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CITY OF BONITA SPRINGS

Community Development Department
9220 Bonita Beach Road, Ste. 111
Bonita Springs, FL 34135
Phone: (239) 444-6150
email: permitting@cityofbonitaspringscd.org

COMMERCIAL BUILDING PERMIT APPLICATION (2024)
PERMIT #: _____

- ❖ Four (4) sets of plans required. One (1) set of digital plans required for all new structures.
- ❖ ALL JOBS OVER \$5,000 (\$15,000 AC Repair/Replacement) REQUIRE AN NOC BEFORE FIRST INSPECTION.
- ❖ All jobs at commercial properties must have a Notarized Owner Authorization Letter.
- ❖ A Development Services permit 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 Development Services at developmentservices@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)**
- COMMERCIAL:** *New Building *Tenant Build-Out *Remodel Remodel Condo *Addition
- New Multi-Family Residential: _____ Multi-Family Units _____ Single-Family Units (Mixed Use Development)
- Shell Only Slab Only Dumpster Enclosure
- ACCESSORY:** Awning/Canopy Shed
- FENCE/WALL:** 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:** _____

- 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. Required Supplemental Information for **New Commercial Construction**

1. Service Voltage: 120v 1-Phase 120/240v 1-Phase 120/240v 3-Phase 120/208v 1-Phase
 120/208v 3-Phase 277/480v 3-Phase 240/480v 3-Phase Other: _____

2. Service Entrance Size (Amp): _____

3. Meter Type: New Single New Multi-Meter

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

J. Trades Used: Roof Electric Plumbing Mechanical Shutters Gas

K. Scope of Work: _____

L. Type of Construction: (check one) 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

M. Occupancy Group: (select one)

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

O. Mastered Plans: Yes No Master Number: _____

P. Impact Fee Credits: Yes No Credit Amount \$ _____

Q. Recycling: Yes No Diversion Fee Paid

R. Demolition Involved: Yes No If Yes, See DEP Notice

S. Food Preparation involved: Yes No If Yes, See BSU Notice

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)

SEA TURTLE COMPLIANCE: If the property is located on a barrier island and the permit includes the addition or replacement of exterior lights and/or windows/glass submit the Exterior and Interior Sea Turtle Lighting Standards Verification Form signed by the owner.

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 _____

COMMUNITY DEVELOPMENT DEPARTMENT

Permit reviewed and approved based on information provided by applicant. Omitted and/or falsified information may void permit in accordance with 4-162(d).

APPLICABLE BUILDING CODES

8th ed. 2023 FBC; Florida Building Code: Building, Existing, Mechanical, Plumbing
8th ed. 2023 FFC; Florida Fire Prevention Code
NEC 2020; National Electric Code

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

Contractor Signature: _____

Contractor Name: _____

Site Address: _____ City: _____ Zip: _____

Date: _____

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization ,
this (day) _____ of (month) _____ , (year) _____ ,
by (name of person making statement) _____.

Signature of Notary Public - State of Florida: _____

Print, Type, or Stamp Commissioned Name of Notary Public: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____