



Permit # SIT _____
 Permit Rep Initials _____

SITE (SIT) PERMIT APPLICATION

Phone: (239) 321-7925 ~ E-Mail: e-permits@cityftmyers.com

NOTE: INSPECTION RECORD BOARD & APPROVED DRAWINGS MUST BE ON JOB SITE

DATE _____	PROJECT NAME _____	VALUATION \$ _____ (all work including fair market value of design fees, site prep, labor, materials, sub-trades, overhead and profit, BUT excluding items that require a separate permit)
ADDRESS _____		
STRAP # _____		
CHECK ONE	<input type="checkbox"/> Concrete Slab (Not in ROW) <input type="checkbox"/> Right of Way - Single Driveway <input type="checkbox"/> Site Work / Utilities <input type="checkbox"/> Driveway / Sidewalk (Not in ROW) <input type="checkbox"/> Sealing & Striping (check one below) <input type="checkbox"/> Tree Removal <input type="checkbox"/> Right-of-Way – Commercial** <input type="checkbox"/> No Reconfiguration; No Re-Paving <input type="checkbox"/> Utility Connection <input type="checkbox"/> Right-of-Way – Double Driveway* <input type="checkbox"/> Reconfiguration and/or Re-Paving	
DESCRIPTION OF WORK _____		

CONTRACTOR	QUALIFIER _____ LICENSE # _____ COMPANY NAME _____ PHONE _____ EMAIL _____ OR – CHECK IF: OWNER-BUILDER <input type="checkbox"/> OUT TO BID <input type="checkbox"/>	APPLICANT POINT OF CONTACT*	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL* _____ <small>*For companies with multiple permit coordinators, it is recommended that a universal email address be provided.</small>
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PROP OWNER / LESSEE	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____	PROPERTY OWNER** PER LEE COUNTY APPRAISER	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ EMAIL _____ <small>**This section to be filled out if different from Prop Owner/Lessee.</small>
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Application is hereby made to obtain a permit to do the work and installations 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 construction laws in this jurisdiction. I understand that a separate permit must be secured for all detached structures, dumpster enclosures, walls not attached to building, fences, site improvements, irrigation, signs, fire alarm/sprinklers, walk-in cooler/freezer, hood, etc. I certify that I have read, understand and will comply with the requirements outlined in the Debris Affidavit, Contractor Asbestos Notification Statement, and/or Owner Asbestos Notification Statement.

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. **WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

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.

Per FS 713.135(1)(c) as a condition to the issuance of a building permit, the applicant promises in good faith that the Construction Lien Law statement will be delivered to the person whose property is subject to attachment.

A Bond Deposit is required to be remitted which equals 100-percent of the job valuation or minimum of \$5000.00 in the form of cash, check or surety prior to permit issuance for Right-of-Way and Utility Connection Permits.

*****SIGN IN PRESENCE OF NOTARY PUBLIC*****

NOTE: If owner is acting as own contractor, Florida Statute 489.103(7) requires the owner to personally appear to sign the application

CONTRACTOR / OWNER-BUILDER SIGNATURE _____	
STATE OF _____, COUNTY OF _____, SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME BY MEANS OF _____ PHYSICAL PRESENCE OR _____ ONLINE NOTARIZATION THIS _____ DAY OF _____, _____, BY _____ (NAME OF PERSON MAKING STATEMENT), PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION: _____	
SIGNATURE OF NOTARY PUBLIC _____	Stamp of Notary Public _____