

NOTIFIED: \_\_\_\_\_ / \_\_\_\_\_

FEES DUE: \$ \_\_\_\_\_



4970 City Hall Blvd  
North Port, FL 34286  
Phone: 941-429-7044  
Inspections: 855-941-4636

**CITY OF NORTH PORT**  
**Permit Application**  
Florida Building Code 8<sup>th</sup> Edition  
(2023)

bldginfo@northportfl.gov  
www.northportfl.gov

<b>DEPARTMENT</b> BUILDING _____ ZONING _____ FIRE _____ PUBLIC WORKS _____ Related Permit (if applicable) # _____	<b>Permit #:</b> _____  <i>Office Use ONLY</i>
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☐ **Commercial**

☐ **Residential**

☐ **Fire (Alarm, Sprinkler etc.)**

JOB SITE ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

TOTAL VALUE OF CONSTRUCTION \$ \_\_\_\_\_

PARCEL ID \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ ADDITION \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ OWNER'S PHONE \_\_\_\_\_

PROPERTY OWNER'S ADDRESS \_\_\_\_\_

CONTRACTOR'S COMPANY NAME \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_

QUALIFIER \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_

REGISTERED DESIGN PROFESSIONAL \_\_\_\_\_

REGISTERED DESIGN PROFESSIONAL ADDRESS \_\_\_\_\_

SQ FT OF LOT \_\_\_\_\_ SQ FT LIVABLE AREA \_\_\_\_\_ SQ FT UNDER ROOF \_\_\_\_\_

☐ **Central Water**

☐ **Central Sewer**

☐ **Well**

☐ **Septic**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installations have commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws and ordinances regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that impact fees shall be determined with the application for a building permit and shall be due before a Certificate of Occupancy can be issued. Permit fees shall be payable at issuance of a building permit.

**“WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) 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.”** (All work over \$5,000 or existing HVAC over \$15,000 requires a NOC)

The permit will expire **180 days** from the date it is issued if inspections have not commenced, or **180 days** from the last **approved** inspections. (FBC 105.3.2/105.4.1)

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

*PLEASE PROVIDE THE SARASOTA COUNTY PROPERTY APPRAISER’S SUMMARY SHEET WITH THIS APPLICATION*

**The party applying for the permit signs below.** (Only 1 notarized signature needed per application)

Owner’s Signature: _____	Print Name: _____
Contractor Signature: _____	Print Name: _____
Authorized Agent: _____	Print Name: _____

**STATE OF FLORIDA, COUNTY OF SARASOTA**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me ☐ or who has produced \_\_\_\_\_ as identification by means of ☐ physical presence or ☐ online notarization.

Notary Public Signature \_\_\_\_\_

SEAL