



**CITY OF PUNTA GORDA  
NEW CONSTRUCTION PACKAGE  
FOR  
MULTI-FAMILY & COMMERCIAL**

## BUILDING DEPARTMENT INFORMATION

### GENERAL

In order to work in the City of Punta Gorda, **ALL** contractors and **ALL** subcontractors must first obtain a City of Punta Gorda Certificate of Competency.

Anyone can pick up or drop off permits, however, the **Qualifier** must sign all permit applications. Stamped or photocopies of the qualifier's signature **are not** acceptable.

A **CERTIFIED COPY** of the Notice of Commencement **MUST** be submitted with any permit application with a job valuation over **\$5000** or for Air Conditioning over **\$15000**.

### INSPECTIONS

To schedule an inspection you must have the permit number and job address. Call the inspection(s) on the Building Department's inspection line at **(941) 575-3327**. Leave your name, permit number, job address, inspection type, and either AM or PM inspection. Inspections called **before 6:00 AM** will be scheduled on the current working day. Any inspection called **after 6:00 AM** will be scheduled on the next working day.

Inspections can additionally be scheduled on our online permitting website at

[Click2Gov Building Permit \(asp.gov.com\)](http://Click2Gov_Building_Permit(asp.gov.com)).

Please note that times of inspections could be changed at our department's discretion. Failure to provide required information may prevent your inspection from being scheduled.

Prior to the **Footer/Slab** inspection on Commercial or Multi-Family projects, a compaction test must be submitted to this office and **approved** or the inspection cannot be scheduled.

#### **Required one week prior to tie beam inspection:**

1 – A sealed finish floor elevation survey (with front, side and rear setbacks). This document may be faxed to 941.575.3347 or e-mailed to [pgpermittech@cityofpuntagordafl.com](mailto:pgpermittech@cityofpuntagordafl.com) Be sure the seal is visible prior to sending.

#### **AND**

2 – If there are changes to the original truss layouts, two sets of truss engineering drawings and sealed letters from the architect/engineer stating he/she has reviewed the drawings and has listed the changes.

**The submitted/approved sealed letter must be on the job site for the tie beam inspection, the truss engineering must be on the job site for the framing inspection.**

**Re-inspections** can be scheduled before paying the fee(s), but **ALL** fees must be paid before you can schedule final inspection(s).

A **Sealed** Finished Construction Elevation Certificate (FEMA) is required must be submitted and approved prior to issuance of the Certificate of Occupancy (CO).

Termite Protection Certificate of Compliance from pest control company (**FL Building Code 1816.1.7 and 320.1**) is required and must be submitted and approved prior to the issuance of the CO.

## **FEES**

Refer to the enclosed Permit Fee Schedule for specific costs.

Permit fees for new construction are based on job valuation. There is a base fee of \$50.00 plus \$7.00 per each \$1000.00 of valuation.

The valuation for a new single family residence is based on the current (at time of application) International Building Code construction costs data.

For all Building permits, a surcharge of .015 of the permit fee is charged by the Florida Dept. of Business and Professional Regulation. This fee must be paid at permit issue.

For all Building permits, a surcharge of .015 of the permit fee is charged by the Florida Dept. of Community Affairs. This fee must be paid at permit issue.

Impact fee information, can be obtained by contacting the Zoning Division at **(941) 575-3314** or **(941) 575-3363**. The Building Division does not perform the calculations on impact fees.

If you have any questions please call the Building Department at **941-575-3324**



**CITY OF PUNTA GORDA  
BUILDING PERMIT CHECKLIST**

**All drawings must be drawn to scale with sufficient clarity and detail.**

**Reversed plans are not accepted.**

**MULTI – FAMILY & COMMERCIAL**

1. Building permit application completely filled out and signed by QUALIFIER only. Be sure to include telephone and fax numbers, and the e-mail address
2. Line and Grade application, when applicable, filled out and signed by the qualifier.
3. Certified copy of the Notice of Commencement.
4. Completed Commercial Data Summary Checklist.
5. Sub-contractors List
6. Roofing System Sheet.
7. Provisions affidavit
8. 3 Sets of sealed surveys.
9. 3 Sets of plot plans.
10. 2 Sets of Thermal Energy Calculations with input data summary sheets.
11. 5 Sets of completed drawings, sealed by a Structural Engineer or an Architect.
12. 5 Sets of complete truss layouts from truss manufacturer approved by the architect/engineer of record.
13. DRC number and copy of letter showing approval – upon request, Building staff will perform a preliminary plan review, with civils, during the DRC process.
14. County Impact Fee Affidavit with notarized signature.
15. Warranty Deed (If applicable).
16. Electric, Mechanical and Plumbing plans.

# CITY OF PUNTA GORDA PERMIT APPLICATION

			CODE		DATE:		PERMIT#:		
JOB ADDRESS:					UNIT #:		BUILDING #:		
							PHASE #:		
BLOCK:			LOT:		SECTION:		SUBDIVISION:		
							PROJECT/CONDO NAME		
OWNER NAME:			MAILING ADDRESS			ZIP		PHONE	
CONTRACTOR'S BUSINESS NAME:			MAILING ADDRESS			ZIP		PHONE	
CONTRACTOR'S STATE REGISTRATION NO.:			CONTRACTOR'S CITY CERTIFICATE NO.:			EMAIL ADDRESS:			
ARCHITECT:			ENGINEER:						
USE OF BUILDING:									
<input type="checkbox"/> SINGLE FAMILY		<input type="checkbox"/> DUPLEX		<input type="checkbox"/> MULTI-FAMILY		<input type="checkbox"/> COMMERCIAL, DESCRIBE			
<input type="checkbox"/> BUILDING – DESCRIBE BELOW				<input type="checkbox"/> WATERWAY CONSTRUCTION				<input type="checkbox"/> MODEL HOME	
<input type="checkbox"/> CLEAR & FILL				<input type="checkbox"/> RIGHT-OF-WAY CONSTRUCTION				<input type="checkbox"/> EVENT/SALE	
<input type="checkbox"/> MOBILE HOME				<input type="checkbox"/> UTILITIES				<input type="checkbox"/> GRAND OPENING	
<input type="checkbox"/> SPRINKLER				<input type="checkbox"/> SIGN				<input type="checkbox"/> OTHER – DESCRIBE BELOW	
DESCRIPTION OF WORK – SPECIFICALLY:									
					VALUATION OF WORK:				
SETBACK: LEFT		RIGHT		FRONT		REAR		S.F. LIVING	
								S.F. TOTAL	
TYPE OF CONSTRUCTION		NUMBER OF STORIES		ZONING DISTRICT		FLOOD ZONE		FLOOD ELEVATION	
								LOT TYPE	
NUMBER OF STORIES:		CITY IMPACT FEE ASSESSMENT		COUNTY IMPACT FEE ASSESSMENT		RADON TAX		ADDITIONAL FEES	
<input type="checkbox"/> D.R.C. # _____		<input type="checkbox"/> SPECIAL EXCEPTION # _____		PERMIT FEE		TOTAL ALL FEES			
<input type="checkbox"/> VARIANCE # _____		<input type="checkbox"/> HISTORIC							
SPECIAL CONDITIONS:									
<p style="text-align: center;"><b>NOTICE</b></p> <p>Separate permits are required for electrical, plumbing, heating, ventilating, air conditioning, roofing, and lawn sprinklers. 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.</p> <p>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.</p>						ACCEPTED BY:		DATE	
						PLANS CHECKED BY:		DATE	
						APPROVED FOR ISSUANCE BLDG:		DATE	
						SPECIAL APPROVALS:		DATE	
						APPROVED R.O.W. CONST.:		DATE	
						APPROVED FIRE DEPT.:		DATE	
						APPROVED ZONING:		DATE	
						APPROVED HISTORIC:		DATE	
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 HIS OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.									
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____									

## COMMERCIAL DATA SUMMARY WORKSHEET

Owner's Name			
Project Address			
Design Professional		Phone	Fax
Contractor		Phone	Fax

Product Manufacturers' NOA # for:		Windows:		Doors:		Overhead Door:																					
Impact Glass:		Shutters:		Roof Covering:		Other:																					
Building Limitations Type of Construction Table 503			Minimum Type of Constr		Occupancy Classification		Flood Zone																				
Square Footage per Floor			Allowed		Sprinkler      Yes      No		1 Hr Protected      Yes      No																				
Area Modifier Section 506			Total																								
Actual Building Height			Allowable Height		Mezzanines (section 505)																						
Fire Separation Table 602		N	S		E		W																				
Percent of Opening		N	S		E		W																				
Allowed		N	S		E		W																				
Exterior Wall Rating		N	S		E		W																				
Protected Openings		N	S		E		W																				
Columns		Beams		Floor	Roof		Interior Bearing																				
Occupant Load Table 1004.1.2		Number of Exits Section 1021		<b>METHOD OF DESIGN PER Chapter 16</b> ASCE 7-10      1609      Other  Fully Enclosed  Design Wind Speed      m.p.h. (Figure 1609)  Risk Category      Class (Table 1604.5)  Exposure B C or D (circle one)  <b>Structural Forces</b> (Section 1606 & 1607) Floor Design      Live Load      p.s.f. Dead Load      p.s.f. Roof Design      Live Load      p.s.f. Section 1609.5      Dead Load      p.s.f.  <b>Components and Cladding Design Pressures:</b> Zone 1      P.S.F.      Zone 4      P.S.F. Zone 2      P.S.F.      Zone 5      P.S.F. Zone 3      P.S.F.      Edge Strip a =  <table border="1"> <tr> <td></td> <td>Load</td> <td colspan="2">Ration</td> </tr> <tr> <td></td> <td>F</td> <td>Lavs Required</td> <td>M</td> </tr> <tr> <td></td> <td>F</td> <td>Lavs Provided:</td> <td>M</td> </tr> <tr> <td></td> <td>Required</td> <td>Provided</td> <td></td> </tr> <tr> <td></td> <td>Required</td> <td>Provided</td> <td></td> </tr> </table>					Load	Ration			F	Lavs Required	M		F	Lavs Provided:	M		Required	Provided			Required	Provided	
	Load	Ration																									
	F	Lavs Required	M																								
	F	Lavs Provided:	M																								
	Required	Provided																									
	Required	Provided																									
Units of Exit Width Section 1005.3		Travel Distance Section 1016																									
Means of Egress Section 1003		Exit Configuration Section 1021																									
Dead Ends Section 1018.4		Mezzanine Egress Section 505.2																									
Vertical Openings Section 705.8.5		Exterior Stairways Section 1026																									
Exit Doors Section 1015		Side hinged Section 716.5.1	Swing																								
Fire Resistance Table 706.4		Fire Separation Table 508.4																									
Wall Openings Section 706.8		Fire Windows-Doors Section 716																									
Draft Stopping & Fire Blocking Section 718		Fire Partitions Section 709																									
Fire Dampers Section 717		Penetrations Section 714																									
Sprinklers Section 903		Standpipes Section 905	Fire alarm Section 907																								
Plumbing / Fixtures T 403.1			Occupancy Use																								
Number of Fixtures		Water Closets Required		M	F	Lavs Required	M	F																			
		Water Closets Provided		M	F	Lavs Provided:	M	F																			
		Urinals		Required		Provided																					
		Drinking Fountains		Required		Provided																					
Handicap Accessibility		Restrooms		Building																							
Building Valuation				Energy Calcs																							
Threshold Inspector (if required)																											

Seal

**CHARLOTTE COUNTY IMPACT FEES**  
**AREA 103 B PUNTA GORDA**  
(Based on Impact Fees Effective 05/22/98 at 5% Discount)

Contractor/Owner: \_\_\_\_\_

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Pay impact fee at issuance of building permit.

☐ Pay impact fee immediately prior to issuance of the certificate of occupancy for the referenced improvement.

THE UNDERSIGNED hereby represents that authority exists from the owner and contractor to make the representations with reference to land use and election of time of payment.

Print Name of Owner: \_\_\_\_\_

Print Name of Contractor: \_\_\_\_\_

Date \_\_\_\_\_ Owner/Contractor \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

The above election was acknowledged before me by \_\_\_\_\_,  
who is the owner/contractor for the referenced improvement, and who stated under oath that the representations in  
the above election are true and correct.

My Commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Land Use Type:**

Residential: SF / MF / MH / O / Hotel/Motel

Impact Fee \_\_\_\_\_ \* \_\_\_\_\_ Units = \_\_\_\_\_

Commercial: \_\_\_\_\_

Impact Fee \_\_\_\_\_ \* \_\_\_\_\_ Square Feet = \_\_\_\_\_

Commercial: \_\_\_\_\_

Impact Fee \_\_\_\_\_ \* \_\_\_\_\_ Square Feet = \_\_\_\_\_

**Signature**

**Total Due** \$ \_\_\_\_\_ **Receipt Date** \_\_\_\_\_ **Receipt Number** \_\_\_\_\_



CITY OF PUNTA GORDA  
126 HARVEY STREET 2<sup>ND</sup> FLOOR  
PUNTA GORDA, FL 33950  
(941) 575-3324

[pgpermittech@cityofpuntagordafl.com](mailto:pgpermittech@cityofpuntagordafl.com)

## Qualified Sub-Contractors List

Job Address: \_\_\_\_\_

Permit #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*LIST ONE OR MORE OF THE FOLLOWING

TRADE CATEGORY	COMPANY NAME	CITY CERTIFICATE #	QUALIFIER S SIGNATURE
PLUMBING			
ELECTRIC			
MECHANICAL			
ROOFING			

I **HEREBY CERTIFY** that the above names and signatures above are those of the sub-contractors doing work the above job address and that, should I change any of the above I will submit to the City of Punta Gorda Building Department a change of subcontractor notice **prior** to any new subcontractor doing work at said job.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Qualifier's Printed Name

\_\_\_\_\_  
Date Signed

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_ who \_\_\_\_ is personally known to me or who has produced \_\_\_\_\_  
as identification and who **did/ did not** take an oath.

Valid U.S. Gov't I.D. Type

(SEAL)

\_\_\_\_\_  
Signature Notary Public





\*\*\*Must be Submitted in Person with Plans

USE OF BUILDING:	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> MULTI-FAMILY	COMMERCIAL, DESCRIBE
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**LIST ALL REQUIRED PRODUCT APPROVALS BELOW**

[illegible]



CITY OF PUNTA GORDA

BUILDING OFFICE  
326 WEST MARION AVENUE  
PUNTA GORDA, FL 33950  
(941) 575-3324  
FAX: (941) 575-3347  
BuildingDept@CityofPuntaGordaFL.com

I **HEREBY CERTIFY** that all persons who will be performing work in any category for which I have listed my company as the sub-contractor are, at present, on the payroll of my company, and that, for all such persons, social security, income tax, insurance, and all other, deductions are being withheld and will continue to be withheld.

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Date Signed

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or  
who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Signature Notary Public

(SEAL)



## SEWER TEST CONTRACTOR AFFIDAVIT

### FLORIDA PLUMBING CODE SECTION 312 TESTS AND INSPECTIONS

Sewer tests shall be provided by the licensed plumbing contractor. It shall be verified by an affidavit at time of sewer connection and posted on the job site inspection board.

Job Address: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

City Certificate of Competency Number: \_\_\_\_\_

License Type: \_\_\_\_\_

I, as the qualified plumbing contractor with permit # \_\_\_\_\_  
have tested the gravity sewer to conform to FPC Section 312.

Date of Test: \_\_\_\_\_

Start Time of Test: \_\_\_\_\_ Finish Time of Test \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date Signed

# CITY OF PUNTA GORDA LINE & GRADE APPLICATION

						CODE		DATE:		APPLICATION #:	
JOB ADDRESS:								UNIT #:		BUILDING #:	PHASE #:
BLOCK:		LOT:		SECTION:		SUBDIVISION:		PROJECT/CONDO NAME			
OWNER NAME:				MAILING ADDRESS				ZIP	PHONE		
CONTRACTOR'S BUSINESS NAME:				MAILING ADDRESS				ZIP	PHONE		
CONTRACTOR'S STATE REGISTRATION NO.:						CONTRACTOR'S CITY CERTIFICATE NO.:					
USE OF BUILDING: <input type="checkbox"/> SINGLE FAMILY		<input type="checkbox"/> DUPLEX		<input type="checkbox"/> MULTI-FAMILY		<input type="checkbox"/> COMMERCIAL, DESCRIBE					
DESCRIPTION OF WORK – SPECIFICALLY: <b>Line and Grade only</b>											
TYPE OF CONSTRUCTION		ZONING DISTRICT		FLOOD ZONE		FLOOD ELEVATION		LOT TYPE			
Special Conditions:							Line & Grade Fee: <b>\$100.00</b>				
<div style="text-align: center;"><b>NOTICE</b></div> <p>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 THIS APPLICATION 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.</p>  <div>_____ CONTRACTOR (QUALIFIER) SIGNATURE                                  DATE</div> <div>_____ SIGNATURE OF OWNER (IF OWNER/BUILDER)                                  DATE</div>						ACCEPTED BY:		DATE			
						APPROVED BY:		DATE			
VALIDATION CK# _____ RECEIPT: _____ CASH: _____ M/C: _____ VISA: _____ DATE: _____											

## NOTICE OF COMMENCEMENT

State of Florida

Permit Number: \_\_\_\_\_

County of Charlotte

Tax Folio or Parcel Number: \_\_\_\_\_

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property** (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available):

\_\_\_\_\_

2. **General Description of Improvement:** \_\_\_\_\_

3. **Owner Information:**

a. **Name:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Interest in Property:** \_\_\_\_\_

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above): \_\_\_\_\_

4. **Contractor Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

5. **Surety Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Bond Amount: \$** \_\_\_\_\_

6. **Lender Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

7. **Persons within the State of Florida Designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:**

**Name/Address/Phone Number:** \_\_\_\_\_

8. **In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:**

**Name/Address/Phone Number:** \_\_\_\_\_

9. **Expiration Date of Notice of Commencement** (the expiration date is one year from the recording date unless a different date is specified here):

\_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

\_\_\_\_\_  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized  
Officer/Director/Partner/Manager

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name and Title

State of \_\_\_\_\_, County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me, by means of  
physical presence or online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(name of person making statement)  
personally known, or produced identification with type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or Stamped Commissioned Name of Notary Public

CONTRACTOR NAME: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

### ROOF CATEGORY

\_\_\_\_\_ Low slope Application      \_\_\_\_\_ Tile      \_\_\_\_\_ Other  
\_\_\_\_\_ Asphalt/Fiberglass shingles      \_\_\_\_\_ Metal

### ROOF TYPE

\_\_\_\_\_ New    \_\_\_\_\_ Re-roofing    \_\_\_\_\_ Recovering    \_\_\_\_\_ Repair

Exposure category \_\_\_\_\_

Building Classification Category \_\_\_\_\_

### SLOPED SYSTEM DESCRIPTION

The diagram illustrates a sloped roof system with various components labeled for identification. A central line represents the roof slope, with arrows pointing to boxes for 'Deck Type', 'Underlayment', 'Fastener type & Spacing', 'Roof Covering', and 'Drip Edge'. To the left, a box for 'Ridge Ventilation' is shown. Below the main slope line, a right triangle indicates the '12" Roof Slope'. At the bottom left, a label for 'Mean Height' is followed by a blank line for measurement.

Deck Type

Underlayment

Fastener type & Spacing

Ridge Ventilation

Roof Covering

Drip Edge

12"  
Roof Slope

Mean Height \_\_\_\_\_

**This permit is issued subject to the following:**

### **SPECIAL PROVISIONS**

1. Applicant agrees to repair/replace to pre-permit condition any public property/ waterway or premises used or occupied.
2. Under no circumstances will water be taken from the neighboring property without prior written approval from the property owner.
2. Prior to excavation for driveways, resods, contact the Building Inspection line at 575-3327 to obtain grade elevations, etc.
3. Contact BUILDING DIVISION prior to installing boatlift pilings/pouring elevvert/davit pads.

### **GENERAL PROVISIONS**

1. City Police, Fire, and the Public Works Departments will be notified when streets are closed and opened, or when excavations are made in paved areas.
2. Provisions will be made for the accommodation and convenience of traffic. If all or a portion of a street or roadway is to be temporarily blocked by the Contractor's work, a traffic maintenance plan must be approved by the City Engineering Division prior to start of work.
3. Fire Hydrants will be left accessible at all times.
4. Provisions will be made for the continuous operation of all pipes, ducts, and other lines.
5. An approved Contractor will make necessary pavement repairs under the direct supervision of the City Engineering Division and/or Public Works Department.
6. All work, equipment, and materials will be properly barricaded and lighted and watchmen/flagmen employed where necessary.
7. Stormwater facilities will be kept open for the flow of water and soil erosion protection devices maintained.
8. No excavations in public rights-of-way or easements dedicated to the public will be made without prior approval from the City Public Works Department and/or Building Division.
9. No structures will be placed in public waterways without prior approval of the City Building Division. Dredging and/or excavating in public waterways are prohibited unless approved by the City Public Works Department and/or Building Division.
10. Permitted construction, when approved by a variance, or special permit approved by City Council, will be subject to time constraints and limitations imposed by the City Council.
11. No excavations are allowed within thirty inches (30") of the edge of the pavement.
12. Utilities must be buried a minimum of twenty-four inches (24") in the ground and thirty inches (30") under paved areas.
13. A copy of the construction plans must be attached to the permit.
14. All work will be conducted in such a manner as to interfere as little as possible with public safety and convenience.
15. Both public and private property, and public waterways, of whatever nature, occupied or affected hereunder, will be maintained and preserved from injury during the operations and cleaned and restored to its original condition upon completion or cessation of the work.
16. Locations and elevations furnished by the Applicant for improvements in the public rights-of-way, waterways and easement areas, as approved by the City Building Division, will be reasonably permanent; but are subject to revision wherever required by changing conditions; and the right is reserved to require the owner or owners of such property to make, at their own expense, such changes, alterations or replacements as may from time-to-time be necessary in order to adapt them to the changed conditions.
17. All suits, actions or claims of whatever nature which may arise, occasioned whether directly or indirectly by the work permitted or the special privileges granted hereunder, shall be assumed by the Applicant; and the City Council and all its officers, agents, and employees, shall be indemnified and saved harmless therefrom.
18. The City Building Division reserves the right to revoke this PERMIT without other formality than that of notifying Applicant of revocation.

**I have read and agree to the above provisions.**

\_\_\_\_\_  
Signature Contractor/Authorized Agent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name