



PERMIT #			
SITE PERMIT #			
SP PERMIT #			
DATE		CLERK	

Commercial Building Permit Application New Construction Only

FOR OFFICE USE ONLY ROUTING

Verified By:	Date:	Zoning:	Future Land Use:	Page(s):	Plat Book:
<input type="checkbox"/> Accept	<input type="checkbox"/> Rejected			Flood Zone:	

Verification Checklist:

ZONING		PLANS REVIEW		PROPOSED CONSTRUCTION VALUATION	
<input type="checkbox"/> HTE	<input type="checkbox"/> Zoning Book	Radon Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	BUILDING AREA	
<input type="checkbox"/> Plat Drawing		Flood Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> VA		Reviewer		Sq.Ft. @	\$
<input type="checkbox"/> SP				Sq.Ft. =	\$
<input type="checkbox"/> SE					
<input type="checkbox"/> PDP				Total Value =	\$

Document Checklist

<input type="checkbox"/> 4 Plans Signed Sealed	<input type="checkbox"/> Septic Receipt with Health Dept permit #
<input type="checkbox"/> 4 Site Plans	<input type="checkbox"/> Utility Hold Harmless Agreement (active expansion area)
<input type="checkbox"/> 4 Copies Energy Calculations	<input type="checkbox"/> Warranty Deed (if applicable)
<input type="checkbox"/> 4 Copies of Truss Layout	<input type="checkbox"/> Notice of Private Provider
<input type="checkbox"/> 4 Copies Garage Door/Window/Shutter	Private Provider:
<input type="checkbox"/> 4 Copies Dumpster details/Waste Pro Letter (if dumpster details included in plans)	<input type="checkbox"/> Owner/Builder Affidavit
<input type="checkbox"/> Notice of Commencement	<input type="checkbox"/> Seawall Affidavit
	<input type="checkbox"/> Impact Fee Credits - If yes, attach authorization documents.
Other	Other

Comments:

Issued by:	Date:	Expiration Date:
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APPROVALS:

Building Approval by:	Date:	Permit Tracker by:	Date:
Zoning Approval by:	Date:	Electrical by:	Date:
Species Approved by:	Date:	Plumbing by:	Date:
Fire Approved by:	Date:	Mechanical by:	Date:
Planning Approved by:	Date:		

Contractor Business Name:		Contact Person:	
Mailing Address:		Email:	
Phone #:	Fax #:	License #:	License Holder's Name
Property Owner:		Phone #:	Fax #:
Mailing Address		Block	Lot Unit



Project Name:		Strap #:	
Main Address:			
Site Address:			
Project Location:	<input type="checkbox"/> SC	<input type="checkbox"/> City Centrum	<input type="checkbox"/> Pine Island Road District
Specific Building Occupancy Use:			
<input type="checkbox"/> Assembly	<input type="checkbox"/> Business	<input type="checkbox"/> Educational	<input type="checkbox"/> Factory and Industrial
<input type="checkbox"/> Institutional	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Residential	<input type="checkbox"/> Storage
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Daycare	<input type="checkbox"/> Utility and Miscellaneous	

Brief Description of Proposed Work

Shell Building Yes No # of completed Units:

Flood Zone	Required Elevation	Finished Floor Elevation	Sprinkled Protected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A6 <input type="checkbox"/> A9					
<input type="checkbox"/> A7 <input type="checkbox"/> A10 <input type="checkbox"/> 2PACFH					
<input type="checkbox"/> A8 <input type="checkbox"/> AE <input type="checkbox"/> X					

Type of Construction:

<input type="checkbox"/> TYPE I – A	<input type="checkbox"/> TYPE II – A	<input type="checkbox"/> TYPE III – A	<input type="checkbox"/> TYPE IV	<input type="checkbox"/> TYPE V - A
<input type="checkbox"/> TYPE I – B	<input type="checkbox"/> TYPE II – B	<input type="checkbox"/> TYPE III – B		<input type="checkbox"/> TYPE V - B

Setbacks to Foundation →	Front	Rear	Right Side	Left Side	Construction Value \$
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Building Height	# of Stories	# of Units	Sq. Ft. Each Unit	Total Bldg. Area (Sq. Ft.)
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Elec. Amps:	Roof	Sq Ft:	Roof Type:	<input type="checkbox"/> Shingle	<input type="checkbox"/> Tile	<input type="checkbox"/> Metal
<input type="checkbox"/> T-Pole <input type="checkbox"/> Tug <input type="checkbox"/> Top			<input type="checkbox"/> Flat deck	<input type="checkbox"/> Buildup	<input type="checkbox"/> Other	
(If other, explain)						

of Plumbing Fixtures CONSTRUCTION CLEAN UP:

A/C: Duct Only	A/C: Ton	Seer	KW
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Fire Alarm	Fire Sprinklers	Monitor
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check all that Apply: Stem Mono Columns Post

Are dumpster details included on plans (location, size, enclosure type) Yes No

SEPARATE PERMITS REQUIRED FOR REFRIGERATION, WALK-IN COOLER AND HOOD

Sales/Lease Contact Information for Economic Development
(the fields below are required)

Sales/Lease Contact:	(Required Field if applicable)
Phone #:	E-Mail address:
Expected completion date:	<input type="checkbox"/> Lease <input type="checkbox"/> Purchase (Please choose one)

Architect/Engineers Information

Name	Address	
Phone #	Fax #	E-Mail Address:

Water Service Information

Check all that Apply: Water Well Pine Island Water Septic Sewer Private

Potable Water Service:	Is the site master metered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of water meters:		Size(s):	
Single Meter (remote encoder)- specify size (from 5/8" to 2") =		"	
Turbine meter –specify size =		"	
Compound meter – specify size =		"	x "
Protectus III meter – specify size =		"	x "



Irrigation Service:		
Number of irrigation meters:	Size(s):	Irrigation Box <input type="checkbox"/>
Fire Sprinkler Service:	Fire line meter size(s):	5/8" Bypass Meter <input type="checkbox"/>
Number of fire lines:	Size(s):	
Utility Account Name:		
Utility Activation Date:		
Utility Billing Address:		
City/State/Zip:		
Have you ever had a Utility account with the City of Cape Coral? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide account # or address of service:		

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 further certify that I have entered into a contract with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in this application. I have also made the owner/agent aware of the provisions of the Homebuyers Protection Act. I certify that all the foregoing information is accurate, the city has been advised of all easements on the property and all work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the current Florida Building Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, AND IMPACT FEES. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc. **NOTICE:** In addition to the requirements of this permit, there may be additional restrictions to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

OWNER'S AFFIDAVIT: 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.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

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 COMENCEMENT 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.

I hereby acknowledge that I have read and understand the above affidavit on the _____ day of _____, 20____.

 PRINT NAME OF APPLICANT SIGNATURE OF APPLICANT

STATE OF _____, COUNTY OF _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____ who is personally known or produced _____ as identification.

Signature of Notary Public: _____
 Printed name of Notary Public: _____



NEW CONSTRUCTION/ADDITION FEE INFO

The following fees may be placed on new construction and addition building permits:

- ALS IMPACT
- POLICE IMPACT
- ROAD IMPACT
- FIRE IMPACT
- PARK IMPACT
- SCHOOL IMPACT
- SCHOOL ADMIN
- UTILITY FEES
- FIRE DEPT FEE (for plan review and inspections)
- BUILDING PERMIT FEE

*Fees may be estimated by using our online calculator:

Commercial -

http://www.capecoral.net/departement/community_development/permitting/commercial_building_permits_calculator.php#.WgHzQ2eWyiM

Residential -

http://www.capecoral.net/departement/community_development/permitting/residential_building_permits_calculator.php#.WgH1VWeWyiM

Application and submittal requirement may be found online,

http://www.capecoral.net/departement/community_development/permitting/forms_and_applications.php#.WgNrLmeWyiM

Building permits are submitted in person to the building dept. A 15% deposit of the building permit fee is required at the time of submittal. Remaining fees are calculated after all reviews have been approved. The contractor will be notified when the permit is approved and ready for pick up. All fees due and any additional documents required will be provided with the approval notification.

THIS ESTIMATE IS BASED ON INFORMATION PROVIDED BY THE APPLICANT, UTILIZING THE FEE STRUCTURE IN EFFECT AT THE TIME THE REQUEST FOR AN ESTIMATE IS RECEIVED. THIS ESTIMATE MAY NOT REPRESENT THE ACTUAL TOTAL FEES DUE TO MISINFORMATION PROVIDED BY THE APPLICANT, A CHANGE IN THE FEE STRUCTURE, OR OTHER CAUSE. **CIAC FEES ARE NOT INCLUDED IN THIS ESTIMATE AND MAY APPLY TO YOUR SITE. PLEASE CALL CUSTOMER SERVICE BILLING 239-574-7722 FOR AMOUNT.*