

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

RESIDENTIAL BUILDING PERMIT APPLICATION (2026)
PERMIT #: _____

- ❖ **Three (3) Sets of Plans Required. One (1) Set of Digital Plans Required for All New Structures.**
- ❖ **Drainage Plan Requirements: www.cityofbonitaspringscd.org/resources/Drainage_Plan_Submittal.html**
- ❖ **All jobs over \$5,000 require a copy of a recorded NOC prior to the first Inspection being scheduled.**
- ❖ **When Completing Submittal Package, Reference Permit Plan Review and Residential Permit Procedures.**
- ❖ **Application Review may be placed on HOLD until supplemental information for New Residential Construction is received.**

- A. Property Owner Name: _____
1. Site Address: _____ Bonita Springs, FL ZIP: _____
2. Parcel (Strap) Number: _____
- B. Contractor License Number: _____ Company Name: _____

NOTE: To update a contractor's email address on file, submit a new contractor registration form.

- C. Owner Builder: Yes No ***IF YES, OWNER BUILDER STATEMENT/AFFIDAVIT IS REQUIRED.**
- D. Are you using Private Provider Services? Plan Review: Yes No Inspections: Yes No
- E. Job Type: ***Required Supplemental Information (see below)**

***RESIDENTIAL:** Single Family Duplex Modular Home Addition Addition/Remodel Remodel
 Restoration Structure Move Detached Garage

Nominal Wind Speed for Components and Cladding (**REQUIRED**) _____

MOBILE HOME: ANSI Unit Mobile Home Park Model

NOTE: See Mobile Home Addendum for updated application requirements and inspection process.

ACCESSORY: Awning/Canopy Carport Gazebo Greenhouse Glass/Utility Room Deck/Slab
 Pool Enclosure Pergola Screen Room Shed Sun Rooms

MISCELLANEOUS: Garage Door Replacement Siding

NOTE: See stand-alone application for Shutters, Windows and Entry Doors.

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: _____

- F. Required Supplemental Information for **New Residential 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

- 4. Proof of Water: BSU Letter Well Permit Private: _____
- 5. Proof of Sewer: BSU Letter Septic Permit Other: _____
- 6. Proof of Driveway: Bonita Springs Public Works Permit San Carlos Estates Permit
- 7. ***Development Order #: _____ SFWMD Permit #: _____
- 8. ***Finished Floor Requirement (per FEMA FIRM and/or SFWMD): _____

*****APPLICATION REVIEW MAY BE PLACED ON HOLD UNTIL ALL INFORMATION IS RECEIVED**

- G. Risk Category: 1 2 3 4 Wind Zone: _____ Wind Exposure: B C D
- H. Trades Used: Roof Electric Plumbing Mechanical Shutters Gas
- I. Scope of Work: _____
- J. Type of Construction (check one): 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B
- K. Contract Amount: \$ _____ Total Sq. footage _____ ICC Value \$ _____
- L. Mastered Plans: Yes No Master Number: _____
- M. Impact Fee Credits: Yes No Credit Amount \$ _____
- N. Recycling: Yes No Diversion Fee Paid
- O. Demolition Involved: Yes No If Yes, See DEP Notice

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 STATEMENT/AFFIDAVIT FORM IS REQUIRED FOR ALL OWNER BUILDER PERMITS

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 _____

*****SEE NEXT PAGE FOR NOTARY FORM*****

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: _____