



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 Inspections (855) 941-4636

FAX/OVER THE COUNTER APPLICATION FOR CONSTRUCTION PERMIT

(PLEASE PRINT CLEARLY)

Date _____	Contract / Valuation Cost _____
Contractor Co. Name _____	License # _____
Job Address _____	
Property Owner / Name _____	
Parcel I. D. No. _____ --- ---	Lot _____ Block _____ Addition _____
Phone # _____	Fax # _____
<small>Contractor</small>	<small>Contractor</small>
Email _____	
<small>Contractor</small>	

Plan Approval is based on this Contractor / Owner: providing the required product approvals and installation or engineering details at time of inspections.

CODE	APPLICATION	FEES
IRR	Irrigation (central or septic)	
WATC	Water Connect	
STS/SEWC	Septic to Sewer or Sewer Connect	
WHE	Water Heater Electric	
WHG	Water Heater Gas	
Administrative + Convenience Fee		45.00
2 % Surcharge		
Total		

CODE	APPLICATION	FEES
AHCO	Air Handler Only	
CDCO	Condenser Only	
DWCO	Duct Work Only	
CMCO	Complete Change Out	
Administrative + Convenience Fee		45.00
2 % Surcharge		
Total		

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

Warning : The Permit when issued will expire **180** days from the **DA¹** FBC 105.3.2 / 105.4.1
180 days from the last **APPROVED INSPECTION**.

Owner Affidavit: I certify that all the foregoing information is accurate and that all work will be in compliance with all applicable laws regulating construction and zoning.

Signature _____
OWNER

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.

Notary
 (Seal)

Signature _____
CONTRACTOR or AGENT

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.

Notary
 (Seal)