Community Development Department

Building Construction Division

18400 Murdock Circle | Port Charlotte, FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.764.1598
BuildingConstruction@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR Initials _____

Windows, Doors and Wind-borne Debris Protective Device(s) (WBDP) (i. e. Hurricane Shutters)

NOT FOR CHANGE OF SIZE OF OPENINGS OR REMODELS

Florida Building Code Sixth Edition (2017)

Job Site Details

Address: _____ Unit # _____
Number & Street City State Zip Code

Description of work to be done: _____

Quantities Windows _____ Swing Doors _____ Sliding Glass Doors _____ Garage Doors _____ Shutters _____

☐ Non-Electrical ☐ Electrical-Electrical Sub-Contractor Required

Provide percentage of glass replaced ONLY if applying for shutters exception under Existing Building Code 707.4 (25%) rule for One and Two family dwellings constructed under codes other than the Florida Building Code.

Total Glass Area (Sq. Ft.) ☐ Glass Area Replaced (Sq. Ft.) ☐ Percentage ☐ Year Building Built _____

Provide shutters permit number if separate or existing _____ Current use of the building _____

Wind Zone _____ Exposure _____ Flood Zone _____ Mean Roof Height _____ Zoning Class _____

Construction Cost (excluding lot but including labor) _____ Current Building Valuation _____

Owner Information

Notice of Commencement is required for all jobs $2,500 ($7,500 for HVAC) or more.

Name _____

Address _____ _____ _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone No. _____ Fax No. _____

Email _____

Contractor Information

Name _____

Address _____ _____ _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone No. _____ Fax No. _____

Email _____

Contractors State Certification or Registration No. _____ Contractors Certificate of Competancy Number _____

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Name of Fee Simple Titleholder (if not owner)

Street _____ City _____ State _____ Zip _____ Phone No _____

Bonding Company Name _____ Street _____ State _____ Zip _____

Architect/Engineer Name _____ Street _____ State _____ Zip _____

Mortgage Lender _____ Street _____ State _____ Zip _____

- This application is intended for direct replacement type installations only and cannot be used for alteration of the existing opening or the addition of new openings. All Non-Residential applications must be sent to Fire Review prior to issuance. Plans must be supplied and additional criteria may apply if property is located in the Charlotte Harbor CRA. If so, the project must meet the CRA Design and Community Standards. For more information call Zoning on (941) 743-1964.
- The application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.
- The undersigned applicant for this permit does hereby certify that he/she has or will prior to the performance of any work in connection with the authorization granted under this permit comply with the provisions of the Florida Worker's Compensation Act of Employers, Liability insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the State. Violation will invoke severe penalties.

Owners Affidavit: I hereby certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESUL IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTENT TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE YOUR NOTICE OF COMMENCEMENT.

NOTICE: in addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state or federal agencies.

_____ OWNERS/AGENT SIGNATURE

State of Florida, County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20 _____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____
Signature of Notary

_____
Printed Name of Notary

_____
Commission Number

_____ CONTRACTORS SIGNATURE

State of Florida, County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20 _____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____
Signature of Notary

_____
Printed Name of Notary

_____
Commission Number

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- **Required at time of permit application (2 copies of documentation)**

A plan view and/or schedule which indicates the location, size and type of each unit being install, list of current product approval number(s) from NOA or other Florida Building Code approved Certification Agency and bill or lading or NFRC report identifying U-Factor and SHGC.

- **Product approval** is required in accordance with FAC 9B-72. At the jobs site for inspection ensure manufacturers stickers are affixed to the item AND provide documentation listing, the current product approval number AND manufacture's specifications and installation instructions.

Replacement Fenestration FBC-Energy Conservation R503.1.1.1 (Table R402.1.2) and C401.2.1 (Table Table C402.4).
To show compliance please provide U-Factor and SGHC from bill of lading or NFRC report.
Climate Zone: 2
Fenestration U-Factor (less or equal) ≤ 0.40 *
Glazed Fenestration SHGC (less or equal) ≤ .25
Skylight U-Factor (less or equal) ≤ 0.65
Skylight SHGC Factor 0.30
* For impact rated fenestration the maximum U-Factor shall be (less or equal) ≤ 0.65.

Exception:
Change outs or renovations below 30% of value of building.

Replacement windows, doors, garage doors and WBDP must meet the minimum design pressure as outlined below when using prescriptive method and worst case. See: **www.ccgis.com** for job site windspeed and exposure information. Please specify the windspeed zone and the exposure.

WIND PRESSURES FOR WINDOWS, DOORS AND SHUTTERS (worst case)

WINDSPEED 140 Vult **Mean Roof Height 15'**

EXPOSURE	MIN. PRESSURES
B	☐ +21/-28
C	☐ +26/-34
D	☐ +31/-41

WINDSPEED 140 Vult **Mean Roof Height 30'**

EXPOSURE	MIN. PRESSURES
B	☐ +21/-28
C	☐ +30/-40
D	☐ +35/-47

WINDSPEED 150 Vult **Mean Roof Height 15'**

EXPOSURE	MIN. PRESSURES
B	☐ +24/-32
C	☐ +30/-39
D	☐ +36/-47

WINDSPEED 150 Vult **Mean Roof Height 30'**

EXPOSURE	MIN. PRESSURES
B	☐ +24/-32
C	☐ +34/-45
D	☐ +40/-53

WINDSPEED 160 Vult **Mean Roof Height 15'**

EXPOSURE	MIN. PRESSURES
B	☐ +28/-37
C	☐ +33/-45
D	☐ +40/-54

WINDSPEED 160 Vult **Mean Roof Height 30'**

EXPOSURE	MIN. PRESSURES
B	☐ +28/-37
C	☐ +39/-52
D	☐ +46/-62

NOTE: Wood structural panels can be used for wind-borne debris protection (shutters in accordance with R-301.2.1.2 Florida Building Code Residential, 6th Edition (2017)

GARAGE DOOR LOADS (15' Mean Roof Height)

140 Vult

Exposure	9' (width)	16' (width)
B	☐+19/-21	☐+18/-20
C	☐+23/-26	☐+22/-25
D	☐+28/-31	☐+27/-30

150 Vult

Exposure	9' (width)	16' (width)
B	☐+22/-24	☐+21/-23
C	☐+27/-30	☐+26/-29
D	☐+35/-40	☐+31/-34

160 Vult

Exposure	9' (width)	16' (width)
B	☐+25/-28	☐+24/-26
C	☐+31/-34	☐+29/-32
D	☐+31/-41	☐+36/-39