



# 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  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number:

20

Application date:

CSR Initials

### NEW COMMERCIAL PROJECT 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.

**\*\*\*PLEASE DO NOT STAPLE ANY OF THE BELOW DOCUMENTS TO THE BUILDING PLANS\*\*\***

- APPLICATION FOR CONSTRUCTION PERMIT FORM** - Filled out completely signatures.
- SUBCONTRACTOR WORKSHEET** - List of all trade subcontractors working on the project.
- FIRE HYDRANT AFFIDAVIT**- Signed by the owner.
- NOTICE OF COMMENCEMENT** - A recorded Notice of Commencement will be required before first inspection.
- 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 LANSCAPING 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.
- ENERGY FORMS** - Three (3) sets of energy calculation forms as per Energy Conservation Code.

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

*If you have any questions, please contact the following:*

**Permitting: 941.743.1201**

**Zoning: 941.743.1964**

**Land Development (ROW): 941.743.1264**

**Addressing: 941.743.1520**

**FL Health Department: 941.743.1266**

**Emails:**

**BuildingConstruction@CharlotteCountyFL.gov** - Primary email box for general building and construction-related matters

**ContractorLicensing@CharlotteCountyFL.gov** - Submit contractor insurance documents and licensing information

**FloodInfo@CharlotteCountyFL.gov** - Submit elevation certificates and drainage as-built surveys

**Inspections@CharlotteCountyFL.gov** - Submit blower door and duct leakage documents and termite certificates

**OnlinePermitting@CharlotteCountyFL.gov** - Submit Notices of Commencement (NOCs) and subcontractor changes

**PermitResubmittal@CharlotteCountyFL.gov** - Submit resubmittals and plan changes

**PrivateProvider@CharlotteCountyFL.gov** - Submit documents related to private providers

**Zoning@CharlotteCountyFL.gov** - Submit zoning-related documents and inquiries

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### 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 \_\_\_\_\_  
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  Fence  Gas Piping  Gas LP Tank  Landscape Irrigation  Dumpster Enclosure

### 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 Number: \_\_\_\_\_ 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 INTENT 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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## 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:

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

Hydrant distances are as follows:

- 1) Mobile Homes, Single Family, Duplexes and Triplexes - Maximum 500' from building
- 2) Commercial, Apartments and other high value - Maximum 300' from building
- 3) 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.

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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 Workman's Compensation Act; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

**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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

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**NOTICE OF COMMENCEMENT**

**State of Florida**

**Permit Number:**

**County of Charlotte**

**Tax Folio or Parcel Number:**

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.

**1. Description of Property** (a complete legal description **or** parcel number; **and** a complete street address with city/state/zip code, if available):

**2. General Description of Improvement:**

**3. Owner Information:**

**a. Name:**

**Phone Number:**

**b. Address:**

**City/State/Zip Code:**

**c. Interest in Property:**

**d. Name and Address of Fee Simple Title Holder** (if different from the Owner listed above):

**4. Contractor Information:**

**a. Name:**

**Phone Number:**

**b. Address:**

**City/State/Zip Code:**

**. Surety Information:**

**a. Name:**

**Phone Number:**

**b. Address:**

**City/State/Zip Code:**

**c. Bond Amount: \$**

**6. Lender Information:**

**a. Name:**

**Phone Number:**

**b. Address:**

**City/State/Zip Code:**

**7. Persons within the State of Florida Designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:**

**Name/Address/Phone Number:**

**8. In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)**

**(b) Florida Statutes:**

**Name/Address/Phone Number:**

**9. Expiration Date** (Notice of Commencement expires one year from the recording date unless a different date is specified here):

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).**

\_\_\_\_\_  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Printed Name

State of Florida, County of Charlotte

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, 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



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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			
Gas			
Other: _____			

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.

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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 Workman's Compensation Act; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

**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 Signature:  Date:

Contractor License 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: \_\_\_\_\_

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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 Workman's Compensation Act; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

**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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

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## COMMERCIAL DATA SUMMARY SHEET (page 1 of 2) Florida Building Code 8th Edition (2023)

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 _____	Other _____ sq.ft	
Height	Actual _____ ft	Allowable _____ ft	Height Modification: (Sec. 504) _____	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) \_\_\_\_\_ Hr. (Table 706.4) Horizontal Exit \_\_\_\_\_ Hr. (Section 707.3.5)

Townhouse Separation \_\_\_\_\_ Hr. (Section 706.4.1) Incidental Use Areas \_\_\_\_\_ Hr. (Section 707.3.7)

Shaft Enclosures, Stairs \_\_\_\_\_ Hr. (Section 708) Separation of Mixed Occup \_\_\_\_\_ Hr. (Section 707.3.9)

Shaft Enclosures, Elevator \_\_\_\_\_ Hr. (Section 708) Single Occupancy Fire Areas \_\_\_\_\_ Hr. (Table 707.3.10)

Exit Enclosures \_\_\_\_\_ Hr. (Section 707) Tenant Separation \_\_\_\_\_ Hr. (Section 709)

Exit Passageway \_\_\_\_\_ Hr. (Section 707.3.4) Other \_\_\_\_\_ 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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## COMMERCIAL DATA SUMMARY SHEET (page 2 of 2) Florida Building Code 8th Edition (2023)

**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 1004.5) Means of Egress Sizing (Section 1005) \_\_\_\_\_ Inches  
Exit and Exit Access Doorways: Section 1016 Minimum Corridor Width(Section 1020.3) \_\_\_\_\_ Inches

Number of Exits **Required** (Section 1006) \_\_\_\_\_ 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 1017.2) \_\_\_\_\_ Exit Access Travel Distance **Provided** (ft) \_\_\_\_\_

Single Exit Permitted (Section 1006.3.3)  Yes  No Corridors Fire Resistance Rating (Table 1020.2) \_\_\_\_\_

### 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. 1607.13) Dead Load \_\_\_\_\_ p.s.f (Section 1606)

Load Combinations \_\_\_\_\_ (Section 1605)

### Design Data:

Florida Building Code, 8th Ed (2023) Section 1609  ASCE 7-16  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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## COMMERCIAL DESIGN STANDARDS WORKSHEET

Page 2 of 3

### 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  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

## COMMERCIAL DESIGN STANDARDS WORKSHEET

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



# Combined Application for Plan Review and Utility Service Agreement

Commercial and/or Multi-Family

Effective Date: 2.24.2022  
Page 1 of 2

**\*\*\* Only Fully Completed Applications Will Be Processed \*\*\***

**Project Name:** \_\_\_\_\_ CCU File #:

**Application Date:** \_\_\_\_\_ **Parcel ID#:** \_\_\_\_\_

**Legal Description:** Short Legal: \_\_\_\_\_ Section: \_\_\_\_\_ Town: \_\_\_\_\_ Range: \_\_\_\_\_

**Project Address:**  
(As Listed on Property  
Appraiser Records)

STREET ADDRESS:		
CITY:	STATE:	ZIP:

**Title Holder of Property:**  
(Proof of Ownership  
Required)

NAME:		
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

Effective Date: 2.24.2022  
Page 2 of 2

**Project Description  
And Purpose:**

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<b>WATER:</b>	
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"/>

<b>SEWER:</b>	
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 Dept 941.764.4599</i>
FDEP Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is Reclaimed Water Proposed for Irrigation*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Average Daily Demand for Reclaimed Water:	_____gpd
Is Reclaimed Water Storage Available On-Site?	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Chapter 3-8 Article VI of the Charlotte County Code requires all new developments make an evaluation of the incorporation for use of reclaimed water.

**TYPE OF BUILDING:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Multi-Family _____ Units</li> <li>Retail _____ Square Feet</li> <li>Hotel or Motel _____ Units</li> <li>Office Building _____ Square Feet</li> <li>Warehouse _____ Square Feet</li> <li>Self Storage _____ # of Units</li> <li>Medical/Dental _____ # of Employee</li> <li>_____ # of Practitioners</li> </ul> | <ul style="list-style-type: none"> <li>Hospital _____ Beds</li> <li>Nursing Home _____ Beds</li> <li>Restaurant _____ Seats</li> <li>Bar/Cocktail Lounge _____ Seats</li> <li>Theater/Church _____ Seats</li> <li>Day School _____ Students+Staff</li> <li>Convenience Store _____ Sq Ft of Retail</li> <li>_____ Sq Ft of Food Prep</li> <li>_____ # of Restrooms</li> </ul> |
|---|---|

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

SEWER CONNECTION:
Size: _____
Quantity: _____

**REQUIRED ATTACHMENTS CHECKLIST:**

- Proof of Ownership (Warranty Deed)
- Water Meter Sizing Form - <https://www.charlottecountyfl.gov/core/fileparse.php/529/urlt/meter-sizing.pdf>
- One set of signed and sealed engineering plans (Engineer must be licensed in the state of Florida). Plans must be submitted in conformance with the Utilities Engineering Services current Minimum Drawing and Submittal Requirements and Standard Drawing Details available on-line at <https://www.charlottecountyfl.gov/departments/utilities/engineering/design-compliance.shtml>
- \$500 check for the plan review fee (made to Charlotte County Utilities). Any more than 3 reviews will require an additional fee.

**PLEASE FORWARD TO:** CHARLOTTE COUNTY UTILITIES, 25550 Harbor View Road, Unit 1 Port Charlotte, FL 33980  
CCU Engineering Coordinator: (941) 883-3508/FAX: (941) 764-4319 Email: [coordinator.engineering@charlottecountyfl.gov](mailto:coordinator.engineering@charlottecountyfl.gov)