

If you have a disability and the format of this document interferes with your ability to access information, please contact us at (239) 444-6150 and we will gladly assist.

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

TRADE PERMIT APPLICATION (2026)
PERMIT #: _____

***** All Jobs Over \$5,000 (\$15,000 AC Repair/Replacement) Require an NOC before the First Inspection**
***** Owner Builder Disclosure Statement & Affidavit form is required for all Owner Builder Permits**

- 1. Owner Name: _____ STRAP Number _____
- 2. Site Address: _____ City: _____ Zip: _____
- 3. Contractor License Number: _____ Company Name: _____
- 4. Contractor Name: _____ Phone: Area Code: _____ Number: _____

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

- 5. Are you using Private Provider Services? Plan Review: Yes No Inspections: Yes No
- 6. Authorized Agent(s) as listed on Authorized Agent Affidavit (separate form).
- 7. Job Value: \$ _____ (*****SIGNED CONTRACT NO LONGER REQUIRED*****)
- 8. 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

- 1. Tear off ****include 504 Roof Affidavit** Recycling Form and Dump Tickets **OR** \$100 Diversion Fee
- 2. Shingle over shingle: Yes No Roof pitch* _____
Tile can be changed to shingle, but shingle may not be changed to tile without Engineer approval.

Scope of Work: _____

B. PLUMBING: Scope of Work: _____

- 1. Water Heater Replacement (like for like exempt) Ground Floor Area _____ sq.ft. _____
- 2. Sewer (A copy of paid tap receipt is required)
- 3. Irrigation from: Lake Well: BSU well permit # _____ ****permit required**
- 4. Fire sprinklers (residential): # of Heads: _____ Potable (6 or less): _____ BSU/ Backflow: _____

C. LP GAS: ****building plan review required**

- 1. Underground Tank Above Ground Tank Add to Existing System
- 2. Number of Outlets: _____ Natural Gas: _____
- 3. Gas service for new back-up generator: Yes** No

****separate electric permit required prior to issuance of Gas permit**

D. SOLAR: ****solar truss affidavit required; building plan review required for PV systems**

- 1. Roof Truss Affidavit Pool Heater Water Heater Photovoltaic System: KW's for PV: _____

MECHANICAL TRADE APPLICATION: SITE PLAN REQUIREMENT & ZONING REVIEW

Land Development Code Snippet URL: <https://cityofbonitaspringscd.org/mechanical-equipment-encroachment/>

Sec. 4-1892. - Measurement; permitted encroachments:

All setbacks shall be measured to the nearest point of a building or structure. Notwithstanding this section, none of these encroachments may be placed if the structure will violate the state building code or the state fire prevention code.

Encroachment into the setback shall be permitted as follows:

(7) *Mechanical equipment.* Mechanical equipment that is placed on an exterior concrete pad may be permitted to encroach a maximum of 3½ linear feet into the rear or side yard setbacks provided that the setback is greater than 7½ feet. For purposes of this section, mechanical equipment includes heating, ventilating and air-conditioning (HVAC) units, swimming pool equipment and back-up electrical generators. It does not include chimneys or oven exhaust systems.

1. Encroachments are allowed for legally approved PUD's and PD's or specific portions thereof that require a side setback of less than 7 ½ feet as outlined in the development standards and conditions outlined below. This specifically prohibits property approved as part of a zero lot line pattern of development.
2. Any new mechanical equipment must be offset and not directly aligned with other mechanical equipment on adjacent property. The offset measurement shall be no less than three (3) feet between equipment. The measurement must be indicated on the site plan and drainage exhibits provided to the City of Bonita Springs during the permitting process, as required in this subsection. This encroachment only applies to mechanical pads to be constructed at finished grade, or within 18" of finished grade. This does not permit the creation of cantilevered pads over 18" above finished grade.

THE FOLLOWING MUST BE FULLY COMPLETED AND ALL MEASUREMENTS DEPICTED ON SITE-PLAN

1. House setback from property line: _____
2. Mechanical equipment pad width (measured from outer edge of pad): _____
3. Mechanical equipment pad setback (outer edge) to property line: _____ (generators include separation req.)
4. Setback from other equipment (on same and immediately adjacent property): _____

Reference the following help page under **Required Measurements Tab** - complete with sample illustrations:

<https://cityofbonitaspringscd.org/mechanical-equipment-encroachment/>

E. MECHANICAL

1. AC Change Out: Increase to concrete pad size? Yes** No ****site plan & zoning review required**
2. New System: Yes** No ****site plan, zoning review, and separate electric permit required**
 _____ Sq. Footage (required for new systems)
3. SEER _____ KW _____ Tons _____
4. Pkg Unit Split System Duct Work Only Mini Split
5. Condenser Only (like for like exempt) Air Handler Only (provide match documentation)
 Increase to concrete pad size? Yes** No ****site plan & zoning review required**
6. Pool Heat Pump: New** Change Out ****site plan & zoning review required**
 Increase to concrete pad size? Yes** No ****site plan & zoning review required**
7. Interior coolers Exterior Walk-in Cooler # of Compressors: _____

F. ELECTRIC

- 1. Back-Up Generator ****site plan & zoning review required**
- 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
- 5. Scope of Work: _____

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: _____

Name of Notary Typed, Printed, or Stamped: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____



504 ROOF INSPECTION AFFIDAVIT
Permit Number: _____

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

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 Manual (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
Permit Number: _____

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

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

If you have a disability and the format of this document interferes with your ability to access information, please contact us at (239) 444-6150 and we will gladly assist.

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

TRADE PERMIT ADDENDUM

The 8th Edition of the Florida Building Code section R322.1.6 and 701.3 requires that replacement of exterior equipment (mechanical, plumbing and electrical systems) and exterior appliances **damaged by flood** shall meet the elevation requirements of R322.2 or R322.3 (base flood plus one foot).

This requirement applies to both Commercial and Residential construction. Please fill out the section below and submit this addendum with all Trade Permit Applications.

1. Owner Name: _____ STRAP Number _____
2. Site Address: _____ City: _____ Zip: _____
3. Contractor License Number: _____ Company Name: _____
4. Contractor Name: _____ Phone: Area Code: _____ Number: _____
5. E-mail Address: _____
6. Does the proposed scope of work involve the replacement of exterior equipment (mechanical, plumbing and electrical systems) and exterior appliances damaged by flood? Yes No
 - A. Flood zone: AE Coastal A V Zone
 1. Visit [Find My Flood Zone \(arcgis.com\)](http://Find My Flood Zone (arcgis.com)) to locate the flood zone information.
 - B. Base flood elevation: _____ NAVD
 - C. Design flood elevation: _____ NAVD

Contractor Signature: _____ Date: _____