



## 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 8th Edition (2023)

\*\*\*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 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: \_\_\_\_\_



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## ONE & TWO FAMILY RESIDENTIAL PERMIT APPLICATION Florida Building Code 8th Edition (2023)

### 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 8th Edition (2023)

OWNER'S NAME: \_\_\_\_\_ CONTRACTOR'S NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_  
Number & Street City, State, & Zipcode

**Applicable Codes: Building, Mechanical, Plumbing, Accessibility, & Energy Codes - 8th Edition (2023) Florida Building Code, Residential Volume. Electrical Code - NFPA 70 & NEC 2020**

#### 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, 8th Ed (2023)  ICC 600  ASCE 7-22  
 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