



**CITY OF PUNTA GORDA
NEW CONSTRUCTION PACKAGE
FOR
1 & 2 FAMILY DWELLINGS**

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 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 (mirror image) are not accepted.

RESIDENTIAL ONE AND TWO FAMILY

1. Building permit application completely filled out and signed by **OWNER/BUILDER** only. Be sure to include telephone and fax numbers and e-mail address.
2. Line and Grade application (on the reverse side of the permit application) completely filled out and signed by owner builder.
3. Certified copy of the Notice of Commencement.
4. County Impact Fee Affidavit with notarized signature.
5. Sub-contractors List.
6. Roofing System Sheet
7. **2** Sets of completed drawings, **sealed** by a Structural Engineer or an Architect.
8. **3** Sets of **sealed** surveys.
9. **3 signed and sealed** site drainage plans.
10. **4** Sets of plot plans, if not part of the original drawings.
11. **2** Sets of Thermal Energy Calculations and **1** copy minimum Manual-J.
12. **2** Sets of complete truss layouts from truss manufacturer approved by the architect/engineer of record.
13. Provisions affidavit.
14. Data Summary Worksheet
15. Owner/Builder Affidavit

pgpermittech@cityofpuntagordafl.com

	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"/> CLEAR & FILL <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> SPRINKLER				<input type="checkbox"/> WATERWAY CONSTRUCTION <input type="checkbox"/> RIGHT-OF-WAY CONSTRUCTION <input type="checkbox"/> UTILITIES <input type="checkbox"/> SIGN				<input type="checkbox"/> MODEL HOME <input type="checkbox"/> EVENT/SALE <input type="checkbox"/> GRAND OPENING <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"/> VARIANCE # _____			<input type="checkbox"/> SPECIAL EXCEPTION # _____ <input type="checkbox"/> HISTORIC				PERMIT FEE		TOTAL ALL FEES							
SPECIAL CONDITIONS:																
NOTICE							ACCEPTED BY:		DATE							
<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> <hr/> <div>CONTRACTOR (QUALIFIER) SIGNATURE DATE</div> <hr/> <div>SIGNATURE OF OWNER (IF OWNER/BUILDER) DATE</div>							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							
							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:_____									

CITY OF PUNTA GORDA
ROOF PERMIT APPLICATION
EMAIL TO: pgpermittech@cityofpuntagordafl.com

LOCATION ID:		CODE:		DATE:		PERMIT#:	
JOB ADDRESS:				UNIT #:		BLDG #:	
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?: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY				COMMERCIAL, DESCRIBE			

NOA's, F.L.# / PRODUCT APPROVALS:

UNDERLAYMENT/ VENTS	ROOF COVERING/ SKYLIGHTS	OTHER
NOA# / FL#: _____	NOA# / FL#: _____	NOA# / FL#: _____
EXPIRATION DATE: _____	EXPIRATION DATE: _____	EXPIRATION DATE: _____
NOA# / FL#: _____	NOA# / FL#: _____	NOA# / FL#: _____
EXPIRATION DATE: _____	EXPIRATION DATE: _____	EXPIRATION DATE: _____

*MUST BE IN COMPLIANCE WITH CURRENT FBC

DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY:	
HURRICANE DAMAGE: <input type="checkbox"/> YES <input type="checkbox"/> 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 PRODUCT APPROVALS 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.



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

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: Line and Grade only											
TYPE OF CONSTRUCTION		ZONING DISTRICT		FLOOD ZONE		FLOOD ELEVATION		LOT TYPE			
Special Conditions:								Line & Grade Fee: \$100.00			
<div>NOTICE</div> <div>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.</div> <div><div>_____ CONTRACTOR (QUALIFIER) SIGNATURE</div><div>_____ SIGNATURE OF OWNER (IF OWNER/BUILDER)</div><div>_____ DATE</div><div>_____ DATE</div></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

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 BUILDING DEPARTMENT RE-SUBMITTAL/REVISIONS

_____ RESUBMITTAL- Permit not issued

1. Original rejection(s) must be attached.
2. Do not resubmit until all changes/corrections are completed.
3. Submit 2 copies 1&2 Family, 3 copies All others (Commercial)

_____ REVISION- Permit issued, includes jobsite clarifications, revisions and change orders

1. Submit revisions to effected pages.
2. Submit 2 copies 1&2 Family, 3 copies All others (Commercial)

DATE: _____ PERMIT #: _____

COMPANY/CONTACT NAME: _____

JOB ADDRESS: _____

EMAIL _____ PHONE _____

Resubmitted documents to (circle all that apply):

Building Zoning Fire Right of Way

Reviewed by: _____

Date: _____

Building: _____
Zoning: _____
Fire: _____
R-O-W: _____

Comments:

Received by: _____ Timestamp _____

FEE DUE: __\$ _____

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 elevert/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 pubic 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



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
BUILDING DIVISION
326 W. Marion Ave.
Punta Gorda, FL 33950
941.575.3324**

BLOWER DOOR CERTIFICATION FOR AIR LEAKAGE TEST

Permit #: _____

Job Address: _____, Punta Gorda, FL

Qualifier's Name: _____

Company Name: _____

Address: _____

Phone #: _____

E-mail: _____

QUALIFICATIONS:

- _____ NEEB BET CP
- _____ BPI Envelope Professional
- _____ Mechanical/HVAC Contractor (Class A or B)
- _____ BPI Building Analyst
- _____ BPI Energy Auditor
- _____ RESNET – HERS Rater
- _____ BPI Infiltration & Duct Leakage
- _____ PBI Quality Control Inspector

I certify that the structure located at the job address listed above was tested for air leakage in accordance with the 8th Edition (2023) Florida Building Code – Energy Conservation, section R402.4.1.2

The test was performed after the creation of all penetrations into the building thermal envelope and the results of our test indicate that the structure has ___ Air Changes/Hour (ACH).

*NOTE: If less than 3 ACH, mechanical ventilation is required (R303.4)

_____ PASSED – 3 to 7 air changes/hour (ACH)

_____ PASSED – Less than 3 air changes/hour (ACH) – MECHANICAL VENTILATION REQUIRED

Qualifier's Signature: _____

Qualifier's Printed Name: _____

Date Signed: _____

This form can be submitted via:

E-mail to blowerdoorcerts@pgorda.us

In person to the Building office – City Hall Annex
126 Harvey St.
Punta Gorda, FL 33950