



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: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"
New Commercial Construction Permit Application Packet

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

NEW COMMERCIAL PROJECTS APPLICATION CHECKLIST

Florida Building Code Fifth Edition (2014)

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 notarized signatures.
- SUBCONTRACTOR WORKSHEET** - With signatures of all subcontractors working on the project.
- FIRE HYDRANT AFFIDAVIT**- Signed by the owner and notarized.
- NOTICE OF COMMENCEMENT** - A recorded Notice of Commencement will be required before first inspection.
- SUBCONTRACTOR WORKSHEET** - With signatures of all subcontractors working on the project.
- PUBLIC UTILITY AFFIDAVIT**- An affidavit regarding the location of existing public utility structures on the site.
- SEWER/SEPTIC AFFIDAVIT** - Signed by owner/agent/or contractor and notarized. Provide name of provider company.
- SEPTIC SYSTEM PERMIT** - (If sewer service is not available) - A copy of the septic system permit approved by the Health Department. An approved septic permit must be on file prior to the building permit being approved.
- TREE PRESERVATION/REMOVAL FORMS** - Appropriate tree forms must be completed with site plan attached.
- COPY OF FINAL DRC APPROVAL LETTER.**
- APPROVED STORM WATER LETTER**
- APPROVED LANDSCAPING PLAN**
- BUILDING PLANS**** - Three (3) sets signed and sealed construction documents (FBC Section 107.3.5) and including signed and sealed commercial data summary sheets, three (3) sets of signed and sealed commercial energy calculations signed by each designer, three (3) sets of signed and sealed heating and cooling load calculations, three (3) sets of truss manufacturer's truss layout(s) or design professional's roof framing plan(s).
- SURVEYS**** - Two (2) signed and sealed surveys of less than one year old which include flood zone and panel number information.
- SITE PLANS**** - Four (4) site plans showing existing improvements on the site, property lines, setbacks for proposed project and culvert information for Right Of Way.
- COMPLETED COMMERCIAL DATA SUMMARY SHEET** - Three (3) showing design data and signed and sealed.
- COPY OF COMMERCIAL DESIGN STANDARDS WORKSHEET**
- PRODUCT APPROVALS** - NOA or product approval number of windows, door, shutters, soffits, siding and roof covering materials as applicable to the project.
- NEW COMMERCIAL & MULTIFAMILY UTILITY AVAILABILITY REQUEST, APPLICATION AND AGREEMENT.**
- PRE-APPLICATION FEE** - A pre-application fee of \$250 is due at time of application submittal.

**All documentation furnished by a design professional shall bear design professional's original seal, signature and date.

If you have any questions please call the following department:

Permitting: 941.743.1201

Zoning: 941.764.41.84

DRC: 941.743.1249

Land Development: 941.743.1263

Addressing: 941.743.1235

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Application for Construction Permit Florida Building Code Fifth Edition (2014)

Job Site Details

Description of work to be done _____

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

Tax Folio#: _____ Lot: _____ Block: _____ Subdivision: _____

Section: _____ Township: _____ Range: _____ Wind Zone: _____ Exposure: _____ Flood Zone: _____

This building will be used as _____ Map Page: _____

Zoning Class: _____ Construction Cost (excluding lot but including labor): _____

- Model Home Corner Lot Inside Lot Waterfront

Owner Information

Name: _____

Address: _____

City: _____ State: _____

Phone No.: _____ Email: _____

Fax No.: _____

Contractor Information

Name: _____

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

City: _____ State: _____

Phone: _____ Email: _____

Fax No.: _____

Contractor's State Certification or Registration No.: _____

Contractor's Certificate of Competency No.: _____

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Application for Construction Permit - Page 2

Name of Fee Simple Titleholder (if not owner): _____

Address: _____ Phone: _____
Street City State Zip

Bonding Company Name: _____ Address: _____
Street State Zip

Architect/Engineer Name: _____ Address: _____
Street State Zip

Mortgage Lender: _____ Address: _____
Street State Zip

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 Employer's 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 RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.** IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE 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.

OWNER/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

Seal

Commission Number

CONTRACTOR 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

Seal

Commission Number

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Application for Construction Permit Additional Information

(To be filled out with New Construction or Additions)

Owner Name: _____

Address: _____ Building #: _____ Unit #: _____

Enclosed Living Area: _____ Other Area: _____

Height: _____ Number of Stories: _____

Total Rooms: _____ Bedrooms: _____ Bathrooms: _____

ZONING: SETBACKS: Front: _____ Rear: _____ Left: _____ Right: _____

LOT: Width: _____ Depth: _____

Walls (Exterior): _____ Roof: _____ Walls (Interior): _____

A/C (Tons): _____ Heat (kw): _____ New Electrical Service: _____ AMPS

Septic No. : _____ Sewer Company: _____

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AFFIDAVIT - FIRE HYDRANTS

Owner's Name: _____

Address: _____ Building #: _____ Unit #: _____
Number & Street Name

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

I, the undersigned, being the legal owner of the above described property, investigated and determined the following:

- Public Water Service: Is Available Is **NOT** Available
- A Fire Hydrant: Is Within the Prescribed Distance Is **NOT** Within the Prescribed Distance

Hydrant distances are as follows:

- Mobile Homes, Single Family, Duplexes and Triplexes - Maximum 500' from building
- Commercial, Apartments and other high value - Maximum 300' from building
- Heavy Industrial and Manufacturing - Maximum 300' from building

If public water is available and a fire hydrant is not within the prescribed distance as stated above, please contact the appropriate utility for a fire hydrant.

Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/Contractor

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 _____

Seal

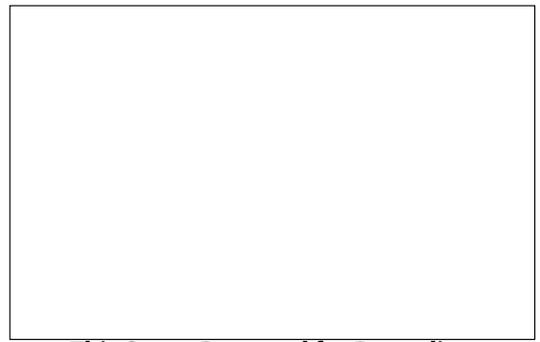
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STATE OF FLORIDA COUNTY OF CHARLOTTE

Notice Of Commencement

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.



This Space Reserved for Recording

Permit Number _____

Description of work to be done: _____

Address: _____ Building #: _____ Unit #: _____
Number & Street Name

Tax Folio _____ Lot _____ Block _____ Subdivision _____

Interest in Property _____

Name of Fee Simple Titleholder (if not owner) _____ Phone No. _____

Fee Simple Titleholder Address _____ Fax No. _____

Contractor Name _____ Phone No. _____

Contractor Address _____ Fax No. _____

Bonding Company Name _____ Amount of Bond _____ Phone No. _____

Bonding Company Address _____ Fax No. _____

Lending Company Name _____ Phone No. _____

Lending Company Address _____ Fax No. _____

Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided in Section 713.13(1)(b), Florida Statutes.

Name: _____
Address: _____
Phone No. _____ Fax No. _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's notice as provided in Section 713.13(1)(b), Florida Statutes.

Owner Name _____ Please Print
Owner Address _____
Signature of Owner _____

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 _____

Seal

Expiration Date of Notice Of Commencement -The expiration date is one year from the date of recording unless a different date is specified.



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Subcontractor Worksheet

This form is to be submitted at the time of Permit Application and must be completed with all information.
 Changes in subcontractors are allowed by submitting a Change in Subcontractor form.

Permit Application Number _____

Address: _____ Building #: _____ Unit #: _____

Contractor Name _____ Contractor's Certification or Registration No. _____

Trade	Subcontractor Company Name	Subcontractor Telephone No.	Subcontractor License No.
A/C and Heating			
Electric			
Plumbing			
Roofing			

Contractor Signature

Date

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PUBLIC UTILITY AFFIDAVIT

STATEMENT THAT THE BUILDING SITE CONTAINS NO COUNTY OR PUBLIC UTILITY STRUCTURES

Name of Person Making Statement _____

Owner(s) Owner(s) Agent Owner(s) Contractor

Address: _____ Building #: _____ Unit #: _____

Number & Street Name

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

I, the undersigned, hereby certify that I have inspected, or caused to be inspected by a qualified person or firm, the property proposed as the building site for which I am applying for a building permit. I have determined that the proposed site does not contain any County or Public Utility structures above, on or under the proposed building site, whether within or without any easements, except as noted below.

I understand that should any County or Public utility structure not disclosed above be discovered on the proposed building site, the County will not be responsible for any expenses related to moving, abandoning or taking any other action related to any such structure, or the proposed building or structure, on the building site.

Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

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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AFFIDAVIT - SEWER / SEPTIC

701.2 Sewer required.

Every building in which plumbing fixtures are installed and all premises having drainage piping shall be connected to a public sewer, where available, or an approved private sewage disposal system in accordance with the International Private Sewage Disposal Code.

Owner Name: _____

Address: _____ Building #: _____ Unit #: _____

Number & Street Name

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

Contractor Name _____

Contractor Phone _____ Contractor Fax _____ Contractor License # _____

Person making affidavit: Owner(s) Owner(s) Agent Owner(s) Contractor

Please select one of the following:

Public Sewer Available: I, the undersigned, have verified and confirmed that the address listed above does have Public Sewer available.

Name of Utility Company: _____

Onsite Sewage Disposal System: I, the undersigned, have verified and confirmed that the address listed above will have an approved Onsite Sewage Disposal System.

Charlotte Co. Health Dept. Permit Number: _____

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

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.

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Printed Name of Notary _____

Commission Number _____



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COMMERCIAL DATA SUMMARY SHEET (page 1 of 2) Florida Building Code Fifth Edition (2014)

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OWNER NAME: _____ **PROJECT ADDRESS:** _____

Chapter 3- Use and Occupancy Classification

Section 302. Classification(s) _____

Chapter 4 - Special Detailed Requirements Based on Use and Occupancy

Section 401.2 Additional Design Criteria: Section# _____ Title _____

Special Requirements _____

General Building Limitations - Table 503

Sprinklered

Unsprinklered

Occupancy Classification (Group): _____ Type of Construction: _____ Area Tabulation

Area	Actual _____ sq.ft	Allowable _____ sq.ft	Area Modification: (Sec.506) _____	Conditioned _____ sq.ft
Stories	Actual _____	Allowable _____	Height Modification: (Sec. 504) _____	Other _____ sq.ft
Height	Actual _____ ft	Allowable _____ ft	Total _____ sq.ft	

Fire Protection (Chapter 6)

Construction Type I II III IV V

A B

Table 601 Fire Resistance Rating Requirements for Building Elements

Actual Separation Distance (ft)

	North Wall	South Wall	East Wall	West Wall
Actual Separation Distance (ft)				
Allowable Separation (ft)				
Fire Rating Required (Hr)				

Table 602 Fire Resistance Rating Requirements for Exterior Walls based on Fire Separation Distance

Allowable Separation (ft)

Fire Rating Required (Hr)

Fire And Smoke Protection Features (Chapter 7)

Fire Walls (Section 706)	<input type="text"/> Hr. (Table 706.4)	Horizontal Exit	<input type="text"/> Hr. (Section 707.3.5)
Townhouse Separation	<input type="text"/> Hr. (Section 706.4.1)	Incidental Use Areas	<input type="text"/> Hr. (Section 707.3.7)
Shaft Enclosures, Stairs	<input type="text"/> Hr. (Section 708)	Separation of Mixed Occup	<input type="text"/> Hr. (Section 707.3.9)
Shaft Enclosures, Elevator	<input type="text"/> Hr. (Section 708)	Single Occupancy Fire Areas	<input type="text"/> Hr. (Table 707.3.10)
Exit Enclosures	<input type="text"/> Hr. (Section 707)	Tenant Separation	<input type="text"/> Hr. (Section 709)
Exit Passageway	<input type="text"/> Hr. (Section 707.3.4)	Other	<input type="text"/> Hr.

Opening protectives provided per section 716. Yes No

Draft Stopping Completed Yes No

Concealed Spaces Section 718: Fire Blocking Completed Yes No

Interior Finishes (Chapter 8)

Walls and Ceilings Exits Exit Access Other

Floors Exits Exit Access Other

Fire Prevention Code

Walls and Ceilings Exits Exit Access Other

Floors Exits Exit Access Other



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Fire Protection Systems (Chapter 9) Fire alarm and detection systems Smoke Alarms No Fire Alarms Yes No

Automatic Sprinkler Systems (Section 903) NFPA 13 NFPA 13R NFPA 13D

Alternative Automatic Fire Extinguishing Systems (Section 904) _____

Means Of Egress (Chapter 10)

Occupant Load (Section 1004) _____ Persons (Table 1004.1.2) Means of Egress Sizing (Section 1005) _____ Inches

Exit and Exit Access Doorways: Section 1015 Minimum Corridor Width(Section 1018.2) _____ Inches

Number of Exits **Required** (Section 1020) _____ Two or more exits - separation distance **required** (ft) _____

Number of Exits **Provided** _____ Two or more exits - separation distance **provided** (ft) _____ Yes

Exit Access Travel Distance **Required** (ft) (Sec. 1016, Table 1016.2) _____ Exit Access Travel Distance **Provided** (ft) _____

Single Exit Permitted (Section 1021) Yes No Corridors Fire Resistance Rating (Table 1018.1) _____

Structural Design (Chapter 16)

Floor Design: Live Load _____ p.s.f (Table 1607.1) Dead Load _____ p.s.f (Section 1606)

Roof Design: Live Load _____ p.s.f (Sec. 1607.12) Dead Load _____ p.s.f (Section 1606)

Load Combinations _____ (Section 1605)

Design Data:

Florida Building Code, 5th Ed (2014) Section 1609 ASCE 7-10 Other: _____

Internal Pressure GCpi Enclosed Partially Enclosed Open Risk Category _____ Flood Zone _____

Basic Wind Speed (Vult) _____ mph (Section 1609.3) Nominal Design Wind Speed (Vasd) _____ m.p.h.

Exposure Category Section (1609.4) B C D Soil Design Load-Bearing Value _____

Window and Door Wind Pressure Design Loading: Mean roof height _____ ft

Windows _____ p.s.f Doors _____ p.s.f Garage Doors _____ p.s.f

Component and Cladding design pressure for openings shall be indicated on floor plan at each individual opening or provide worst case

Plumbing Fixture Table 403.1 - Plumbing Code

	Required	Provided		Men	Women
Drinking Fountains	<input type="checkbox"/>	<input type="checkbox"/>	Water Closets Required	<input type="checkbox"/>	<input type="checkbox"/>
Service Sinks	<input type="checkbox"/>	<input type="checkbox"/>	Water Closets Provided	<input type="checkbox"/>	<input type="checkbox"/>
Bathtubs/Showers	<input type="checkbox"/>	<input type="checkbox"/>	Urinals Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen Sinks	<input type="checkbox"/>	<input type="checkbox"/>	Lavatories Required	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Washer Connection	<input type="checkbox"/>	<input type="checkbox"/>	Lavatories Provided	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Architect / Engineer Seal



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DRC DATE PROJECT NAME

Sec. 3-5-505. Building orientation.

(a) *Intent.* The intent of this section is to provide a stronger streetscape along the county's corridors and to improve the appearance and the visual identity of the community.

(b) Buildings shall always be oriented so that the main entrances and windows face the corridor street that serves the subject property. Main entrances of corner lots shall be oriented on the facade facing the corridor street with the higher functional classification. For corner lots at intersections of streets with the same functional classification, the building shall be oriented so that the main entrances do not face residential districts. Buildings on corner lots may also be oriented so that their main entrance faces the intersection of the two (2) streets with the highest functional classification.

Does this proposed building or development comply with (b) above? Yes No

Sec. 3-5-506. Appearance, building mass and design treatments.

(a) *Intent.* The intent of this section is to encourage commercial development that improves the view from the street and requires buildings to be designed with architectural features and patterns that provide visual interest consistent with the community's identity and character. Further, these standards reduce the mass, scale and monolithic appearance of large unadorned walls, particularly those that are visible from the street.

(b) All exterior building facades that face a public right-of-way or have a primary customer entrance are defined as primary facades and must meet the primary facade standards outlined herein.

How many primary facades does the proposed building or development have?

(c) Primary facades shall be consistent in terms of design, materials, details and treatments.

(d) Primary facades shall incorporate a minimum of three (3) of the following design treatments: (check off as applicable)

Primary facade number	4	3	2	1	
					(1) An architectural distinction around or above the primary customer entrance
					(2) Canopies or porticos
					(3) Peaked roof forms
					(4) Overhangs of a minimum of three (3) feet wide
					(5) Arcades a minimum of six (6) feet wide
					(6) Arches or arched forms
					(7) Display windows of a minimum of six (6) feet high
					(8) Ornamental or structural details that are integrated in the building structure
					(9) A tower such a clock tower or bell tower
					(10) Sculptured artwork (excluding corporate logos or advertising)
					(11) Any other treatment that, in the opinion of the zoning official meets the intent and purpose of this section



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Sec. 3-5-506. Appearance, building mass and design treatments. (cont.)

(e) Blank areas shall not exceed ten (10) feet in a vertical direction or twenty (20) feet in a horizontal direction on a primary facade. Relief and reveal work depth must be a minimum of one-half (1/2) inch.

Does this proposed building or development comply with (e) above? Yes No

(f) Building facades shall include a repeating pattern and shall include no less than two (2) of the design elements listed below. At least one (1) of the two (2) design elements must repeat horizontally. All elements shall repeat at intervals of no more than twenty-five (25) feet, either horizontally or vertically. (choose and indicate at least two)

- (1) Texture change
 - (2) Color change
 - (3) Material Change
 - (4) Architectural features such as bays, reveals, offsets, or projecting ribs with must be not less than 12 inches in width
 - (5) Building offsets or projections located on upper levels that are a minimum of three (3) ft. in width
 - (6) Pattern change
 - (7) Any other element that, in the opinion of the zoning official meets the intent and purpose of this section.
- Please indicate: _____

(g) Buildings located on corner lots at an intersection of two (2) or more corridor streets shall be designed to emphasize their location as transition points within their community or commercial block. Buildings or structures on corner lots shall include embellishments such as corner towers, clock towers or other design features as may be approved by the zoning official to emphasize their position.

Sec. 3-5-507. Facade or wall height transition

(a) *Intent.* The intent of this section is to ensure that the new development blends with surrounding buildings in regard to height.

(b) New buildings that are to be located within two hundred (200) feet of any existing commercial building, and that are to be more than twice the height of any existing building located within two hundred (200) feet of the new building, shall incorporate transitional height elements to segue the height of the new building to the height of the existing building(s). The transitional height element must be incorporated on the new building(s) at the average height of existing building(s) located within two hundred (200) feet of the new building.

(c) Transitional height elements may include:

- (1) Cornices or other decorative elements which run the length and width of the building and project a minimum of three (3) feet from the wall.
- (2) Offsets floors.
- (3) Any other element that in opinion of the zoning official meets the intent and purpose of this section.

Does this proposed building or development comply with (e) above?

Yes No N/A-Building is NOT more than twice the height of the adjacent buildings



Community Development Department

18400 Murdock Circle | Port Charlotte, FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

COMMERCIAL DESIGN STANDARDS WORKSHEET Florida Building Code Fifth Edition (2014)

For Office Use Only

Permit Number _____

20 _____

Application Date _____

CSR Initials _____

Sec. 3-5-508. Building materials and colors.

(a) *Intent.* Exterior building materials and colors contribute significantly to the visual impact of a building on a community. Therefore, it is the intent of this section to require development that improves the overall quality of life.

(b) The uses of certain building materials are restricted as follows:

- (1) Metal panels, plastic siding and/or tiles shall not be used to cover more than fifty (50) percent of any primary facade except that vinyl siding may be used to cover more than fifty (50) percent of a primary facade when it is necessary to achieve a recognizable architectural theme approved by the zoning official. An example of the latter is the use of vinyl siding to imitate lapped wood siding to create an "Old Florida" look.
- (2) Smooth faced concrete on a primary facade shall have a cementitious exterior coating (the visual equivalent of stucco or some other decorative finish). Untreated concrete block is not an acceptable finished material for primary facades.

Does this proposed building or development comply with (b)-(1) & (2) above? Yes No

(c) The uses of colors on buildings shall be as follows:

- (1) No more than four (4) colors shall be used on the primary facades of the building. This shall not apply to the use of the colors for artistic purposes such as for use in a mural or artistic rendering on the side of a building. Corporate logos or advertising are not considered an artistic purpose.

The number of colors proposed is: _____

- (2) The color scheme chosen shall be consistent for all the primary facades.
- (3) The use of black or florescent colors is prohibited as the predominant exterior building color.
- (4) Building trim and accent areas may feature any color(s), limited to ten (10) percent of the affected facade segment, with a maximum trim height of twenty-four (24) inches total for its shortest distance.

Maximum trim % on any facade is: _____

- (5) Trim and accent areas shall have a maximum vertical measurement of twenty-four (24) inches when applied horizontally and a maximum horizontal measurement of twenty-four (24) inches when applied vertically.

Sec. 3-5-509. Roofs.

(a) *Intent.* The intent of this section is to add visual interest, to reduce massing, to improve the aesthetic quality of the design and to screen rooftop equipment by requiring roof treatments for commercial development.

(b) All rooftop equipment shall be concealed from public view in a manner consistent with the architectural design of the building.

Does this proposed building or development comply with (b) above? Yes No

(c) All commercial buildings are required to have variations in rooflines and roof features that are consistent with the building's mass and scale.

Does this proposed building or development comply with (c) above? Yes No

In addition, roofs shall include at least two (2) of the following features: (check at least two)

- (1) Decorative parapets
- (2) A three dimensional cornice treatment, a minimum of twelve (12) in. high with a min. of three (3) changes in the relief of thickness
- (3) Two (2) or more roof planes per primary facade
- (4) Overhanging eaves that extend at least three (3) feet beyond the supporting walls, with a minimum fascia of six (6) in. deep
- (5) Additional vertical roof changes with a minimum change in elevation of two (2) feet
- (6) Use of additional architectural roof styles or treatments determined to be consistent with the intent of this section by the zoning official

	Instructions Utility Availability Request for Vacant Property Commercial & Multi-Family	Form CCU-Eng-I002 Effective Date: 04/18/06 Page 1 of 1
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ONE form per Lot or Parcel

The Accompanying Form **Must** Include ALL Of The Following or it will be rejected:

AERIAL MAP: Retrieve this map from www.ccgis.com and submit highlighted parcel with application.

DATE: Provide the date of the request.

REQUESTOR NAME: Provide the name of the individual requesting the information.

BUSINESS NAME: If business, provide name of entity.

REQUESTOR/BUSINESS ADDRESS: Provide mailing address – street number, street name, city, state and zip code of requestor/business.

PHONE NUMBER: Provide area code + telephone number of requestor.

FAX NUMBER: Provide area code + fax number of requestor.

E-MAIL ADDRESS: Provide e-mail address of requestor.

LEGAL DESCRIPTION OF VACANT LOT: Can be found on Deed, Tax Bill, Appraiser’s Page, etc. Example of Short Legal: *PCH 001 0002 0003* would be *Section PCH 001, Block 0002, Lot 0003.*

STREET ADDRESS: Provide street number and street name of vacant lot.

PROPOSED PROPERTY USE: Provide intended use of property if available.

DRC REQUIRED: Check box if a DRC (Development Review Committee) application is required. (if applicable)

The Availability Request should be forwarded to:

Charlotte County Utilities
Attn: Engineering Department
25550 Harbor View Road, Unit 1
Port Charlotte, FL 33980

FAX: 941-764-43119

**Utility Availability Request
for Vacant Property
Commercial & Multi-Family**

Form CCU-Eng-F002

Effective Date: 04/18/06

Page 1 of 1

DATE: _____

REQUESTOR NAME: _____

BUSINESS NAME: _____

REQUESTOR/BUSINESS ADDRESS: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

LEGAL DESCRIPTION: Legal Description w/ Map. Retrieve map from www.ccgis.com

LOT: _____ BLOCK: _____ SECTION: _____
(ONLY ONE LOT PER FORM) (MUST INCLUDE 3-LETTER IDENTIFIER)

STREET ADDRESS OF PROPERTY: _____

PROPOSED PROPERTY USE: _____
(if available)

DRC Required (if applicable)

If water and/or sewer is noted above as being available, this proposal shall not be construed as a commitment to provide service until a service agreement has been fully executed, applicable fees paid, and all necessary approvals by all required applicable bodies have been obtained.

**Only valid for six months from date of confirmation.*

DESCRIPTION MUST INCLUDE AN [AERIAL MAP OF PROPERTY](#)

PLEASE FORWARD TO:

PORT

CHARLOTTE COUNTY UTILITIES
25550 HARBOR VIEW ROAD, UNIT 1
CHARLOTTE, FL 33848-1088
PHONE: 941-764-4300 FAX: 941-764-4319

***** Only fully completed applications will be processed *****

Project Name: _____ **CCU File #:**

Application Date: _____ (MM/DD/YYYY) **Parcel ID#:** _____

Legal Description: Short Legal: _____ Section: _____ Town: _____ Range: _____

Project Address:

STREET ADDRESS:		
CITY:	STATE:	ZIP:

Title Holder of Property:
(proof of ownership required)

NAME:		
STRUCTURE: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> State: _____ Other: _____		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE#:	CELL#:	
EMAIL ADDRESS :		
SIGNATURE :	NAME AND TITLE:	

Project Engineer:

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE#:	CELL#:	
EMAIL ADDRESS :		
SIGNATURE :	NAME AND TITLE:	

Project Developer:

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE#:	CELL#:	
EMAIL ADDRESS :		

**Combined Application for Plan Review
and Utility Service Agreement
Commercial and/or Multi-Family**

CCU-Eng-F004

Effective Date: 4/10/2007

Page 2 of 2

**Project Description
And Purpose:**

DRC Required ? Yes No

WATER:	
Existing Stub-out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Involves Water Main Extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Line Size, If Applicable:	_____
FDEP Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SEWER:	
Existing Lateral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Involves Sewer Main Extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grease Trap Required?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, call Pretreatment Dpt 941-764-4599</i>
FDEP Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

TYPE OF BUILDING:

Multi-Family: Units	_____	Hospital:	_____	Beds
Mobile Home Park:	_____	Units	_____	Beds
Hotel or Motel:	_____	Units	_____	Seats
Office Building:	_____	Square Feet	_____	Seats
Warehouse: Square	_____	Feet	_____	Seats
Store; No Kitchen:	_____	Square Feet	_____	Students+Staff
Factory W>Showers:	_____	# of Employees	_____	# of Machines

Other: _____

METER REQUEST:	Quantity:
5/8"	_____
1"	_____
1 1/2"	_____
2"	_____
Other :	_____

SEWER CONNECTION:
Size: _____
Quantity: _____

REQUIRED ATTACHMENTS CHECK LIST:

- ㉠ Proof of Ownership (Warranty Deed)
- ㉠ Boundary Survey
- ㉠ One (1) set of signed and sealed engineering plans (Engineer must be licensed in the state of Florida)
 - * Once approved, 4 sets of plans will be required
 - * Plans must be submitted in conformance with the Utilities Engineering Services current Minimum Drawing Requirements and standard drawing details available online at <http://www.charlottecountyfl.com/CCU/Engineering>
- ㉠ Detailed estimated cost of the utility installation with material takeoff and unit pricing (must be provided and signed by engineer of record)
- ➔ \$500 check for the plan review fee (made to Charlotte County Utilities)
 - * Note: any more than 3 reviews will require additional fee.

Print Form