



Community Development Department Building Construction Division

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

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

MASTER PLAN APPLICATION FORM Florida Building Code 7th Edition (2020)

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: _____