



Community Development Department Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
BuildingConstruction@CharlotteCountyFL.gov
CharlotteCountyFL.gov

For Office Use Only

Permit Number:

20

Application date:

CSR Initials

ONE & TWO FAMILY RESIDENTIAL MASTER PLAN APPLICATION CHECKLIST Florida Building Code 7th Edition (2020)

Incomplete permit applications will be returned to the applicant. Please review package contents with this checklist to insure that all appropriate documentation is included with your submittal.

*****DO NOT STAPLE ANY OF THE BELOW DOCUMENTATION TO THE BUILDING PLANS.*****

- APPLICATION FOR CONSTRUCTION PERMIT FORM** - Filled out completely with signatures (address various locations)
- MASTER PLAN APPLICATION** - Filled out completely with letter from design professional and authorization of use of the plans.
- 1 & 2 FAMILY DATA SUMMARY SHEET** - Two (2) showing design data and signed by structural designer. Or all the information asked in the form to be in the building plans.
- BUILDING PLANS** - Two (2) sets of building plans that have been signed and sealed by an engineer or architect, if applicable per current Florida Building Code.
- PRODUCT APPROVALS** - NOA or product approval number of windows, door, shutters, soffits, siding and roof covering materials as applicable to the project.
- TRUSS LAYOUTS** - Two (2) sets of truss layouts and/or framing details.
- ENERGY FORMS** - Two (2) sets of energy calculations as per Energy Conservation Code (worst case)

If you have any questions, please call the following:

Permitting: 941.743.1201

Zoning: 941.743.1964

Land Development (ROW): 941.743.1264

Addressing: 941.743.1235

FL Health Department: 941.743.1266

Emails:

BuildingConstruction@CharlotteCountyFL.gov (primary email box)

BlowerDoorReports@CharlotteCountyFL.gov (blower door documents)

ContractorLicensing@CharlotteCountyFL.gov (insurance documents)

FloodInfo@CharlotteCountyFL.gov (elevation certificates & drainage as-built surveys)

OnlinePermitting@CharlotteCountyFL.gov (NOCs & subcontractor changes)

PermitResubmittal@CharlotteCountyFL.gov (resubmittals & plan changes)

PrivateProvider@CharlotteCountyFL.gov (private provider documents)

TermiteCertificates@CharlotteCountyFL.gov (termite certificates)

Zoning@CharlotteCountyFL.gov (zoning related documents)



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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: _____



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ONE & TWO FAMILY RESIDENTIAL PERMIT APPLICATION Florida Building Code 7th Edition (2020)

Job Site Details

Description of work to be done _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Parcel ID: _____ Building #: _____ Unit #: _____

This building will be used as _____ Zoning Class: _____

A/C (Tons): _____ Heat(kw): _____ Electrical Service (AMPS): _____ Water Service Source/Company: _____

Septic Permit #/Sewer Company: _____ Construction Cost (excluding lot but including labor): _____

Permit application includes also: (if items are not checked but will be done, separate permit will be required)

Demolition Gas LP Tank Gas Piping

Owner Information

Name: _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Email: _____ Phone No. : _____

Contractor Information

Name: _____

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip Code

Email: _____ Phone No. : _____

Contractor's License No.: _____ Fax No.: _____

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.

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 RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirement 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.

Under penalties of perjury I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525

Contractor/Owner Builder Signature: _____ Date: _____

Print Name: _____

(Owner's signature only if owner is acting as contractor. **An Owner-Builder Disclosure Statement will be required)

NOTICE: Permit is void if construction is not started within 180 days or does not receive an approved inspection within 180 days from date of issue. An approved inspection will extend the permit for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.



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ONE AND TWO FAMILY DWELLING DATA SUMMARY SHEET Florida Building Code 7th Edition (2020)

OWNER'S NAME: _____ CONTRACTOR'S NAME: _____

PROJECT ADDRESS: _____
Number & Street City, State, & Zipcode

Applicable Codes: Building, Mechanical, Plumbing, Accessibility, & Energy Codes - 7th Edition (2020) Florida Building Code, Residential Volume. Electrical Code - NFPA 70 & NEC 2017

Manufacturer's Product Approvals

Doors: _____ Overhead Doors: _____ Windows: _____
Mitered Glass: _____ Roof Coverings: _____ **Protection of Openings:**
Soffit: _____ Siding: _____ Shutters: _____

Method of Design per Florida Building Code (FBC) R301:

Florida Building Code, 7th Ed (2020) ICC 600 ASCE 7-16
 Other: _____

Design Data (Risk Category II):

Basic Wind Speed (Vult) _____ mph (Figure R301.2(4))
Nominal Design Wind Speed (Vasd) _____ m.p.h. Flood Design Data _____ Final Floor Elevation _____
Exposure Category Section (R301.2.1.4) B C D Soil Design Load-Bearing Value _____

Structural Forces (Section R301.4 / 301.5 / 3601.6)

Floor Design: Live Load _____ p.s.f Dead Load _____ p.s.f
Roof Design: Live Load _____ p.s.f Dead Load _____ p.s.f Roof Slope _____

Window and Door Wind Pressure Design Loading:

Mean roof height _____ ft
Windows _____ p.s.f Doors _____ p.s.f Garage Doors _____ p.s.f

Components and Cladding Design Pressures:

Zone 1: _____ p.s.f Zone 2: _____ p.s.f Zone 3: _____ p.s.f Zone 4: _____ p.s.f Zone 5: _____ p.s.f

Area Tabulation:

TOTAL (Sq. Ft): _____
Living (Sq. Ft.) _____ Garage (Sq. Ft.) _____ Lanai (Sq. Ft.) _____
Entry (Sq. Ft.) _____ Storage (Sq. Ft.) _____ Other (Sq. Ft.) _____

I certify to the best of my knowledge and belief that these plans and specifications have been designed to comply with the structural portion of the Building Code for wind, flood and gravity loads as amended and enforced by the permitting jurisdiction.

Signature: _____ Date: _____

Printed Name: _____

Architect / Engineer Seal