

# CITY OF PUNTA GORDA WINDOW/DOOR/GARAGE OVERHEAD DOOR 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

## FOR EXTERIOR WINDOWS / DOORS / GARAGE OVERHEAD DOORS & STOREFRONTS NOTE: SIZE FOR SIZE ONLY

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	

### PLEASE PROVIDE FOOT PRINT OF BUILDING INDICATING LOCATION OF OPENINGS BEING REPLACED.

Select one of the following: (compliance with tables R301.2(2) and R301.2(3) of the 8th Edition (2023) FL Building Code)

- Provide Individual Calculations
- Provide Individual Engineering
- Comply with following Window & Door Pressure Calculations (only for window replacements <=60ft high)

HOUSE HEIGHT	150 WIND EXP B	160 WIND EXP B	160 WIND EXP D	170 WIND EXP D
HOUSE <30'	+24.3	+27.6	+45.9	+56.2
	-32.5	-37	-61.4	-71.7
HOUSE 30' - 45'	+27.2	+30.9	+49.2	+61.3
HOUSE 45' - 60'	+29.6	+33.7	+51.7	+64.4
	-36.6	-45.1	-69.2	-80.7

**CITY OF PUNTA GORDA**  
**WINDOW/DOOR/GARAGE OVERHEAD DOOR PERMIT APPLICATION**  
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DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY:

HURRICANE DAMAGE:  YES  NO

VALUATION OF WORK \$ \_\_\_\_\_

**NOTICE:** 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.

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.

**BELOW FOR OFFICE USE ONLY**

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

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

CERTIFIED JUST VALUE	LAND VALUE	DIFFERENCE	TOTAL %