



CITY OF PUNTA GORDA CHANGE OF USE APPLICATION

USE: Change Occupancy Type

LOCATION ID: _____		DATE: _____		PERMIT#: _____																												
JOB ADDRESS: _____			UNIT #: _____		BLDG #: _____																											
OWNER/TENANT NAME: _____			MAILING ADDRESS: _____																													
OWNER/TENANT EMAIL ADDRESS: _____			OWNER/TENANT PHONE NUMBER: (REQUIRED) _____																													
CONTRACTORS BUSINESS NAME: _____		MAILING ADDRESS: _____		ZIP: _____																												
CONTRACTOR'S STATE REGISTRATION NO.: _____		CITY CERTIFICATE NO.: _____		PHONE NUMBER : _____																												
USE OF BUILDING: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY		COMMERCIAL, DESCRIBE _____																														
Previous or current use: _____																																
Proposed use: _____																																
Has construction work been performed, or will any construction work be performed? : <table border="1" style="display: inline-table;"><tr><td style="width: 40px;">Yes</td><td style="width: 40px;">No</td></tr></table>						Yes	No																									
Yes	No																															
Including, but not limited to :																																
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Frame</td><td style="width: 10%;">Yes</td><td style="width: 10%;">No</td><td style="width: 15%;">Plumbing</td><td style="width: 10%;">Yes</td><td style="width: 10%;">No</td><td style="width: 15%;">Fire Alarm</td><td style="width: 10%;">Yes</td><td style="width: 10%;">No</td></tr><tr><td>Drywall</td><td>Yes</td><td>No</td><td>Electric</td><td>Yes</td><td>No</td><td>Sprinkler</td><td>Yes</td><td>No</td></tr><tr><td>Cabinets</td><td>Yes</td><td>No</td><td>Mechanical</td><td>Yes</td><td>No</td><td></td><td></td><td></td></tr></table>						Frame	Yes	No	Plumbing	Yes	No	Fire Alarm	Yes	No	Drywall	Yes	No	Electric	Yes	No	Sprinkler	Yes	No	Cabinets	Yes	No	Mechanical	Yes	No			
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Drywall	Yes	No	Electric	Yes	No	Sprinkler	Yes	No																								
Cabinets	Yes	No	Mechanical	Yes	No																											
If <u>Yes</u> above, description of work: _____ _____																																
A Site visit will be required, provide your contact () _____																																
Does bathroom meet Accessibility requirements? <table border="1" style="display: inline-table;"><tr><td style="width: 40px;">Yes</td><td style="width: 40px;">No</td></tr></table>						Yes	No																									
Yes	No																															
Are there Fire Extinguishers on site? <table border="1" style="display: inline-table;"><tr><td style="width: 40px;">Yes</td><td style="width: 40px;">No</td></tr></table>						Yes	No																									
Yes	No																															
<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>																																
CONTRACTOR/QUALIFIER (DIGITAL OR WET) SIGNATURE _____			SIGNATURE OF OWNER OR TENANT (IF OWNER/TENANT) _____																													
DATE _____			DATE _____																													
<p>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.</p>																																
PERMIT FEE: \$ _____			INTAKE: _____		DATE: _____																											
TOTAL ALL FEES: \$ _____			APPROVED BUILDING: _____		DATE: _____																											