



CITY OF PUNTA GORDA
HURRICANE HELENE / MILTON STORM DAMAGE PERMIT APPLICATION
EMAIL TO: pgpermittech@cityofpuntagordafl.com

CODE:		DATE:		PERMIT#:	
JOB ADDRESS:			UNIT #:	BLDG #:	PHASE#
BLOCK:	LOT:	SECTION:	SUBDIVISION:	PROJECT/CONDO NAME:	
OWNER NAME:			MAILING ADDRESS:		ZIP:
IS OWNER ACTING AS OWN CONTRACTOR?: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE COMPLETE AND SUBMIT OWNER BUILDER AFFIDAVIT TO THE BLDG DEPT.					
OWNER EMAIL ADDRESS: _____			PHONE NUMBER (REQUIRED): _____		
CONTRACTORS BUSINESS NAME:		MAILING ADDRESS:	ZIP:	PHONE:	
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	
ELECTRIC: Is any Electric being added, extended or deleted? <input type="checkbox"/> YES <input type="checkbox"/> NO		MECHANICAL: Is any Mechanical being added, extended or deleted? <input type="checkbox"/> YES <input type="checkbox"/> NO		If marked YES, to electrical, Plumbing, or Mechanical alterations at Left, please use Standard Building permit Application.	
PLUMBING: Is any Plumbing being added, extended or deleted? <input type="checkbox"/> YES <input type="checkbox"/> NO		CABINETS: Are any Kitchen, Bathroom or Laundry room cabinets being replaced?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Electric Subcontractor:		State License#:		City Certificate#:	
Mechanical Subcontractor:		State License#:		City Certificate#:	
Plumbing Subcontractor:		State License#:		City Certificate#:	
DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY: _____ _____					
TOTAL COST OF WORK, VALUATION OF WORK \$ _____					
STRUCTURE VALUE PER PROPERTY APPRAISER:		VALUATION % OF STRUCTURE VALUE:		SQUARE FOOT OF WORK AREA:	TOTAL SQUARE FOOT OF LIVING:
ARE ANY EXTERIOR SIDING WINDOWS OR DOORS BEING REPLACED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF GREATER THAN 35%, FEMA WORK SHEETS REQUIRED.			
IF YES, PLEASE USE STANDARD BUILDING PERMIT APPLICATION		PLEASE INCLUDE A FLOOR PLAN SKETCH OF STRUCTURE AND INDICATE WORK AREA ON REVERSE.		IS STRUCTURE LISTED AS HISTORICAL?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
				FLOOD ZONE:	

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SPECIAL CONDITIONS:

PERMIT FEE: \$ _____

TOTAL ALL FEES: \$ _____

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 HIS OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.

OFFICE USE ONLY:

PERMIT #:

APPROVED FOR ISSUANCE BLDG:

DATE:

APPROVED ZONING:

DATE:

APPROVED HISTORIC:

DATE:

APPROVED R.O.W. CONST.:

DATE:

SPECIAL APPROVALS:

DATE:

APPROVED FLOOD:

DATE:

PERMIT VALIDATION CK# _____ **RECEIPT:** _____ **CASH:** _____ **DATE:** _____

PLEASE PROVIDE FLOOR PLAN SKETCH BELOW