

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