

RESTORATION PERMIT APPLICATION

Storm Name: _____

CITY OF BONITA SPRINGS

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

RESIDENTIAL (Single Family or Duplex)

COMMERCIAL (Triplex or Larger)

- ❖ This application is limited to restoring a building to its originally authorized pre-damaged condition (like-for-like). All other modifications or elective changes must be made by separate remodel permit application.
- ❖ Compliance with Federal Regulations (CFR 44), the 2023 Florida Building Code and Bonita Springs City Code Chapter 24 (Flood Regulations) requires a permit to repair damages to buildings regardless of who performs the work, insurance status or claims.

INSTRUCTIONS & REQUIRED DOCUMENTS:

- One (1) Floor plan** reflecting the interior layout of the full building (all floors); this may be hand drawn.
 - Replacement of existing windows and exterior doors must show location of replaced products on the floor plan and provide the associated FL Product Approval Number or Notice of Acceptance Number.
- Site plan** is required if replacing, relocating or elevating external items or equipment (i.e. a/c equipment, generators, stairs, etc.) and must clearly show location, proposed elevation and distance to all property lines.
- Three (3) Sets of Construction Drawings (if applicable)**, see application notes and instructions).
- Attach photographs of damaged and non-damaged areas; interior and exterior.**
 - Photographs may be emailed to floodinfo@cityofbonitaspringscd.org after permit application has been submitted. Email must reference the permit application number and property address.
- Attach copy of an elevation certificate** (optional, if available).
- Attach copy of a survey** (optional, if available).
- Properties located in flood zones must complete and attach a Cost of Improvements Packet.**
- Separate permit application is required for repair or replacement of detached accessory features such as fences, pool screen enclosures, sheds, etc.**
- Recycling Certification, Diversion Fee or Exemption Request is required prior to closure of the permit.**
- Owner Builder Disclosure Statement & Affidavit Form is Required for all Owner Builder Permits.**
 - Corporately owned properties or properties used as rentals are not eligible for owner builder applications; a licensed contractor is required per Florida Statute [489.103](#).

1. **Owner Name:** _____ **STRAP Number** _____

A. Site Address: _____ Bonita Springs, FL Zip: _____

B. Owners Phone: _____ Owners Email: _____

2. **Contractor License Number:** _____ **Company Name:** _____

A. Contractor Name: _____ Phone: Area Code: _____ Number: _____

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

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

4. **Construction Value:** \$ _____

- ❖ If construction value exceeds \$5,000 a [Notice of Commencement](#) will be required prior to the first inspection being scheduled.

5. **Detailed Description of all repairs:** _____

6. **Number of Living Units** (single family, duplex, triplex, etc.): _____

7. **Total number in the building** (not just impacted areas) **Number of Bedrooms:** _____ **Bathrooms:** _____

8. **Damaged by:** Wind Fire Flood height of interior water _____ inches

9. **Roof Repairs:** Yes No If roof requires full replacement a [Trade Permit Application](#) is required

A. Detailed explanation: _____

10. **Plumbing Repairs:** Yes No

A. Detailed explanation: _____

11. **LP Gas Repairs:** Yes No If YES, a [Trade Permit Application](#) is required by licensed contractor

12. **Solar Repairs:** Yes No

A. Detailed explanation: _____

13. **Elevator repairs/replacement:** Yes No

A. Detailed explanation: _____

14. **Fire Suppression system repair/replacement:** Yes No

A. Detailed explanation: _____

15. **Fireplace repair/replacement:** Yes No

A. Detailed explanation: _____

16. **Mechanical Repairs:** Yes No If elevating or relocating exterior equipment, a site plan is required showing location, proposed elevation and distance to property line. (2023 FBC R322.1.6 requires replacement of exterior equipment damaged by flooding to be elevated to base flood plus one foot)

A. Detailed explanation: _____

1. SEER ____ KW ____ Tons ____

2. Pkg Unit Split System Duct Work Only Condenser Only Air Handler Only

3. Interior coolers Exterior Walk-in Cooler # of Compressors: _____

17. **Electrical Repairs:** Yes No

A. Detailed explanation: _____

1. Outlets, Qty ____ Light Switches, Qty ____ Electric Vehicle (EV) Charger

2. 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: _____

3. Service Entrance Size (Amp): _____

4. Meter Type: New Single Existing Single New Multi-Meter Existing Multi-Meter

18. **Flooring Repairs:** Yes No

A. Detailed explanation: _____

19. **Drywall Repairs:** Yes, height replacement drywall _____ inches No

A. Detailed explanation: _____

20. **Insulation Replacement:** Yes, height replacement insulation _____ inches No

A. Detailed explanation: _____

21. **Baseboards, molding and Trim Repairs:** Yes No

A. Detailed explanation: _____

22. **Interior Doors:** Yes, quantity _____ No

A. Detailed explanation: _____

23. **Cabinet Replacement or Repairs:** Yes No Lower Cabinets Upper Cabinets Vanities

A. Detailed explanation: _____

24. **Counter top repairs/replacement:** Yes No Clean and Reinstall Existing

A. Detailed explanation: _____

25. **Tub or Shower repairs/replacement:** Yes No

A. Detailed explanation: _____

26. **Built-in Appliance Replacements:** Yes No Dishwasher Water Heater Water Softener Other

A. Detailed explanation: _____

27. **Painting:** Yes, Quantity of Rooms _____ No

A. Detailed explanation: _____

28. **Replacement of existing Windows, Exterior Doors, Hurricane Shutters and Garage Doors:**

A. Detailed explanation: _____

B. **Exterior Doors:** Yes, Quantity _____ No FL Product Approval Number/NOA: _____

C. **Windows:** Yes, Quantity _____ No FL Product Approval Number/NOA: _____

D. **Hurricane Shutters:** Yes, Quantity _____ No FL Product Approval Number/NOA: _____

E. **Garage Door:** Yes, Quantity _____ No FL Product Approval Number/NOA: _____

29. **Foundation Repairs (footers, pilings, columns, posts, etc.):** Yes (*construction drawings required*) No

A. Detailed explanation: _____

30. **Slabs and concrete repairs:** Yes (*construction drawings required*) No

A. Detailed explanation: _____

31. **Break away walls, bearing walls, tie beams, trusses, joists, beams repairs:** Yes No (*construction drawings required*)

A. Detailed explanation: _____

32. **Stairs or guardrail repairs or replacement:** Yes No (*replacement stairs over 30" in height above ground requires construction drawings and site plan showing location with distance to property lines*)

A. Detailed explanation: _____

33. **Exterior stucco, paint, siding or trim repairs:** Yes No

A. Detailed explanation: _____

34. **Gutter and downspout repairs:** Yes No

A. Detailed explanation: _____

35. **Attached decks and porches or replacement:** Yes No (*replacement over 30" in height above ground requires construction drawings and site plan showing location with distance to property lines*)

A. Detailed explanation: _____

36. **Other:** _____

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
City of Bonita Springs Chapter 24 – Flood Hazard Reduction Ordinance

*****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: _____

Name of Notary Typed, Printed, or Stamped: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____