____	
		VALUATION % OF STRUCTURE VALUE:		DATE: _____	
				APPROVED BUILDING: _____	
				DATE: _____	
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____					

CERTIFIED JUST VALUE	LAND VALUE	DIFFERENCE	TOTAL %

IF GREATER THAN 35%, FEMA WORK SHEETS REQUIRED.