



CITY OF PUNTA GORDA FIRE DEPARTMENT

PERMIT APPLICATION

DATE

PERMIT #

JOB ADDRESS

UNIT#

BLDG#

OWNER INFORMATION

Name

Address

City

State

Zip

Phone

CONTRACTOR INFORMATION

Name

Address

City

State

Zip Code

Phone

CONTRACTOR'S STATE REGISTRATION #

CONTRACTOR'S CITY'S CERT #

DESCRIPTION OF WORK

VALUATION OF WORK

NOTICE

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.

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.

ACCEPTED BY:

DATE:

PLANS CHECKED BY:

DATE:

APPROVED FIRE DEPT:

DATE:

APPROVED ZONING:

DATE:

Permit Fee

Total all Fees

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: _____