

COMMERCIAL BUILDING PERMIT APPLICATION

CITY OF BONITA SPRINGS

Community Development Dept. | 9220 Bonita Beach Road, Ste. 111 | Bonita Springs, FL 34135 | (239) 444-6150 | [Permitting Help Desk Email Address](#)

- ❖ Four (4) sets of plans required. One (1) set of digital plans required for all new structures.
- ❖ All jobs over \$2,500 require a copy of a recorded NOC prior to the first inspection being scheduled.
- ❖ All jobs at commercial properties must have a Notarized Owner Authorization Letter.
- ❖ A Development Services permit and approval is required prior to issuance of any commercial building permit application in accordance with LDC 3-78 (Development Orders) and LDC 3-156 (Limited Review Development Orders) with the exception of interior remodels. Review of this application may be placed on hold until Development Services approval is received. For more information, please contact Trisha Goff, P.E. at (239) 444-6150 or tgoff@cityofbonitaspringscd.org.

A. Property Owner Name: _____

1. Site Address: _____ Bonita Springs, FL ZIP: _____
2. Unit Number: _____ Parcel (Strap) Number: _____
3. Is the building currently vacant?: Yes No N/A

B. Applicant/Agent Name: _____

1. Phone Number: _____ Email Address: _____

C. Contractor License Number: _____ Company Name: _____

1. Phone Number: _____ Email Address: _____

D. Are you using Private Provider Services? Plan Review: Yes No Inspections: Yes No

E. Development Order / Limited Review Development Order # (REQUIRED) _____

F. Job Type: *Required Supplemental Information (see below)

- *New Commercial Building *Tenant Build-Out *Remodel *Addition
- New Multi-Family Residential: _____ Multi-Family Units _____ Single-Family Units (Mixed Use Development)
- Shell Only Slab Only Canopy/Awning Dumpster Enclosure Shed
- Fence Structural Wall (REQUIRED) Lineal Feet: _____ Enclosing Pool: Yes No
- Fence Information (REQUIRED): Fence Height: _____ Fence Design: Solid Open Mesh
- Fence Type: Wood Aluminum Chain Link PVC Concrete Block Picket Solid
- Other Permit: _____

G. Required Supplemental Information for the following Job Types: **New Commercial Building, Tenant-Build Out, Remodel, or Addition**

1. Current/Prior Business Use: _____
2. Proposed Business Use: _____
3. Is the Current/Proposed Business Use for a Medical Marijuana Treatment Center Dispensary? : Yes No

To obtain a Business Tax Account for a New Business at this location, please complete the attached Commercial Use Permit Application.

H. Risk Category: 1 2 3 4 Wind Zone: _____ Wind Exposure: B C D

I. Trades Used: Roof Electric Plumbing Mechanical Shutters Gas

J. Scope of Work: _____

K. Type of Construction: Check one 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

L. Occupancy Group: Check one

- A-1 Assembly Theaters with stage
- A-1 Theaters without stage
- A-2 Assembly, Nightclubs
- A-2 restaurants, bar, banquet halls
- A-3 Assembly, Churches
- A-3 Assembly general
- A-4 Assembly, arenas
- B Business
- E Educational
- F-1 Factory and industrial, moderate hazard
- F-2 Factory and industrial, low hazard
- H-1 High Hazard, explosives
- H234 High Hazard
- H-5 HPM
- I-1 Institutional, supervised environment
- I-2 Institutional, Hospitals
- I-2 Institutional, nursing homes
- I-3 Institutional, restrained
- I-4 Institutional dry care facilities
- M Mercantile
- R-1 Residential, hotels
- R-2 Residential, multiple-family
- R-4 Residential, care/assisted living facilities
- S-1 Storage, moderate hazard
- S-2 Storage, low hazard
- U Utility, miscellaneous

M. Contract Amount: \$ _____ Total Effected Sq. Footage _____ ICC Value \$ _____

N. Mastered Plans? Yes No Master Number: _____

O. Impact Fee Credits Yes No Credit Amount \$ _____

P. Recycling Yes No Diversion fee paid

Q. Demolition Involved: Yes No If Yes See DEP Notice

R. Food Preparation involved Yes No If Yes See BSU Notice

BONITA SPRINGS UTILITIES

Bonita Springs Utilities Food Prep Review Requirements:

Three (3) sets of Plans for Food prep locations:

1. Civil plans showing utility connections and required grease trap units/vents.
2. Floor plans showing kitchen and seating layouts.
3. Plumbing ISO's with fixture schedule.
4. Customer calculations with hours of operations and menu.

OWNER'S SWORN STATEMENT

This application is for a permit to do the work and installation indicated. No work or installation has commenced prior to the issuance of a permit and all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. 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.

OWNER BUILDER DISCLOSURE STATEMENT & AFFIDAVIT FORM IS REQUIRED FOR ALL OWNER BUILDER PERMITS (Only Jobs costing less than \$75,000 are permitted to be Owner/Builder)

NOTIFICATION REQUIREMENTS FOR DEMOLITION/RENOVATION ACTIVITIES

1. Written notification is required to be submitted to the South District Office of the Florida Department of Environmental Protection (FDEP/SD) ten (10) working days prior to the commencement of any facility demolition or regulated renovation activity
2. All facility demolitions (even those without asbestos) require notice.
3. Notice is also required for facility renovations impacting 260 linear ft. of RACM on pipes or 160 sq. ft. on other components (35 cu. Ft. if measurements not possible.)
4. A complete Florida Department of Environmental Protection (FDEP) Notice of Asbestos Renovation or Demolition Form 62-257.900(1) shall be mailed to:

FDEP/South District
2295 Victoria Ave, Ste 364
P.O. Box 2549
Fort Myers, FL 33902

Download Notice of Asbestos Renovation / Demolition form at: http://www.floridadep.com/south/Air/Air_Resources.htm.

Initial _____

***** SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC *****

Printed Name: _____ Signature: _____ Date: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

(name of person making statement)

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Applicable Codes
6 th Ed. 2017 FBC; Florida Building Code: Building, Existing Building, Mechanical, Plumbing
5 th Ed. 2014 FFC; Florida Fire Prevention Code
NEC 2014; National Electric Code