



Residential Building Permit Application

BOS- _____

***** Three (3) Sets of Plans Required *****

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

***** All Jobs Over \$2,500.00 Will Require a Copy of a Recorded NOC *****

- A. Name of owner of property: _____
- B. Property Address: (to include unit number)
 - a. Street: _____
 - b. City: Bonita Springs State: FL Zip: _____
 - c. STRAP Number: _____ - _____ - _____ - B _____ - _____ . _____
- C. Contractor Information: License Number: _____
 - a. Company/Agent/Owner Name: _____
 - b. Phone Number: Area Code: _____ Number: _____
 - c. E-mail Address: _____

D. Job Type: **All Jobs over \$2500.00 will require a recorded NOC at time of permit pick-up.**

*Ultimate Design Wind Speed for Components and Cladding _____

- | | | | | |
|---|---|---|--|------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | <input type="checkbox"/> Canopy/Awning | <input type="checkbox"/> Carport |
| <input type="checkbox"/> Screen Room | <input type="checkbox"/> Gazebo | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Glass/Utility Room | <input type="checkbox"/> Deck/Slab |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Sun Rooms | <input type="checkbox"/> Pool Enclosure | <input type="checkbox"/> Shutter | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Fence/Wall | <input type="checkbox"/> Pergola | <input type="checkbox"/> Window Replace | <input type="checkbox"/> Door Replacement | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> ANSI Unit | <input type="checkbox"/> Park Model | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Garage Door Replacement | |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Modular Home | | | |
| <input type="checkbox"/> Restoration | <input type="checkbox"/> Structure Move | <input type="checkbox"/> Other: _____ | | |

E. Risk Category: 1 2

F. Wind Zone: _____ Wind Exposure: B C D

G. Trades to be used: Check all that apply

- Roof Electric Plumbing Mechanical Low Voltage Shutters Gas

H. Scope of Work: _____

I. Type of Construction: Check one

- 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

J. Contract Amount: \$ _____ Total Effected Sq footage _____ ICC Value \$ _____

K. Are these plans mastered?

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Master Number: _____ |
| Impact Fee Credits | <input type="checkbox"/> Yes <input type="checkbox"/> No Credit Amount \$ _____ |
| Recycling | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diversion fee paid |
| Demolition Involved: | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes See DEP Notice |

New construction will require proof of water (BSU letter or Well permit), sewer (BSU or Septic permit) and proof of a driveway permit from Bonita Springs Public Works.

OWNER'S SWORN STATEMENT

This application is for a permit to do the work and installation indicated. No work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. The foregoing information is accurate, the City has been advised of all easements on the property, and all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER BUILDER DISCLOSURE STATEMENT & AFFIDAVIT FORM IS REQUIRED FOR ALL OWNER BUILDER PERMITS

NOTIFICATION REQUIREMENTS FOR DEMOLITION/RENOVATION ACTIVITIES

Written notification is required to be submitted to the South District Office of the Florida Department of Environmental Protection (FDEP/SD) ten (10) working days prior to the commencement of any facility demolition or regulated renovation activity

All facility demolitions (even those without asbestos) require notice.

Notice is also required for facility renovations impacting 260 linear ft. of RACM on pipes or 160 sq ft. on other components (35 cu. Ft. if measurements not possible.)

A complete Florida Department of Environmental Protection (FDEP) Notice of Asbestos Renovation or Demolition Form 62-257.900(1) shall be mailed to:

FDEP/South District
2295 Victoria Ave, Ste 364
P.O. Box 2549
Fort Myers, FL 33902

The Notice of Asbestos Renovation or Demolition Form can be downloaded at:

http://www.floridadep.com/south/Air/Air_Resources.htm

Initial _____

Signature: _____ Date: _____
Printed Name: _____
STATE OF FLORIDA, COUNTY OF LEE
Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ (printed name of person making statement).
Personally Known: ____ OR Produced Identification: ____ Type Produced: _____
_____ (Signature of Notary Public – State of Florida)
_____ (Notary Seal) _____ (Name of Notary Printed, Typed, or Stamped)
Applicable Codes: 2010 ed. Florida Building Code Building, Plumbing, Mechanical, Fuel Gas, Residential, Existing & Energy 2010 ed. Florida Fire Prevention Code if application 2008 ed. National Electric Code