

**CITY OF PUNTA GORDA**  
**ROOF PERMIT APPLICATION**  
EMAIL TO: [pgpermittech@cityofpuntagordafl.com](mailto:pgpermittech@cityofpuntagordafl.com)

<b>LOCATION ID:</b>		<b>CODE:</b>		<b>DATE:</b>		<b>PERMIT#:</b>	
<b>JOB ADDRESS:</b>				<b>UNIT #:</b>		<b>BLDG #:</b>	
<b>BLOCK:</b>		<b>LOT:</b>		<b>SECTION:</b>		<b>SUBDIVISION:</b>	
						<b>PROJECT/CONDO NAME:</b>	
<b>OWNER NAME:</b>				<b>MAILING ADDRESS:</b>			<b>ZIP:</b>

**OWNER EMAIL ADDRESS:** \_\_\_\_\_ **OWNER'S PHONE NUMBER: (REQUIRED)** \_\_\_\_\_

<b>IS OWNER ACTING AS OWN CONTRACTOR?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>IF YES, PLEASE COMPLETE AND SUBMIT OWNER BUILDER AFFIDAVIT TO THE BLDG DEPT.</b>			
<b>CONTRACTORS BUSINESS NAME:</b>		<b>MAILING ADDRESS:</b>		<b>ZIP:</b>		<b>PHONE:</b>	
<b>CONTRACTOR'S STATE REGISTRATION NO.:</b>		<b>CITY CERTIFICATE NO.:</b>		<b>EMAIL ADDRESS:</b>			
<b>USE OF BUILDING:</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY				<b>COMMERCIAL, DESCRIBE</b>			

**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

<b>DESCRIPTION (SCOPE) OF WORK—SPECIFICALLY:</b>	
<b>HURRICANE DAMAGE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>VALUATION OF WORK \$</b> _____	

**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.**

<b>CONTRACTOR/QUALIFIER SIGNATURE</b> _____	<b>SIGNATURE OF OWNER (IF OWNER/BUILDER)</b> _____
<b>DATE</b>	<b>DATE</b>

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.

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BELOW FOR OFFICE USE ONLY

PERMIT FEE: \$_____ TOTAL ALL FEES: \$_____				PERMIT #	
				APPROVED ZONING.:	DATE:
IS STRUCTURE LISTED AS HISTORICAL?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY OPEN PERMITS?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	OPEN PERMITS LISTED BELOW:  _____ _____ _____	APPROVED HISTORIC:		DATE:
			APPROVED FLOOD:		DATE:
LIKE FOR LIKE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOOD ZONE:	SQUARE FOOT OF WORK AREA:	STRUCTURE VALUE PER PROPERTY APPRAISER:	VALUATION % OF STRUCTURE VALUE:	
PERMIT VALIDATION CK# _____ RECEIPT: _____ CASH: _____ DATE: _____					

IF GREATER THAN 35%, FEMA WORK SHEETS REQUIRED.

CERTIFIED JUST VALUE	LAND VALUE	PERCENTAGE	TOTAL %



## EFFECTIVE IMMEDIATELY

To streamline and improve Re-Roof permit processing, the Building Division will implement the following procedures

AFFIDAVITS IN LIEU OF MISSED INSPECTIONS BY A DESIGN PROFESSIONAL ARE NOT ACCEPTED, unless approved in advance by the Building Official

All One- and Two-family re-roof permits that replace like-kind materials on existing roofs will **NOT** require a plan review and will be issued over the counter after fees are paid. (Example Shingle/Shingle, Tile/Tile, Metal/ Metal).

If the roof covering materials are proposed to be changed, an **expedited zoning plan review maybe** required. If there are other open permits, an **expedited Flood Plan Review maybe** required.

The **INSPECTION PROCESS** will be as follows:

1. RE-ROOFING Affidavit will be accepted for Roof Sheathing/Deck Nailing and Roof to Wall Connections **ONLY**
  - a. This can be submitted to the permitting office but **MUST** be on-site during the Roof Dry-In inspection
2. All permits will have **Two inspections.**
  - Roof Dry-In
  - Roof Final
3. **Roof Dry-In inspections can be scheduled for the same day as long as scheduled by 6 am day of.**
  - i. **Roof Dry-In MUST be 100% complete, not loaded and no covering installed.**
  - ii. **Roof-Final inspection is the final roof inspection, must be 100% complete and all debris removed.**
3. **Product approval** for all components **MUST** be on-site for ALL inspections
4. Secured access ladder **MUST** be provided for the inspector

ALL INSPECTIONS WILL BE PERFORMED NEXT BUSINESS DAY UNLESS SCHEDULED BY 6 am day of.

Jobsites **MUST** be cleaned of debris and construction materials after Jobsite completion; If not completed Code Enforcement will inspect for a possible Code violation

**NOTE:** All other roof types will follow the same inspection process but may still require plan review.

Please contact our office at **1-941-575-3324** with any questions.

**TO SCHEDULE INSPECTIONS CALL OUR INSPECTION HOTLINE AT 941-575-3327 or online through Click to Gov.**