



CITY OF PUNTA GORDA CHANGE OF USE APPLICATION

e-mail

USE: Change Occupancy Type

pgpermittech@cityofpuntagordafl.com

LOCATION ID: _____	DATE: _____	PERMIT#: _____
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JOB ADDRESS: _____	UNIT #: _____	BLDG #: _____	PHASE# _____
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OWNER/TENANT NAME: _____	MAILING ADDRESS: _____	ZIP: _____
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OWNER/TENANT EMAIL ADDRESS: _____	OWNER/TENANT PHONE NUMBER: (REQUIRED) _____
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CONTRACTORS BUSINESS NAME: _____	MAILING ADDRESS: _____	ZIP: _____	PHONE NUMBER : _____
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CONTRACTOR'S STATE REGISTRATION NO.: _____	CITY CERTIFICATE NO.: _____	EMAIL ADDRESS: _____
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USE OF BUILDING: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY	COMMERCIAL, DESCRIBE _____
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Previous or current use: _____

Proposed use: _____

Has construction work been performed, or will any construction work be performed? : Yes No

Including, but not limited to :

Frame	Yes	No	Plumbing	Yes	No	Fire Alarm	Yes	No
Drywall	Yes	No	Electric	Yes	No	Sprinkler	Yes	No
Cabinets	Yes	No	Mechanical	Yes	No			

If Yes above, description of work:

A Site visit will be required, provide your contact () _____

Does bathroom meet Accessibility requirements? Yes No

Are there Fire Extinguishers on site? Yes No

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

CONTRACTOR/QUALIFIER (DIGITAL OR WET) SIGNATURE **DATE**

SIGNATURE OF OWNER OR TENANT (IF OWNER/TENANT) **DATE**

FAILURE TO READ AND UNDERSTAND THE CONDITIONS, GENERAL PROVISIONS, AND SPECIAL PROVISIONS, ON THE BACK HEREOF, DOES NOT RELIEVE THE APPLICANT FROM THE OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.

PERMIT FEE: \$ _____	TOTAL ALL FEES: \$ _____	INTAKE: _____
		DATE: _____
		APPROVED BUILDING: _____
		DATE: _____