

Village of Estero Building and Permitting Services
9401 Corkscrew Palms Circle
Estero, FL 33928
Tel # (239) 221-5036 | Fax # (239) 319-2235 | permitting@estero-fl.gov



BUILDING PERMIT APPLICATION

Application Number _____

Permit Number _____

GENERAL PERMIT INFORMATION

Project Type (Choose One Below)

New Construction

Addition

Alteration/Remodel

Building Type (Select One)

1 & 2 Family Dwelling/Townhouse

Residential Units/Multi-Family/Condos

Commercial

Mobile/Manufactured Home

Trade

NOTE: PLANS MUST INCLUDE CONSTRUCTION TYPE AND OCCUPANCY CLASS.
ALL COMMERCIAL SUBMITTALS MUST COME WITH SEALED DIGITAL COPY OF
PLANS (CD/DVD OR THUMB DRIVE).

PROPERTY INFORMATION

Owner Name _____

Job Street Address _____

STRAP _____

Subdivision _____

Lot _____ Unit _____ Block _____

Owner Phone Number _____

Email Address _____

CONTRACTOR INFORMATION

Permittee Type

Contractor

Design Professional

Owner/Builder

Company Name _____

License Number _____

Company Address _____

Company Phone _____

Email Address _____

PERMIT INFORMATION

Permit Type (Select One)

- | | | | | |
|---|-------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Alum Structure | <input type="checkbox"/> Building | <input type="checkbox"/> Shed | <input type="checkbox"/> Cell Tower/Antennas | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> A/C Changeout | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fence | <input type="checkbox"/> Gas | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Marine/Docks & Lifts | | <input type="checkbox"/> Mechanical/Refrigeration | | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Roof | | <input type="checkbox"/> Shutters/Doors/Windows/Awnings | | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Sign | | <input type="checkbox"/> Flag Pole | | |

****ANSWER THE FOLLOWING TWO QUESTIONS ONLY IF REQUESTING A/C CHANGEOUT PERMIT****

Type of A/C Changeout

- Split Package Duct Work Only

Number of Units _____

****ANSWER THE FOLLOWING QUESTION ONLY IF REQUESTING A SOLAR PERMIT****

Type of Solar

- Pool Water Photovoltaic

****ANSWER THE FOLLOWING QUESTION ONLY IF REQUESTING A GAS PERMIT****

Type of Gas

- Natural LP Tank

****ANSWER THE FOLLOWING QUESTION ONLY IF REQUESTING A POOL/SPA PERMIT****

Pool Construction Drawings

Mastered: Yes or No Mastered Plan No.: _____

House under Construction: Yes or No House Permit Number: _____

Retaining Wall: Yes or No

Pool/Spa Type: Fiberglass Masonry Spa: Yes or No

Fill to Remain on Site: Yes or No

Fill and site must be retained to prevent washout

****ANSWER THE FOLLOWING QUESTION ONLY IF REQUESTING A POOL/SPA PERMIT****

Supplemental Information – Commercial Pools Only

Health Department Approval: Yes or No

Development Order No.: _____

Four Sets of Signed & Sealed Pool Details: Yes or No

Mastered Plan: Yes or No Mastered Plan No.: _____

****ANSWER THE FOLLOWING QUESTION ONLY IF REQUESTING A SIGN PERMIT****

Will the sign have a foundation Yes No Will the sign have electric Yes No

Face of Sign S.F. _____ Building S.F. _____ Unit Frontage L.F. _____

Road Frontage in L.F. _____ Sign Height off Grade _____ DO No. _____

Business Name _____

Business Telephone No. _____

Sign Details Select One: Single Face Sign Double Face Sign

Type of Permit:

Ground Sign or Flag Pole Wall Sign Billboard Sign Awning Sign
 Tenant Panel Interchange Other

Action

Erect Alter Repair Move Copy Change

Class: Off-Site On-Site

Construction: Painted Plastic Metal Channel

Letters: _____

Block: Foam Light Box Wood Other

Illumination:

Non-illuminated Neon Fluorescent LED External

Setbacks: (Ground Signs Only)

Front _____ Side _____ Height _____

Area _____

PERMIT INFORMATION

Declared Value _____

Description of Work (Please have detailed description)

Occupancy Type _____

Occupancy Load _____

Construction Type (Select One)

- IB IIA IIB IIIA IIIB IV
 VA VB

Automatic Fire Sprinkler System? Yes No

Type of Water Supply

- Lee County Well BSU – Bonita Springs Utilities

Type of Sewage Disposal

- Sewer Septic

Glazing Protection

- Shutters Impact Glass

Private Provider (Select One)

- Yes No Plan Review & Inspections Inspection Only

Threshold Building

- Yes No

Repairs from Disaster Event

- Yes No

If Yes, Name of Disaster Event _____

Subcontractors (Select all that Apply)

- Electric Plumbing Mechanical Roofing
 Septic None

CONSTRUCTION INFORMATION

Number of Stories _____ Number of Units _____

Number of Bathrooms _____ Number of Bedrooms _____

Living Area/Air-Conditioned Space (Sq. Ft.) _____

Non-Living Area (Sq. Ft.) _____

Total Sq. Ft of Proposed Construction Area(s) _____

AMPS: _____

Will the Structure be Located in a Flood Zone? Yes No

Flood Zone _____ BFE _____

****PLEASE PROVIDE FLOOD ZONE DOCUMENTATION WITH SUBMITTAL PACKAGE****

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 THE IMPROVEMENTS.

IF CONSTRUCTION COSTS IS OVER \$5,000 A NOTICE OF COMMENCEMENT IS REQUIRED (FOR MECHANICAL REPLACEMENT IS OVER \$15,000)



Signature Affidavit

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 THE IMPROVEMENTS.

MORTGAGE LENDER'S ADDRESS:

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 laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

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.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of the county and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.

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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING A NOTICE OF COMMENCEMENT.

*** Notarized Signature of Owner required only if Contractor is **NOT** acting as Owner/Agent**

Contractor/Qualifier Name (Print)

Owner/Owner Agent Name (Print)

Contractor/Qualifier Signature

Owner/Owner Agent Signature

Notary Seal:

Notary Seal:

State of _____

State of _____

County of _____

County of _____

Sworn to (or affirmed) and subscribed before me
before me

Sworn to (or affirmed) and subscribed
before me

This _____ day of _____, 2024

This _____ day of _____, 2024

By: _____
[Name of Qualifier]

By: _____
[Name of Owner]

Notary Signature
Type of Identification Produced _____

Notary Signature
Type of Identification Produced _____