_____ / _

4970 City Hall Blvd

North Port, FL 34286

Phone: 941-429-7044 Inspections: 855-941-4636



CITY OF NORTH PORT

Permit Application

bldginfo@northportfl.gov

www.northportfl.gov

F.B.C. 8 th Edition (2023)							
BUILDING ZON Related Permit (if app			Permit #: Office Use ONLY				
🗆 Commercia	al	Residentia	I o	Fire (Alarm, Spri	nkler etc.)		
JOB SITE ADDRES	S		ZIP CODE				
DESCRIPTION OF	WORK						
			LOCKADI				
PROPERTY OWNE	R		OWNER'S PHONE				
PROPERTY OWNE	R'S ADDRESS _						
CONTRACTOR'S A	DDRESS						
QUALIFIER			PHONE				
EMAIL		STATE LICENSE #					
REGISTERED DESI	GN PROFESSIO	NAL					
REGISTERED DESI	GN PROFESSIO	NAL ADDRESS					
SQ FT OF LOT	SQ FT	SQ FT LIVABLE AREASQ FT UNDER ROOF					
Central Water	🗆 Centi	ral Sewer	🗆 Well	Septic			
	Subcontractor F	orms Required if any	y of these trades will b	e doing work:			
Electrical	Mechanical	🗆 Plumbing	g 🛛 🗆 Gas	Roofing	🗆 Other		
DEV TECH BI	.DGZONIN	IGMECH	ELEC PLE	G FIRE	_		
PUBLIC WORKS_		UTILITIES					

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, ect.

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.

<u>"WARNING TO OWNER:</u> 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 \Box or whether the second s	no has produced	
as identification by	y means of \Box physical presence	or \Box online notar	ization.
Notary Public Signature			
		SEAL	