CITY OF PUNTA GORDA DEMOLITION PERMIT APPLICATION

EMAIL TO: pgpermittech@cityofpuntagordafl.com

LOCATION		LOCATION ID:	C	CODE:	DAT	DATE:		PERMIT#:		
JOB ADDRESS:						# :	BLDG #:		PHASE#	
BLOCK:	LOT:		SECTION:	SUBDIVISION:	PR	PROJECT/CONDO NAME:			1	
DWNER NAME: MAILING ADDRESS:							ZIP:			
DWNER EMAIL ADDRESS: 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				
DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY:										
HURRICANE DAMAGE: YES ND VALUATION OF WORK \$										
PERMIT APPLICANT SHALL CONTACT THE FOLLOWING AND PROVIDE PROOF OF COMPLETION TO THE OFFICE:										
1. Punta Gorda Billing & Collection 941-639-2528 to disconnect water line, sewar line and seal.										
Call 941-575-3327 to hav approve Final Inspection w		•		and capped. It must be left ex	kposed L	until the inspection	ı has passe	ed. The Bu	uilding Division will not	
2. Florida Power & Light, gas, telephone and cable companies as applicable for disconnect. For City Utility questions call 941-575-5088 .										
3. Punta Gorda Urban Design 941-575-3372 for possible historic designation.										
4. The Department of Environmental Protection, per State and Federal Laws.										
Final Inspection must be called in by applicant 941-575-3327 after demolition and land reclamation, including seeding and sodding.										

*Application Submittal. Every application for a demolition permit shall be submitted to the City and be accompanied by plans in duplicate, drawn to scale, showing actual shape and dimensions of the lot upon which the demolition is to take place; the exact location, size, elevation and height of any building or structure to be removed or demolished; the existing and intended use of each building or structure or part thereof; the number of families or housekeeping units the building is designed to accommodate; and, such other information required by the Zoning Official with regard to the lot and neighboring lots as may be necessary for the enforcement of this Ordinance.

STATE ASBESTOS NOTIFICATION REQUIRED

For all Building permits (demolitions and renovations): Federal and State laws requires the owner and operator to submit a notice to the Department of Environmental Protection (DEP) Form 62-257.900(1) prior to the removal of asbestos products and/or the demolition of a structure. For more information contact DEP at (239) 332-6975

City Ordinance: Chapter 26 ; Section 16.5 (b)

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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 APPLICATON 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 GRANTINGOF 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 SIGNATURE OF OWNER (IF OWNER/BUILDER) CONTRACTOR/QUALIFIER SIGNATURE 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 APPLICANTT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION. **BELOW FOR OFFICE USE ONLY** PERMIT # PERMIT FEE: \$ TOTAL ALL FEES: \$ APPROVED ZONING.: DATE: APPROVED HISTORIC: DATE: IS STRUCTURE LISTED AS ANY OPEN PERMITS?: HISTORICAL?: NO YES NO **OPEN PERMITS** LISTED TO RIGHT: PERMIT VALIDATION CK# RECEIPT: DATE: