



**DEPARTMENT OF COMMUNITY DEVELOPMENT  
CUSTOMER SERVICE- PERMITTING DIVISION**

PERMIT # _____
DATE _____ CSR _____
MASTER _____

P.O. Box 150027  
Cape Coral, FL 33915-0027  
Tel. (239) 574-0546

**ONE- OR TWO-FAMILY DWELLING  
BUILDING PERMIT APPLICATION**

**CONTRACTOR**

**OWNER-BUILDER**

**CUSTOMER CHECKLIST**

- 2 Copies of Plans
  - 3 Copies of Survey (*sealed/less than one year*)
  - 3 Copies of Site Plan (*4 Copies for Duplex*)
  - 2 Copies of Signed Energy Calculations
  - 2 Copies of Manufacturers Truss Plan (*acknowledged by Engineer/Architect*)
  - 2 Copies of Window/Doors/Shutter Schedule
  - 2 Copies of Drainage Plan
  - Burrowing Owl/Gopher Tortoise Affidavit
  - Notice of Commencement
  - Impervious Surface Calculation Sheet
  - Owner-Builder Affidavit (*owner-builders only*)
  - Seawall Affidavit (*if applicable*)
  - Septic Receipt with Permit # from Health Department
  - Hold Harmless Agreement (*active utility expansion areas only*)
  - Warranty Deed (*if applicable*)
  - 2 Copies of Engineer Certification Letter (*if Mastered Plans*)
  - Notice to Building Official of Use of Private Provider (*if applicable*)
- Private Provider: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>SPECIES/ANIMALS</b> APPROVED BY: DATE:	<b>BLDG (PLAN REVIEW)</b> APPROVED BY: DATE:	<b>ZONING PLAN CHECK</b> APPROVED BY: DATE:
<b>PRIVATE PROVIDER</b> APPROVED BY: DATE:		<b>PERMIT TRACKER</b> APPROVED BY: DATE:

**FINAL ISSUANCE**

<b>ISSUED BY:</b>	<b>DATE:</b>	<b>EXPIRATION:</b>
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**PROPERTY INFORMATION**

Property Owner Name:		Property Owner Phone:		
Property Owner Address:	City:	State:	Zip:	
Job Address:	City:	State:	Zip:	
Legal Description:				
Subdivision:	Strap #:	Block:	Lot:	Unit:
Titleholders Name (if other than the owner):		Titleholders Address:		
Bonding Company (if applicable):		Bonding Company Address:		
Mortgage Lender's Name (if applicable):		Mortgage Lender's Address:		

**PERMIT INFORMATION**

Select Permit Type:

<input type="checkbox"/> Single Family	<input type="checkbox"/> Single Family Attached	<input type="checkbox"/> Duplex	<input type="checkbox"/> Model Home	<input type="checkbox"/> Townhouse
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Architect/ Engineer's Name:

Architect/ Engineer's Address:

Total Building Sq. Ft.:	Construction Value \$: <i>(Excluding lot, but including labor. If over \$2500, a Notice of Commencement is required.)</i>
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**SUB INFORMATION**

Electric Amps:	Fire Sprinklers/Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	LPG/Natural Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing: <input type="checkbox"/> Septic <input type="checkbox"/> City Sewer <input type="checkbox"/> City Water <input type="checkbox"/> Well <input type="checkbox"/> Pine Island Water		
A/C Seer:	KW:	Tons:



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A/C Duct Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Details Mastered? <input type="checkbox"/> Yes <input type="checkbox"/> No Master #:
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Shutters: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
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Aluminum Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No
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County-Maintained Road: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**CONTRACTOR INFORMATION**

Contractor's Name:			
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Contractor's Address:	City:	State:	Zip:
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Contractor's State Certification or Registration #:	Phone:
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Email:
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**OWNER-BUILDER INFORMATION**

Owner-Builder Name:	
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Phone:	Email:
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This permit is void if the first inspection is not made within six (6) months from the date issued or if no inspection has been made for a period of six (6) months from the most recently passed inspection. The permit is void if the zoning classification is violated. Applicant agrees to comply with the sanitary regulations and understands that the proposed structure may not be used or occupied until an approved Certificate of Occupancy is issued. Applicant further understands that failure to obtain permit or misrepresentation of the improvements is a misdemeanor and upon conviction, applicant can be punished as provided by the law. Failure to comply with the mechanics lien law can result in the property owner paying twice for improvements.

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 must be secured for seawalls, wells, septic tanks, pools, screen enclosures, and tanks.

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.



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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, the undersigned applicant for this permit, hereby certify that the information herein is true and correct, and further that I agree to comply with all applicable codes and ordinances relating to building construction in the City of Cape Coral.

Owner or Agent's Printed Name:	Owner or Agent's Signature:
Contractor's Printed Name:	Contractor's Signature:

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

<b>Application approved by:</b>	<b>Date:</b>
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**BURROWING OWL/ GOPHER TORTOISE AFFIDAVIT**

Applicant:					
Block:	Lot:	Unit:	Strap:		
Site Address:					
<p>Within the last 30 days, I have inspected the property described above AND all vacant properties near the jobsite where I or my subcontractors may drive vehicles or place construction material.</p> <p>1. I have found the following number of Burrowing Owl and/or Gopher Tortoise burrow(s) located on the property or adjacent to the property, including those located in the abutting City rights-of way.</p>					
<input type="checkbox"/> No burrows found on the Property, Adjacent Properties, or Right-of-Way					
<input type="checkbox"/> On Property:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Other _____
<input type="checkbox"/> Adjacent Properties or Right-of-Way:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four	<input type="checkbox"/> Other _____
<p>2. If burrows are found, please select <u>ONE</u> of the two options below.</p>					
<input type="checkbox"/> STATE AND/OR FEDERAL PERMITS <u>ARE</u> NECESSARY. I cannot protect the burrow(s) per instruction. I understand that State and/or Federal permits are required prior to the commencement of development activity.					
<b>**Please indicate species, if known.</b>		<input type="checkbox"/> BURROWING OWL		<input type="checkbox"/> GOPHER TORTOISE	
<input type="checkbox"/> STATE AND/OR FEDERAL PERMITS <u>ARE NOT</u> NECESSARY. I agree that the required protections zones will be installed and maintained during all phases of development.					
<b>**Please indicate species, if known.</b>		<input type="checkbox"/> BURROWING OWL		<input type="checkbox"/> GOPHER TORTOISE	
<p>By accepting City building permits, I assume all responsibility of ensuring the protection of Burrowing Owls and/or Gopher Tortoises and their burrow(s) during all phases of development activity.</p> <p><b>Burrowing Owls:</b> a protection zone shall extend a radius of <b>33 feet</b> (66-foot diameter) from the burrow entrance during the nesting season (February 15<sup>th</sup>- July 10<sup>th</sup>), or a minimum of <b>10 feet</b> (20-foot diameter) outside of nesting season.</p> <p><b>Gopher Tortoises:</b> a radius of <b>25 feet</b> (50-foot diameter) is required from the burrow entrance year-round (Ordinance 20-19). All burrows must be staked and roped off using these dimensions.</p> <p><b>No activity, materials, fill, equipment, or parking is allowed within these buffers.</b> I understand that molesting, harassing, or harming Burrowing Owls or Gopher Tortoises or their burrows is a State/Federal crime. The City shall notify the law enforcement division of the Florida Fish &amp; Wildlife Conservation Commission if a wildlife violation is observed, and the permit holder will be responsible for any illegal activity.</p>					



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I fully understand the State, Federal and City regulations that prohibit the endangerment and/or harassment of Burrowing Owls or Gopher Turtles and their burrows, and I accept full responsibility for the actions of my employees and subcontractors. I understand that the City is not liable for an applicant(s) violation of State or Federal Law. I understand that I am liable for failure to obtain any state and/or federal permits, failure to fulfill obligations imposed by a state and/or federal agency and will be liable for any violations to state and/or federal law. Further, I also understand that the City Requires that all applicable state and federal permits be obtained prior to the commencement of development activities. Copies of State/Federal permits are required prior to any City inspection and shall be posted onsite. I am fully aware that failure to secure such permits, or failure to maintain the appropriate buffers, will result in a STOP WORK ORDER being issued on my site.

Under penalty of perjury, I declare that I have read the forgoing document and that all information contained herein is true and correct to the best of my knowledge and that violation of these Laws is punishable by a fine and or imprisonment.

BY: \_\_\_\_\_

Print Name & Title of Applicant

Signature of Applicant

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

NOTARY STAMP

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



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NOTICE OF COMMENCEMENT			
Permit #	Tax Folio #	State of:	County of:
THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.			
1. Description of property: (legal description of the property, and street address if available)			
2. General description of improvement:			
3. Owner's information or Lessee information if the lessee contracted for the improvement:			
Name:		Phone:	
Address:		Email:	
<i>Interest in the Property:</i>			
Name and address of fee simple Titleholder (if different from Owner listed above):			
4. Contractor's information:			
Name:		Phone:	
Address:		Email:	
5. Surety information (if applicable, a copy of the payment bond is attached):			
Name:		Phone:	
Address:		Amount of Bond:	
6. Lender information:			
Name:		Phone:	
Address:			
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:			
Name:		Phone:	
Address:			



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8. In addition to himself or herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified). Date: \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.**

Under penalty of perjury, I declare that I have read the foregoing Notice of Commencement and that the facts stated therein are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager:

\_\_\_\_\_

(Signatory's Title/Office)

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_, who is personally known or produced \_\_\_\_\_ as identification.

NOTARY STAMP HERE

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_





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**AFFIDAVIT OF FILING NOTICE OF COMMENCEMENT**

STATE OF FL  
COUNTY OF LEE

Permit # \_\_\_\_\_

BEFORE ME, a Notary Public of the State of Florida, this day appeared \_\_\_\_\_, who being by me first duly sworn, deposes and says as follows:  
(Applicant Name)

That I am the applicant or duly authorized agent of the applicant of a building permit for the subject property referenced in the attached Notice of Commencement.

That the undersigned applicant or duly authorized agent hereby states on \_\_\_\_\_ (date of recording the Notice of Commencement), a Notice of Commencement regarding the property referenced in the attached Notice of Commencement was filed for recording in the Office of the Clerk of Lee County, Florida. A copy of that filed Notice of Commencement is attached hereto and incorporated herein.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by

\_\_\_\_\_, who is personally known or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



**OWNER-BUILDER DISCLOSURE STATEMENT**

Pursuant to §489.103, Florida Statutes

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or [www.myfloridalicense.com](http://www.myfloridalicense.com) for more information about licensed contractors.
11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: \_\_\_\_\_
12. I agree to notify the City of Cape Coral immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.



Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain because of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

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

Under penalties of perjury, I declare that I have read the foregoing Owner-Builder Disclosure Statement and that the facts stated in it are true.

Owner-Builder Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Owner-Builder Signature: \_\_\_\_\_

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
by \_\_\_\_\_, who is personally known or produced  
\_\_\_\_\_ as identification.

NOTARY STAMP  
HERE

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



<b>HOLD HARMLESS UTILITY CONNECTION AGREEMENT</b>			
Section:	Block:	Lot:	Unit:
Site Address:			
Owner(s) Name (s):			
<b>WATER TYPE</b>			
<input type="checkbox"/> <b>POTABLE CITY WATER</b> As the legal owner of the property referenced above, I understand that a potable City water system is not available to this property as of the date of my signature below. In addition, I understand, even though the installation of a potable City water system is planned for the area which includes my property, the system maynot be complete and operational at the time a structure or a building is constructed on my property and is ready for a certificate of occupancy (CO) from the City. I agree that the City may delay the issuance of the CO until the potable City water system is installed and operational. By signing below, I request that the City issue the new construction building permit without requiring the issuance of a well permit for this property. Also, I understand that by signing below, I agree to wait until the potable City water system is complete and operational, and by doing so, I may delay the completion of my structure or building.			
Owner Signature:		Date:	
Owner Signature:		Date:	
<input type="checkbox"/> <b>WELL</b> As the legal owner of the property referenced above, I understand that a potable City water system is not available to this property as of the date of my signature below. In addition, I understand, even though the installation of a potable City water system is planned for the area which includes my property, the system maynot be complete and operational at the time a structure or a building is constructed on my property and is ready for a certificate of occupancy (CO) from the City. I request a permit for the installation of a well for water service, with the full understanding that, once the City provides the potable City water system to this property, I will be required to connect to the system and to pay all associated fees.			
Owner Signature:		Date:	
Owner Signature:		Date:	
<b>WASTEWATER TYPE</b>			
<input type="checkbox"/> <b>CITY WASTEWATER</b> As the legal owner of the property referenced above, I understand that a City wastewater collection system is not currently available to this property as of the date of my signature below. In addition, I understand, even though the installation of a City wastewater collection system is planned for the area which includes my property, the system may not be complete and operational at the time a structure or a building is constructed on my property and is ready for a certificate of occupancy (CO) from the City. I agree that the City may delay the issuance of the CO until the wastewater collection system is complete and operational. By signing below, I am requesting that the City issue the new construction building permit without requiring the issuance of a septic permit for this property. Also, I understand that by signing, I agree to wait until the City's wastewater collection system is complete and operational, and by doing so, I may delay the completion of my structure or building.			
Owner Signature:		Date:	
Owner Signature:		Date:	



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SEPTIC SYSTEM

As the legal owner of the property referenced above, I understand that a City wastewater collection system is not available to this property as of the date of my signature below. In addition, I understand, even though the installation of a City wastewater collection system is planned for the area which includes my property, the system may not be complete and operational at the time a structure or a building is constructed on my property and is ready for a certificate of occupancy (CO). I request a permit for the installation of a septic system for this property, with the full understanding that, once the City provides the wastewater collection system to this property, I will be required to connect to the system and to pay all associated fees. Also, I understand I will be required to properly close and abandon my septic system.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_



For Office Tracking: Permit # \_\_\_\_\_

# Impervious Surface Calculation Sheet

This calculation sheet is a necessary attachment for all Cape Coral building permit applications in R-1 (Residential) and RML (Residential multi-family low) zoning districts that involve a change to the property square footage that is covered by impervious surfaces. For more information on the impervious surface requirement, please see the attached information sheet. In order to assure compliance with this regulation, an accurate calculation of the amount of impervious surface coverage is needed. A short definition of impervious surface is "any hard surface that prevents or restricts the flow of water into the soil." Examples of impervious surfaces include rooftops, sidewalks, parking lots, patios, roads or any driveway made of asphalt, concrete, gravel, or paver blocks. Please complete the following information:

**Site Address:** \_\_\_\_\_ **Lot Dimensions:** \_\_\_\_\_

**Total Lot Area (Multiply Length x Width of Lot):** \_\_\_\_\_

**Use the following Table to Calculate Total Impervious Surface Area (attach additional sheet as necessary):**

Impervious Surface Item	Dimensions	Area (ft <sup>2</sup> )
Proposed or Existing House (include steps/landing)		
Proposed Addition		
Proposed Accessory Building or Garage		
Existing Garage		
Existing Accessory Building 1		
Existing Accessory Building 2		
Sidewalks or Walkways (Include pavers)		
Patio(s) (Include pavers)		
Driveway (Include curbing and any <b>gravel/shell surfaced areas</b> )		
Recreational Area (basketball court, tennis court, etc.)		
Other		<b>Total new/proposed impervious surface area:</b>

**Impervious Calculation:** \_\_\_\_\_ total sq. ft. of impervious surface / \_\_\_\_\_ sq. ft. Total Lot Area = \_\_\_\_\_ (must be less than 0.60)

I certify that the above information is true and accurate to the best of my knowledge and that I have included all existing or proposed impervious surfaces. I understand that providing incorrect information may result in the need to remove impervious surfaces if it is discovered that the maximum coverage has been exceeded.

Applicant Name Printed \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Additional information on the 60% maximum impervious surface requirement:**

The most recent Cape Coral Land Development Code (LDC) regulates City of Cape Coral building permits with application dates on or after August 6, 2019. The LDC can be found at the following webpage:

[https://www.capecoral.net/departments/community\\_development/land\\_development\\_code\\_rewrite.php](https://www.capecoral.net/departments/community_development/land_development_code_rewrite.php)

Article 4, Table 4.1.3.B of the LDC requires that no greater than 60% of the surface area of property in R-1 or RML (Residential multi-family low) zoning districts is covered with impervious surfaces. An impervious surface is defined as "any hard surface that prevents or restricts the flow of water into the soil." Examples of impervious surfaces include rooftops, sidewalks, parking lots, patios, roads or any driveway made of asphalt, concrete, gravel, or paver blocks. An accurate calculation of the amount of impervious surface coverage is required to be included with all building permits for construction in these zoning districts that involve a change to the total impervious surface of the property. This calculation must show that the construction will not cause the property to be covered by more than 60% impervious surfaces.

The following is a guide to what is considered impervious for the purposes of this calculation:

### **Impervious Surfaces (count towards 60% maximum surface area)**

Rooftops of any building (house, shed, or greenhouse) unless directed to a collection system as detailed below

Sidewalks/walkways, parking lots, or roads

Any driveway, regardless of method of material (asphalt/concrete, gravel, shell, or pavers) Gravel or lava rock landscaping, field stones, or any other stone surface

Sand-set concrete pavers (i.e. typical paver installation)

Surface area of pool decks that slope away from the pool, if not collected in an in-ground exfiltration system

### **Pervious Surfaces (do not count towards 60% maximum surface area)**

1. The surface area of swimming pools, hot tubs, or above-ground wood decks;
2. The surface areas of pool decks that slope inwards (drain) into the pool;
3. The surface areas of pool decks that slope away from the pool with a drain system at the base of the wall which allows immediate percolation of the pool deck runoff;
4. Roof areas where the gutter and downspouts connect to an in-ground exfiltration system which allows immediate percolation of the roof runoff. To exclude the roof area of a building from the impervious area, eavestroughs and downspouts must be installed on the roof. The roof water must be directed into the downspouts and directly enter the designed in-ground exfiltration system, to percolate into the soil below grade. Signed and sealed plans from a Florida-Registered Professional Engineer or Architect shall be included with the permit application and contain the details and certification of the system;
5. Pervious paver block with pervious subgrade as approved by the Public Works Director. Pervious paver block is one with a mostly open design where grass can grow in between the narrower sections of brick. The pervious subgrade is such that can support vegetation growth. This system is acceptable for use in any area except for a driveway. This is because over time the pervious subgrade on a driveway becomes compacted and loses its ability to percolate;
6. Site specific alternate drainage or pervious system designs as approved by the Public Works Director;
7. Lots in platted subdivisions where there is an approved master stormwater system.



**PROPOSED SEAWALL INSTALLATION AFFIDAVIT**

*This affidavit may ONLY be used if there is at least one vacant lot on either side of the construction site.*

Property Address:

Strap #:

Block:

Lot:

Unit:

I, the owner of the above listed property, am aware the Corps of Engineers has not approved my seawall installation under GP SAJ-46. I understand my seawall contractor, \_\_\_\_\_ must apply for a separate permit to receive the approve to proceed with my installation.

I knowingly state there is a vacant lot on the  Right  Left side of my construction site for access of the contractor's equipment.

I agree to have the seawall contractor proceed with the installation of my seawall immediately upon their receipt of all permits required by the Government.

I hereby request the processing and issuance of building permits while waiting for required seawall permit. Under no circumstances will this building be occupied until the seawall is completed installed and passes inspection.

Under penalty of perjury, I declare that I have read the foregoing Notice of Commencement and that the facts stated therein are true to the best of my knowledge and belief.

Owner Name (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_, who is personally known or produced \_\_\_\_\_ as identification.

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_





**DEPARTMENT OF COMMUNITY DEVELOPMENT  
CUSTOMER SERVICE-PERMITTING DIVISION**

P.O. Box 150027  
Cape Coral, FL 33915-0027  
Tel. (239) 574-0546

**PRIVATE PROVIDER USE ONLY**

PERMIT# \_\_\_\_\_

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER (Valid for the life of the primary permit)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Pool	<input type="checkbox"/> Other _____
Site Address:		
Tax Parcel (STRAP) # or Folio ID #:		
Services to be provided by the Private Provider firm. <i>Check all that apply:</i>	<input type="checkbox"/> Plans Review	<input type="checkbox"/> Inspections
Note: If the notice applies to either private plan review, the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Section 553.791(2) Florida Statute.		
If private provider plan review is performed, all required inspections must also be performed by the private provider, as well. When the private provider sends notification/results to the City (electric 001 only), they send it to LCEC ( <a href="mailto:MaintenanceSchedulers@lcec.net">MaintenanceSchedulers@lcec.net</a> ) and copy the City ( <a href="mailto:pprovider@capecoral.gov">pprovider@capecoral.gov</a> ).		
I, _____, the fee owner, affirm I or my contractor have entered a contract with the Private Provider indicated below to conduct the services indicated above. This notice is valid for the life of the primary permit.		
Private Provider Firm:		
Private Provider Qualifier Name:		
Address:		
Phone:	Email:	
Florida License, Registration or Certificate #:		
Optional:  _____ (initials)	I acknowledge this Notice to Building Official can be applied to subsequent permits associated with the primary permit for the above referenced Tax Parcel (STRAP) # or Folio ID #.	



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I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by § 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by § 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental, FEMA requirements, ordinance inspections or other codes.

The following attachments are provided as required:

1. Qualification statements and/or résumés of the private provider and all duly authorized representatives.
2. Proof of Insurance: A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the architect or engineer must also maintain coverage for a minimum of 5 years after the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before



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providing building code inspection services within a local building official's jurisdiction, the private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.

*Forms approved by the Building Official are provided as part of this package. Forms provided in this package must be used on each occurrence of the event identified by the forms. No substitute forms will be accepted.*

**Please select appropriate box below and complete:**

Individual

Corporation

Partnership

Name (Corporation, if applicable):

Phone:

Address:

Signature:

**(SIGNATURE MUST BE NOTARIZED)**

STATE \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by \_\_\_\_\_, who is personally known or produced \_\_\_\_\_ as identification.

NOTARY STAMP  
HERE

Exp Date: \_\_\_\_\_ Commission Number: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_