



# Community Development Department Building Construction Division

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www.CharlotteCountyFL.gov  
*"To exceed expectations in the delivery of public services"*

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Permit Number

20 \_\_\_\_\_

Application Date

CSR Initials \_\_\_\_\_

## MASTER PLAN APPLICATION FORM Florida Building Code 8th Edition (2023)

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

Type:(St., Dr., Pkwy., Blvd., etc.)

City

State

Zip

Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Description of project: \_\_\_\_\_

\_\_\_\_\_

Is a signed and sealed letter from the structural designer of record required for each individual permit?  Yes  No  
**Please provide letter from design professional addressing this question with this master plan application.**

Model or Project name or Number: \_\_\_\_\_

Date of Plans: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

Type:(St., Dr., Pkwy., Blvd., etc.)

City

State

Zip

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Plans Examiner's Print Name: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

Date Approved: \_\_\_\_\_