



**CITY OF NORTH PORT**  
 Neighborhood Development Services  
 4970 City Hall Boulevard  
 North Port, Fl. 34286

Permit No. \_\_\_\_\_

Phone (941) 429-7044 Fax (941) 429-7180 Email [bldginfo@cityofnorthport.com](mailto:bldginfo@cityofnorthport.com) Inspections (941) 429-7224

**APPLICATION FOR A CONSTRUCTION PERMIT**

RESIDENTIAL

COMMERCIAL

MISCELLANEOUS

( PLEASE PRINT CLEARLY )

**Property Owner / Name** \_\_\_\_\_

**Property Owner / Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** <sup>FL</sup> \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contractor's Company Name** \_\_\_\_\_

**Contractor's Phone No.** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Architect** \_\_\_\_\_ **Architect's Reg. No.** \_\_\_\_\_

**Engineer** \_\_\_\_\_ **Engineer's Reg. No.** \_\_\_\_\_

**Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Addition** \_\_\_\_\_

**Parcel I. D. No.** \_\_\_\_\_

**Job Site Address** \_\_\_\_\_

**Local Contact** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Sq. Ft. of Lot** \_\_\_\_\_ **Sq. Ft. of Total Under Roof Area** \_\_\_\_\_

**Contract Price** \_\_\_\_\_ **Bldg. Dept. Computed Contract Price**

Central Water

Well

Office Use Only

Central Sewer

Septic

**Work Description** \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for Electrical, Plumbing, Mechanical, and Gas work, etc.

**Sub-Contractor Information**

ELECTRICAL / FIRE ALARM	State License _____
Phone _____	City License _____
PLUMBING / SPRINKLER	State License _____
Phone _____	City License _____
MECHANICAL / GAS	State License _____
Phone _____	City License _____
ROOFING / OTHER	State License _____
Phone _____	City License _____

**Required Fees**

Departments	Fees	
Admin / Plan Review Fee		
Convenience Fee	5	00
DPBR Fees		
2 % Education Surcharge		
Building Permit		
Zoning		
Public Works		
Fire		
Engineering		
<b>Totals</b>		

**Required Approvals**

Department	Initials	Date
Permit Clerk		
Building		
Zoning		
Public Works		
Engineering		
Fire		
Utilities		
Planning		

The Permit when issued will expire **180** days from the DATE issued if **INSPECTIONS** have not commenced or 180 days from the last **APPROVED INSPECTION**.

FBC 105.3.2 / 105.4.1

Application Approved By: \_\_\_\_\_

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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."

OWNER AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regarding construction and zoning.

**Signature** \_\_\_\_\_  
OWNER

Signature \_\_\_\_\_  
CONTRACTOR or AGENT

STATE OF FLORIDA, COUNTY OF SARASOTA

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by

\_\_\_\_\_  
( name of person ) who is personally known to me or who has produced \_\_\_\_\_  
( type of identification ) as identification.

\_\_\_\_\_  
( name of person ) who is personally known to me or who has produced \_\_\_\_\_  
( type of identification ) as identification.

Notary  
( Seal )

Notary  
( Seal )