

City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, FL 34286

Phone (941) 429-7044 Fax (941) 429-7180 Email: bldginfo@cityofnorthport.com Inspections (855) 941-4636

SUBMITTAL CHECKLIST FOR A GENERATOR PERMIT

Please Submit the following Information and this Checklist with the Application for Construction

1. ___ Building Permit Application (with Parcel ID)
2. ___ 3 current site plans showing:
 - a. Existing structures and proposed location of new generator
 - b. Location of generators fuel source and type of fuel to be used.
3. ___ Manufacturers Specifications and equipment list.
4. ___ An itemized list of the electrical loads and/or circuits to be served, including any motor loads using motor startup current.
5. ___ Diagram of feeders, including the size and type of conductors to be used.

If it is necessary for the electrical service to be de-energized, or if access is required inside the meter socket enclosure, the homeowner or installer must contact FPL to arrange for disconnection of the electrical service. The toll free number for FPL is 1-800-226-3545. **PLEASE NOTE** that the City of North Port must approve the work before FPL will restore power to the premises.



CITY OF NORTH PORT
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Permit No. _____

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APPLICATION FOR A CONSTRUCTION PERMIT

RESIDENTIAL

COMMERCIAL

MISCELLANEOUS

(PLEASE PRINT CLEARLY)

Property Owner / Name _____

Property Owner / Address _____

City _____ **State** _____ **Zip** _____

Contractor's Company Name _____

Contractor's Phone No. _____ **License No.** _____

Architect _____ **Architect's Reg. No.** _____

Engineer _____ **Engineer's Reg. No.** _____

Lot _____ **Block** _____ **Addition** _____

Parcel I. D. No. _____

Job Site Address _____

Local Contact _____ **Phone No.** _____

Email _____ **Fax No.** _____

Sq. Ft. of Lot _____ **Sq. Ft. of Total Under Roof Area** _____

Contract Price _____ **Bldg. Dept. Computed Contract Price**

Central Water

Well

Office Use Only

Central Sewer

Septic

Work Description _____

Application is hereby made to obtain a permit to do the work and installation 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 laws regulating construction in this jurisdiction. I understand that a separate permit may be required for Electrical, Plumbing, Mechanical, and Gas work, etc.

Sub-Contractor Information

ELECTRICAL / FIRE ALARM	State License _____
Phone _____	City License _____
PLUMBING / SPRINKLER	State License _____
Phone _____	City License _____
MECHANICAL / GAS	State License _____
Phone _____	City License _____
ROOFING / OTHER	State License _____
Phone _____	City License _____

Required Fees

Departments	Fees	
Admin / Plan Review Fee		
Convenience Fee	5	00
DPBR Fees		
2 % Education Surcharge		
Building Permit		
Zoning		
Public Works		
Fire		
Engineering		
Totals		

Required Approvals

Department	Initials	Date
Permit Clerk		
Building		
Zoning		
Public Works		
Engineering		
Fire		
Utilities		
Planning		

The Permit when issued will expire **180** days from the DATE issued if **INSPECTIONS** have not commenced or 180 days from the last **APPROVED INSPECTION**. FBC 105.3.2 / 105.4.1

Application Approved By: _____

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT 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."

OWNER AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regarding construction and zoning.

Signature _____
OWNER

Signature _____
CONTRACTOR or AGENT

STATE OF FLORIDA, COUNTY OF SARASOTA

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

Notary
(Seal)

Notary
(Seal)