

CITY OF PUNTA GORDA
PLUMBING PERMIT APPLICATION
EMAIL TO: pgpermittech@cityofpuntagordafl.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
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IS ELECTRIC REQUIRED?: ☐ YES ☐ NO IF YES, PLEASE INDICATE SUBS BELOW



ELECTRICAL SUBCONTRACTOR:	STATE LICENSE#:	CITY CERT.#:
_____	_____	_____

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 AND PLANS MUST BE POSTED ON JOB SITE FOR INSPECTIONS.

CONTRACTOR/QUALIFIER SIGNATURE _____	DATE _____	SIGNATURE OF OWNER (IF OWNER/BUILDER) _____	DATE _____
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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.

PERMIT FEE: \$ _____ TOTAL ALL FEES: \$ _____		APPROVED BUILDING:	DATE:
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