



Permit # BLD _____
 Permit Rep Initials _____

BUILDING (BLD) PERMIT APPLICATION

Phone: (239)321-7925 Email: permits@fortmyers.gov

NOTE: INSPECTION RECORD BOARD & APPROVED DRAWINGS MUST BE ON JOB SITE

DATE: _____ PROJECT NAME: _____ ADDRESS: _____ STRAP #/FOLIO ID: _____	VALUATION: \$ _____ (ALL WORK INCLUDING FAIR MARKET VALUE OF DESIGN FEES, SITE PREP, LABOR, MATERIALS, SUB-TRADES (MECHANICAL, ELECTRICAL, ROOFING, & PLUMBING), BUT EXCLUDES ANY ITEMS THAT REQUIRE A SEPARATE PERMIT.
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PROPERTY TYPE: Commercial Duplex Multi-Family (Condominium/Apartment) Single-Family Single-Family Attached

CHECK THE APPLICABLE BOX:	<input type="checkbox"/> Addition <input type="checkbox"/> Aluminum Structure <input type="checkbox"/> Aluminum Structure w/Slab Addition <input type="checkbox"/> Awning <input type="checkbox"/> Demolition – Entire Structure <input type="checkbox"/> Demolition – Interior Only <input type="checkbox"/> Demolition – Minor/Selective (Eng. Report)	<input type="checkbox"/> Fence/Wall/Dumpster Enclosure <input type="checkbox"/> Generator <input type="checkbox"/> Marine Related <input type="checkbox"/> Mobile Home <input type="checkbox"/> Moving A Building <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation	<input type="checkbox"/> Shed/Utility Structure <input type="checkbox"/> Shutter w/ Electric: <input type="checkbox"/> Yes OR <input type="checkbox"/> No <input type="checkbox"/> Siding/Soffit/Fascia <input type="checkbox"/> Trailer – Construction <input type="checkbox"/> Trailer – Office/Sales <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Other: _____
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DESCRIPTION OF WORK: _____

CONTRACTOR	QUALIFIER: _____ LICENSE #: _____ COMPANY NAME: _____ PHONE: _____ EMAIL: _____ OR – CHECK IF: <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OUT TO BID	APPLICANT POINT OF CONTACT	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ EMAIL: _____ *IT IS RECOMMENDED TO USE A UNIVERSAL EMAIL ADDRESS.
TENANT/LESSEE	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ EMAIL: _____	PROPERTY OWNER PER LEE COUNTY APPRAISER	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ EMAIL: _____ *COMPLETE SECTION IF DIFFERENT FROM TENANT/LESSEE

Application is hereby made to obtain a permit to do the work and installations 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 construction laws in this jurisdiction. I understand that a **separate permit must be secured** for the associated electric, all detached structures, dumpster enclosures, walls not attached to building, fences, site improvements, irrigation, signs, fire alarm/sprinklers, walk-in cooler/freezer, hood, etc. **I certify that I have read, understand, and will comply with the requirements outline in the Debris Affidavit, Contractor Asbestos Notification Statement, and/or Owner Asbestos Notification Statement, and Permit Checklist.**

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.** IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.

Per FS 713.135(1)(c) as a condition to the issuance of a building permit, the applicant promises in good faith that the Construction Lien Law statement will be delivered to the person whose property is subject to attachment.

*****SIGN IN PRESENCE OF NOTARY PUBLIC*****

NOTE: If owner is acting as own contractor, FS 489.103(7) requires the owner to personally appear to sign the application

CONTRACTOR / OWNER-BUILDER SIGNATURE: _____
 STATE OF _____, COUNTY OF _____, SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME BY MEANS OF PHYSICAL PRESENCE OR ONLINE NOTARIZATION THIS ____ DAY OF _____, _____, BY _____ (NAME OF PERSON MAKING STATEMENT),
 PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION: _____

STAMP OF NOTARY PUBLIC

 SIGNATURE OF NOTARY