



FAX-IN TRADE PERMIT APPLICATION

Permit Number: _____

**COPY OF A SIGNED CONTRACT MUST BE ATTACHED
MANUAL J IS REQUIRED WITH ALL A/C CHANGE OUTS**

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

A. Property/Job Site Information:

Owner: _____

Street: _____ City: _____ Zip: _____

STRAP NUMBER: _____

B. Contractor/ Owner Information: License Number: _____

First and Last Name: _____

Company Name: _____

Phone Number: Area Code: _____ Number: _____

E-mail Address: _____

C. Trade Permit Cost Matrix (See Page 3)

D. * CREDIT CARD PAYMENT AUTHORIZATION ON PAGE 4 MUST BE COMPLETED *****

E. Job Value: \$ _____ **(Contract Must Be Attached)**

F. Recycling: Yes No Diversion fee paid

G. Job Type:

**a. RE-ROOF: Nominal wind speed 124 Ultimate wind speed 160 Asphalt shingles need to be
ASTM D 7158 Type H or ASTM D 161 Type F only**

i. MD BU CT MT SP CS RR UT FS Tear off

Shingle over shingle Y N Roof pitch* _____

*If shingle roof is less than a 2/12 pitch, a roof pitch agreement is required before inspections.

Tile can be changed to shingle, but shingle may not be changed to tile without Engineer approval.

b. AIR CONDITIONING

i. Change out * **Manual J required with all Change outs**

ii. New system in existing residence: Y* N (If yes, ground floor square footage is required)

_____ Sq. Footage ***Separate electric permit is required***

iii. SEER _____ KW _____ Tons _____

iv. Pkg Unit _____ Split System _____ Duct Work Only _____

v. Condenser Only* _____ Air Handler Only* _____ ***Provide match documentation**

vi. Pool Heat Pump _____

vii. Interior coolers _____ Exterior walk-in cooler _____ # of compressors _____

The 2010 Florida Building Code Energy Conservation Chapters Requires permit applications for split system change outs to include documentation showing compliance with the ACCA manuals J and S (RES) or ACCA manuals N and S (Com). Matching Documents include: AHRI Data, Accredited Lab, Manufacture Letter, or Eng. Letter. **ALL DOCUMENTS MUST BE SUBMITTED PRIOR TO ISSUANCE.

c. ELECTRIC

i. _____

d. PLUMBING

i. Ground Floor Area _____ sq.ft. _____ Water Heater Replacement _____

ii. SEWER _____ (A copy of paid tap receipt is required)

iii. Irrigation from: Lake _____ Well _____ (Well permit # required) BSU _____

iv. Fire sprinklers (residential): # of Heads _____ Potable (6 or less) _____ BSU/ Backflow _____

e. LP GAS: Underground Tank _____ Above Ground Tank _____ Add to Existing System _____

i. Number of Outlets _____ **NATURAL GAS** _____

f. SOLAR:

i. Roof Truss Affidavit _____ Pool Heater _____ Water Heater _____ Photovoltaic System _____

KW's for PV: _____

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

<p>Printed Name: _____ Signature: _____ Date: _____</p> <p>STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me</p> <p>____ day of _____, _____, by _____ (name of person making statement).</p> <p>Personally known: ____ OR Produced identification: ____ Type of identification produced: _____</p> <p>_____ (Signature of Notary Public – State of Florida) _____ (Print, Type or Stamp Commissioned Name of Notary Public)</p>
<p>Applicable Codes: 2010 edition Florida Building Code Building, Plumbing, Mechanical, Fuel Gas, Residential, Existing & Energy 2010 edition Florida Fire Prevention Code if application 2008 edition National Electric Code</p>

**OWNER BUILDER DISCLOSURE STATEMENT & AFFIDAVIT FORM IS REQUIRED
FOR ALL OWNER BUILDER PERMITS**

Trade Permit Cost Breakdown (as of 03-14-2012)

Contract Amount	Building Permit Fees	DCA Surcharge	DBPR Surcharge	Total	3% Credit Card Convenience Fee	Grand Total
\$0-\$2,000	\$75.00	\$2.00	\$2.00	\$79.00	\$2.37	\$81.37
\$2,001-\$3,000	\$89.00	\$2.00	\$2.00	\$93.00	\$2.79	\$95.79
\$3,001-\$4,000	\$103.00	\$2.00	\$2.00	\$107.00	\$3.21	\$110.21
\$4,001-\$5,000	\$117.00	\$2.00	\$2.00	\$121.00	\$3.63	\$124.63
\$5,001-\$6,000	\$131.00	\$2.00	\$2.00	\$135.00	\$4.05	\$139.05
\$6,001-\$7,000	\$145.00	\$2.18	\$2.18	\$149.36	\$4.48	\$153.84
\$7,001-\$8,000	\$159.00	\$2.39	\$2.39	\$163.78	\$4.91	\$168.69
\$8,001-\$9,000	\$173.00	\$2.59	\$2.59	\$178.18	\$5.35	\$183.53
\$9,001-\$10,000	\$187.00	\$2.80	\$2.80	\$192.60	\$5.78	\$198.38
\$10,001-\$11,000	\$201.00	\$3.01	\$3.01	\$207.02	\$6.21	\$213.23
\$11,001-\$12,000	\$215.00	\$3.23	\$3.23	\$221.46	\$6.64	\$228.10
\$12,001-\$13,000	\$229.00	\$3.44	\$3.44	\$235.88	\$7.08	\$242.96
\$13,001-\$14,000	\$243.00	\$3.65	\$3.65	\$250.30	\$7.51	\$257.81
\$14,001-\$15,000	\$257.00	\$3.86	\$3.86	\$264.72	\$7.94	\$272.66
\$15,001-\$16,000	\$271.00	\$4.06	\$4.06	\$279.12	\$8.37	\$287.49
\$16,001-\$17,000	\$285.00	\$4.27	\$4.27	\$293.54	\$8.81	\$302.35
\$17,001-\$18,000	\$299.00	\$4.48	\$4.48	\$307.96	\$9.24	\$317.20
\$18,001-\$19,000	\$313.00	\$4.69	\$4.69	\$322.38	\$9.67	\$332.05
\$19,001-\$20,000	\$327.00	\$4.91	\$4.91	\$336.82	\$10.10	\$346.92
\$20,001-\$21,000	\$341.00	\$5.12	\$5.12	\$351.24	\$10.54	\$361.78
\$21,001-\$22,000	\$355.00	\$5.33	\$5.33	\$365.66	\$10.97	\$376.63
\$22,001-\$23,000	\$369.00	\$5.54	\$5.54	\$380.08	\$11.40	\$391.48
\$23,001-\$24,000	\$383.00	\$5.75	\$5.75	\$394.50	\$11.83	\$406.33
\$24,001-\$25,000	\$397.00	\$5.96	\$5.96	\$408.92	\$12.27	\$421.19
\$25,001-\$26,000	\$406.70	\$6.10	\$6.10	\$418.90	\$12.57	\$431.47
\$26,001-\$27,000	\$416.40	\$6.25	\$6.25	\$428.90	\$12.87	\$441.77
\$27,001-\$28,000	\$426.10	\$6.39	\$6.39	\$438.88	\$13.17	\$452.05
\$28,001-\$29,000	\$435.80	\$6.54	\$6.54	\$448.88	\$13.47	\$462.35
\$29,001-\$30,000	\$445.50	\$6.68	\$6.68	\$458.86	\$13.77	\$472.63
\$30,001-\$31,000	\$455.20	\$6.83	\$6.83	\$468.86	\$14.07	\$482.93
\$31,001-\$32,000	\$464.90	\$6.97	\$6.97	\$478.84	\$14.37	\$493.21
\$32,001-\$33,000	\$474.60	\$7.12	\$7.12	\$488.84	\$14.67	\$503.51
\$33,001-\$34,000	\$484.30	\$7.26	\$7.26	\$498.82	\$14.96	\$513.78
\$34,001-\$35,000	\$494.00	\$7.41	\$7.41	\$508.82	\$15.26	\$524.08
\$35,001-\$36,000	\$503.70	\$7.56	\$7.56	\$518.82	\$15.56	\$534.38
\$36,001-\$37,000	\$513.40	\$7.70	\$7.70	\$528.80	\$15.86	\$544.66
\$37,001-\$38,000	\$523.10	\$7.85	\$7.85	\$538.80	\$16.16	\$554.96
\$38,001-\$39,000	\$532.80	\$7.99	\$7.99	\$548.78	\$16.46	\$565.24
\$39,001-\$40,000	\$542.50	\$8.14	\$8.14	\$558.78	\$16.76	\$575.54



FAX-IN TRADE PERMIT APPLICATION CREDIT CARD PAYMENT AUTHORIZATION

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

A. Customer Information:

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____

Email: _____

Trade Type: _____

Permit # / Address: _____

(Attach list for additional permits)

**TRANSACTIONS RECEIVED AFTER 11:00AM ARE NOT GUARANTEED TO BE
PROCESSED UNTIL THE FOLLOWING BUSINESS DAY**

B. Credit Card Information:

Credit Card Type: Master Card _____ Visa _____ Discover _____

Credit Card #: _____ 3-Digit Code: _____ Expiration Date: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____

Authorized Amount (See Cost Matrix – Page 3): _____

NOTE: Credit card charges will appear as "City of Bonita Springs" on your monthly credit card statement

***** A 3% CONVENIENCE FEE WILL BE CHARGED FOR USING THIS PAYMENT OPTION *****



Mandatory Duct Inspection Certification for HVAC change-out

Permit Number: _____

**For use when part of the duct and/or HVAC system has been replaced
(Section 101.4.7.1.1 & FS 553.912)**

Community Development | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: +1 239 444 6150 | Fax: +1 239 444 6140

I _____, certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 3)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature _____ Date _____

Printed Name: _____ Contractor License # _____

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature _____ Date _____

Printed Name: _____



504 ROOF INSPECTION AFFIDAVIT

Permit Number: _____

Community Development | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: +1 239 444 6150 | Fax: +1 239 444 6140

I _____, OWNER/BUILDER, LICENSED CONTRACTOR,
ENGINEER/ARCHITECT, FS 468 BUILDING INSPECTOR LICENSE #: _____ ON
_____ DAY, I HEREBY CERTIFY THE FOLLOWING.

SELECT SECTIONS THAT APPLY

Needed for all
roofs

Needed in
addition to
above for ult.
160mph alt. 130
windborne
Debris Region
with a value
greater than
\$300,000

- Roof deck nailing and secondary water barrier (may be certified by Architect, Engineer, CGC, CBC, CRC, CCC, Building Inspector or Owner/Builder).
- Additional metal connectors, clips strap fasteners and additional structure elements. (May be certified by an Architect or Engineer, CGC, CBC, CRC or Building Inspector, Not CCC or Owner/Builder).
- Exceptions under 201.3, Where it can be demonstrated (by code adoption date documentation and permit issuance date is after 1995) that roof-to-wall connections and/or roof-to-foundation continuous load path requirements were required at the time of original construction. Roof-to-wall connections shall not be required unless evaluation & installation of connections at gable ends or all corners can be completed for 15% of the cost of roof replacement.

...for the work located at _____.

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manuel (Based on 553.844 F.S.)

Under penalties of perjury, I declare that I have read the following Inspection Affidavit and that the facts stated in it are true.

Signature _____ Date _____



SOLAR TRUSS AFFIDAVIT

Community Development | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: +1 239 444 6150 | Fax: +1 239 444 6140

To: City of Bonita Springs Community Development

This is to certify that the roof trusses at _____ are pre-manufactured and all panels will be attached as prescribed in the FSEC-IN-24-06 * and that the proposed completed product does not exceed five (5) pounds per square foot and will be installed around and/or into the roof truss members.

Under the penalties of perjury, I declare that I have read the foregoing Roof Truss Affidavit and the facts stated in it are true.

Signature (owner/authorized agent) _____

Printed Name _____ Date: _____

* FSEC-FP-7-80 can be found at http://www.fsec.ucf.edu/en/consumer/solar_hot_water/pools/installation/index.htm

FLORIDA ENERGY CONSERVATION CODE Air Distribution System Test Report

Owner: _____	Contractor name: _____
Street address: _____	Jurisdiction: _____
City: _____	Permit No.: _____
Zip: _____	Final inspection date: _____

Section 403.2.2.1. Duct tightness. Duct tightness shall be verified by testing to ASHRAE Standard 152.

Prescriptive is substantially leak-free (see below) Performance is $Q_n =$ as indicated on energy calculation.

Ducts/air handler in conditioned space Tested by a Class 1 BERS rater (see results below)

Signature: _____ Date: _____

Printed Name: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	_____ cfm25 _(out or tot) circle test type
2	System 2	_____ cfm25 _(out or tot) circle test type
3	System 3	_____ cfm25 _(out or tot) circle test type
4	System 4	_____ cfm25 _(out or tot) circle test type
5		_____ Sum lines 1-4
6	<u>Total House Duct System Leakage</u>	Divide Line 5 by _____ = _____ (Q _n , out or tot) (total conditioned floor area) (circle test type)

To qualify as "substantially leak free," Q_n must be less than or equal to 0.03. (Section 202. SUBSTANTIALLY LEAK FREE. Distribution system air leakage to outdoors is no greater than 3 cfm per 100 square feet of conditioned floor area at a pressure differential of 25 Pascal (0.10 in. w.c.) across the entire air distribution system, including the manufacturer's air handler enclosure.)

I am a FL BERS Class 1 rater in good standing. I have tested the air distribution system(s) referenced by the permit listed above in accordance with ASHRAE Standard 152.

BERS Signature: _____ Date: ____/____/____

BERS Printed Name: _____

FL BERS Class 1 Rater Certification #: _____

The Building Energy Rating System (BERS) law can be found at FS 553.990-999. Currently certified FL BERS Class 1 raters can be found at http://securedb.fsec.ucf.edu/engauge/engauge_search_rater.

For Building Department use only:	
Form received by: _____	Date: ____/____/____

FORM J1_{AE} • ABRIDGED VERSION of MANUAL J, 8TH EDITION



Project		Design State & City			
Indoor Design Heating db	70	Outdoor 99% db	#N/A	HTD	#N/A
Indoor Design Cooling db	75	Outdoor 1% db	#N/A	CTD	#N/A
Indoor Design Cooling RH	50%	Grains Difference	#N/A	Daily Range	#N/A
Latitude	#N/A	Elevation	#N/A	ACF	#N/A

	Glass Direction	Construction Detail	Heating HTM	Cooling HTM	Net Area	Heating BTUH	Cooling BTUH	
6A	Windows & Glass Doors							

6B	Skylights							

7	Wood & Metal Doors	a						
		b						
		c						

8	Above Grade Walls	a						
		b						
		c						
		d						
		e						
	Partition Walls	f						
		g						

9	Below Grade Walls	a					
		b					

10	Ceilings	a						
		b						
		c						
	Partition Ceilings	d						
		e						

11	Passive Floors	a						
		b						
	Exposed Floors	c						
		d						
	Basement Floor	e						
	Partition Floors	f						
		g						

12	Envelope Leakage	Average	Heated & Cooled Floor Area = Sq. Ft.	Above Grade = Cu. Ft.	#N/A	#N/A
	No. of Fireplaces					

13	Internal Gains	Number of Bedrooms	3	Occupants	4	#VALUE!
		Appliance - 1200 BTUH				#VALUE!

14	Sub Totals					#N/A	#N/A
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15	Duct Loss & Gain	7E-T&B SA in Attic, RA Riser in Floor to Ceiling Chase, Perimeter Supply Outlets					
		R-Value = 6	Leakage Class .12/.24	#N/A <input checked="" type="checkbox"/>	#N/A <input checked="" type="checkbox"/>	#N/A	#N/A
		Installed Square Feet of Surface or Default = 1	Supply	1	Return	1	

16	Ventilation	Combustion Air From Conditioned Space	<input type="checkbox"/> Furnace	<input type="checkbox"/> Water Heater	None	#N/A	#N/A
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19	Blower Heat Gain	Manufacturer's performance data has no blower heat discount					1707
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20	Total Sensible Loss or Gain					#N/A	#N/A
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Enter Company Name Here Enter Company Address Here Enter Company City, State and Zip Code Here Enter Company Phone Numbers Here Enter Website or Email Address Here	21	Latent Infiltration load for cooling				#N/A
		Latent load for occupants				800
		Latent load for plants	Small	Medium	Large	
		Latent load for duct in unconditioned space				#N/A
		Latent ventilation load for cooling				#N/A
		Total Latent Gain				#N/A

Air Conditioning Contractors of America
Manual S (Residential Equipment Selection)



Project Information		
Name		
City		
State		
Altitude	Altitude Adj.	1.00

Design Information	
Outdoor Design Temperature - Summer	
Indoor Design Temperature - Summer	
Indoor Design %RH - Summer	50
Outdoor Design Temperature - Winter	

Proposed Equipment	Manufacturer		Furnace #		AFUE	
	Manufacturer		AHU/Coil #		SEER	
	Manufacturer		Condenser #		HSPF	
	Manufacturer		Package #			

Manual J Load	Heat Loss	Design TD For Airflow	Design CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
		#DIV/0!	#DIV/0!	63				#DIV/0!

Manufacturers Performance Data (A)	Lower CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Entering Coil Temperature = 75 (F db)						
Rated CFM @ Rated RA Temperature						#DIV/0!
Rated CFM @ Desing RA Temperature		63	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Rated CFM @ Rated RA Temperature						#DIV/0!

Manufacturers Performance Data (B)	Higher CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Entering Coil Temperature = 75 (F db)						
Rated CFM @ Rated RA Temperature						#DIV/0!
Rated CFM @ Desing RA Temperature		63	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Rated CFM @ Rated RA Temperature						#DIV/0!

Manufacturers Cooling Performance	Design CFM	Design (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Interpolated Equipment Capacity				#DIV/0!	#DIV/0!	#DIV/0!
Excess Latent Capacity Calculation	#DIV/0!	63	#DIV/0!	#DIV/0!	#DIV/0!	
Capacity @ Design CFM / RA (F wb)				#DIV/0!	#DIV/0!	#DIV/0!
Equipment Capacity as a % of Design			#DIV/0!	#DIV/0!	#DIV/0!	

Heat Pump Data	Capacity @ 47 °F db	Capacity @ 17 °F db	Balance Point	Supplemental Heat Required
			#DIV/0!	

Furnace Data	Input Capacity	Output Capacity	AFUE	Desired Temp. Rise	Calculated Airflow
					#DIV/0!

