



Building Construction Services

18400 Murdock Circle, Port Charlotte, FL 33948

Phone: (941) 743-1201 FAX: (941)743-1213

Toll Free from Englewood (697-2919)

NEW COMMERCIAL PROJECTS PERMITTING PROCESS REQUIREMENTS

- ◆ Commercial Building Application Packet (includes Building Application and Data Summary Sheet)*
- ◆ Subcontractor Worksheet clearly printed with signatures*
- ◆ Fire Hydrant Affidavit*
- ◆ Public Utility Statement
- ◆ Sewer/Septic Affidavit* and Septic permit, if required. Provide name of water & sewer company
- ◆ Tree paperwork with site plan
- ◆ Copy of FINAL DRC approval letter
- ◆ Approved Storm Water Letter
- ◆ Approved Landscaping Plan
- ◆ Three (3) sets signed & sealed building plans with Commercial Data Summary Sheets* attached.
Also, include the following:
 1. Mechanical materials & methods, equipment schedules, wind load resistance.
 2. Plumbing materials & methods, equipment schedules, isometrics for wastes, vents & potable water and plan views.
 3. Electrical showing electrical calculations per NEC article 220 Branch-Circuit, feeder & service calculations.
- ◆ Three (3) sets of signed and sealed commercial Energy Calculations, signed.
- ◆ Three (3) sets of truss layouts or roof framing plans
- ◆ Two (2) signed and sealed surveys less than one-year old
- ◆ Three (3) sets of site plans showing set backs
- ◆ One (1) site plan for Right Of Way showing culvert area(s)
- ◆ Copy of recorded Notice of Commencement* before issuance of permit
- ◆ Copy of Commercial Design Standards Worksheet

* Applications can be obtained from the *Building Construction Services Department* website at <http://www.charlottecountyfl.com/BCS/forms.asp>

If you have any questions please call the following departments: Permitting – 941.743.1201; Zoning – 941.764.4184; DRC – 941.743.1249; Land Development – 941.743.1263; Addressing – 941.743.1235.



Print Form

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Zoning (941) 743-1964
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www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

For Office Use Only

Permit Number

2 0 _____

Application Date

CSR _____

Application for Construction Permit

Form 1(i)

Job Site Details

Description of work to be done _____

Address: _____ Unit # _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

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. _____ Fax No. _____

Email _____

Contractor Information

Name _____

Address _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone _____ Fax No _____

Email _____

Contractors State Certification or Registration No. _____ Contractors Certificate of Competency Number _____



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Form 1(ii)

Application for Construction Permit (cont.)

Name of Fee Simple Titleholder (if not owner) _____			
Street _____	City _____	State _____	Zip _____ Phone No _____
Bonding Company Name _____	Street _____	State _____	Zip _____
Architect/Engineer Name _____	Street _____	State _____	Zip _____
Mortgage Lender _____	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 Employers 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.

OWNERS/AGENT SIGNATURE

CONTRACTORS SIGNATURE

State of Florida, County of _____	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.	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 _____	Signature of Notary _____
Notaries Printed Name _____	Notaries Printed Name _____
Commission Number _____	Commission Number _____

A recorded Notice Of Commencement is required in the Permitting Office prior to issuance of the permit

March 2007, mag



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Form 1(iii)

Application for Construction Permit Additional Information

(To be filled out with New Construction or Additions)

Owner Name _____

Address _____

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): _____

MATERIALS:

Built-up: _____ Slope: _____ Tile: _____ # of Plumbing Fixtures _____

A/C (Tons): _____ Heat (kw): _____ Commercial A/C Contract Cost: _____

AMPS: _____ New Service: _____ Commercial Roofing Contract Cost: _____

Septic No.: _____ Sewer Company: _____

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Print Form

Form 5 (b)

AFFIDAVIT

FIRE HYDRANTS

Owner's Name _____

Street Number _____ Street Name _____ Street Type _____ Unit # _____

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.

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 _____ by _____

Personally Known OR Produced Identification Type of Identification _____

Notary Name (Printed) _____

Notary Signature _____ Commission Number _____



Print Form
Form 5 (c)

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Application Date

CSR _____

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.

Owners Name _____

Street Number _____ Street Name _____ Street Type _____ Unit # _____

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

Contractors Name _____

Contractors Phone # _____ Contractors Fax # _____ Contractors 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

C.C.H.D Permit Number _____

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 _____ by _____

Personally Known OR Produced Identification Type of Identification _____

Notary Name (Printed) _____

Notary Signature _____ Commission Number _____



State of Florida County of Charlotte

THIS SPACE RESERVED FOR RECORDING

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.

Permit Number: _____

Description of work to be done: _____

Address where work is to be done: _____

Street Address

City, State & Zip Code

Legal Description of Property: Lot _____ Block _____ Section _____ Subdivision _____

Name of Property Owner: _____

Address of Property Owner: _____

Contractor Name: _____

Contractor Address: _____

Bonding Company Name: _____ Phone # _____ Bond Amount _____

Bonding Company Address: _____

Lending Company Name: _____ Phone # _____

Lending Company Address: _____

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: _____ Phone # _____

Address: _____

Expiration Date of Notice of Commencement: _____

(The expiration date is one year from the date of recording unless a specified otherwise.)

Signature of Owner: _____

Printed Name of Owner: _____

Address of Owner: _____

State of _____

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____ by _____ who is personally known to me [] or showed identification []. Type of Identification shown if applicable: _____.

Commission # _____

Name of Notary (Please print) _____

Signature of Notary _____

Notary Stamp or Seal



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Print Form

Form 4 (a)

Sub Contractor Worksheet

Job Site Address _____

Permit Number: _____

This form is to be submitted at the time of Permit Application and must be completed with all applicable signatures. Changes in sub-contractors are allowed following submission of Form 4(b) - Change in Subcontractor.

Contractor Name _____ Contractors Certification or Registration number _____

<u>Trade</u>	<u>Subcontractor Company Name</u>	<u>Subcontractor Telephone No.</u>	<u>Subcontractor License No.</u>	<u>Subcontractor Signature (Qualifier Only)</u>
A/C and Heating				
Aluminum				
Carpenter				
Cement				
Drywall				
Electric				
Plumbing				
Roofing				
ROW				
Tile				
Other				
Landscape (Commercial Only)				

Contractor Signature _____

Date _____



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COMMERCIAL DATA SUMMARY SHEET

For Office Use Only

Permit Number

2 0 _____

Application Date

CSR _____

Print Form

Form 6B(i)

Applicable Codes

This department requires that the most recent published edition at the time of application be used.

The Department requires the information on Form 6B(i) and 6B(ii) to become part of, and be identified on the drawings. Should this be omitted, Forms 6B(i) and 6B(ii) must be completed in full.

Structural Forces (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 (Section 1607.11) Dead Load _____ p.s.f (Section 1606)

Load Combinations _____ (Section 1605)

Wind Design Section 1609 ASCE 7-02 Other Internal Pressure GCpi Enclosed Partially Enclosed

Building Category _____ Wind Exposure _____ Basic Wind Speed _____ mph (3-sec gust)

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

Plumbing Fixture Table 403.1 - Plumbing Code

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

General Building Limitations - Table 503 Sprinklered UnSprinklered

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

Area Actual _____ sq.ft Allowable _____ sq.ft Area Modification: (Section 506) _____

Storey Actual _____ Allowable _____

Height Actual _____ ft Allowable _____ ft Height Modification: (Section 504) _____

Fire Protection (Chapter 6)

Table 601 Fire Resistance Rating Requirements for Building Elements Construction Type I II III IV V A B

		North Wall	South Wall	East Wall	West Wall
Table 602 Fire Resistance Rating Requirements for Exterior Walls based on Fire Separation Distance	Actual Separation Distance (ft)				
	Allowable Separation (ft)				
	Fire Rating Required (Hr)				



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COMMERCIAL DATA SUMMARY SHEET (Part Two)

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2 0 _____

Application Date

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Print Form

Form 6B(ii)

Fire Rated Partitions (Chapter 7)

Fire Walls (Section 705)	<input type="text"/>	Hr. (Table 705.4)	Horizontal Exit	<input type="text"/>	Hr. (Section 706)
Townhouse Separation	<input type="text"/>	Hr. (Section 705.4.1)	Incidental Use Areas	<input type="text"/>	Hr. (Section 706)
Shaft Enclosures, Stairs	<input type="text"/>	Hr. (Section 707)	Separation of Mixed Occup	<input type="text"/>	Hr. (Section 706)
Shaft Enclosures, Elevator	<input type="text"/>	Hr. (Section 707)	Single Occupancy Fire Areas	<input type="text"/>	Hr. (Table 706.3.7)
Exit Enclosures	<input type="text"/>	Hr. (Section 706)	Tenant Separation	<input type="text"/>	Hr. (Section 708)
Exit Passageway	<input type="text"/>	Hr. (Section 706)	Other	<input type="text"/>	Hr.

Opening protectives per section 715 & tables 715.3, 715.4 and 715.4.3. Yes No

Concealed Spaces Section 717: Fire Blocking Completed Yes No Draft Stopping Completed Yes No

Interior Finishes

Chapter 8, Florida Building Code

Walls and Ceilings	Exits <input type="text"/>	Exit Access <input type="text"/>	Other <input type="text"/>
Floors	Exits <input type="text"/>	Exit Access <input type="text"/>	Other <input type="text"/>
<u>Fire Prevention Code</u>			
Walls and Ceilings	Exits <input type="text"/>	Exit Access <input type="text"/>	Other <input type="text"/>
Floors	Exits <input type="text"/>	Exit Access <input type="text"/>	Other <input type="text"/>

Fire Protection Systems (Chapter 9)

Fire alarm and detection systems Smoke Alarms Yes 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) Egress Width (Section 1005) Inches (Table 1005.1)

Exits and Access Doorways: Section 1014 and Section 1018

Number of Exits **Required** (Table 1018.1) Two or more exits - separation distance **required** (ft)

Number of Exits **Provided** (Table 1018.1) Two or more exits - separation distance **provided** (ft)

Exit Access Travel Distance **Required** (ft) (Section 1015, Table 1015.1) Exit Access Travel Distance **Provided** (ft)

Single Exit Permitted (Table 1018.2) Yes No

Corridors Fire Resistance Rating (Table 1016.1)

Area Tabulation

Conditioned (sq.ft) Other (sq.ft) Total (sq. Ft.) May 2007 mag

Commercial Design Standards Worksheet

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 façade #

4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) An architectural distinction around or above the primary customer entrance.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(2) Canopies or porticos.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(3) Peaked roof forms.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(4) Overhangs of a minimum of three (3) feet wide.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(5) Arcades a minimum of six (6) feet wide.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(6) Arches or arched forms.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(7) Display windows of a minimum of six (6) feet high.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(8) Ornamental or structural details that are integrated in the building structure.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(9) A tower such as a clock tower or bell tower.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(10) Sculptured artwork (excluding corporate logos or advertising).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

(11) Any other treatment that, in the opinion of the zoning official, meets the intent and purpose of this section.

(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?

<input type="checkbox"/> YES	<input type="checkbox"/> 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)

<input type="checkbox"/> (1) Texture change.
--

<input type="checkbox"/> (2) Color change.
--

(more choices - continued)

(continued)

- (3) Material change.
- (4) Architectural features such as bays, reveals, offsets, or projecting ribs which must be no less than twelve (12) inches in width.
- (5) Building offsets or projections located on upper levels that are a minimum of three (3) feet 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. So 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 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) Offset floors.
 - (3) Any other element that, in the 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

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 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) inches high with a minimum of three (3) changes in the relief or 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) inches 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.

National Flood Insurance Program

V-ZONE CERTIFICATE

Name _____ Policy Number (*Insurance Co. Use*) _____
Building Address or Other Description _____
City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number _____ Panel Number _____ Suffix _____ Date of FIRM Index _____ FIRM Zone _____

SECTION II: Elevation Information

NOTE: This Certificate does not substitute for an Elevation Certificate

1. Elevation of the Bottom of Lowest Horizontal Structural Member..... _____ feet (NGVD)
2. Base Flood Elevation (BFE)..... _____ feet (NGVD)
3. Elevation of Lowest Adjacent Grade..... _____ feet (NGVD)
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet (NGVD)
5. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... _____ feet (NGVD)

SECTION III: V-Zone Certification Statement

NOTE: This section must be certified by a registered engineer or architect

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

NOTE: This section must be certified by a registered engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- **The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).**

SECTION V: Certification

Signature below certifies: _____ Section III; _____ Section IV

Certifier's Name _____ Company Name _____
Title _____ License Number _____
Street Address _____
City _____ State _____ Zip Code _____
Signature _____ Date _____ Telephone Number _____



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

Form CCU-Eng-I002

Effective Date: 04/18/06

Page 1 of 1

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: 941-764-4319



**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: CHARLOTTE COUNTY UTILITIES
25550 HARBOR VIEW ROAD, UNIT 1
PORT CHARLOTTE, FL 33948-1098
PHONE: 941-764-4300 FAX: 941-764-4319



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

CCU-Eng-F004
Effective Date: 4/10/2007
Page 1 of 2

***** 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	Nursing Home: _____	Beds
Hotel or Motel: _____	Units	Restaurant: _____	Seats
Office Building: _____	Square Feet	Bar/Cocktail Lounge: _____	Seats
Warehouse: _____	Square Feet	Theater/Church: _____	Seats
Store; No Kitchen: _____	Square Feet	Day School: _____	Students+Staff
Factory W/Showers: _____	# of Employees	Laundromat: _____	# 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



Change of Owner/Tenant Commercial units

CCU-Eng-F014

Effective Date:
3/15/2007

Page 1 of 1

New business name: _____ Phone: _____

New owner/tenant name: _____ Phone: _____

Emergency contact name: _____ Telephone: _____

Mailing address: _____ Date service to start: _____

Street

_____ Unit number: _____

City

Zip

Business Description: _____

Store Office Warehouse Restaurant/Bar Other: _____

Square footage: _____ Number of seats: _____ (Restaurant/Bar)

Number of existing meters: _____ Size of existing meters: _____

Requested number of meters: _____ Size of requested meters: _____

Previous type of business: _____

Contact name: _____ Telephone: _____

Owner/Developer name: _____ Phone: _____

Service address: _____

Street

City

Zip

Required Documents:

- Proof of Ownership (Copy of Business License, Lease Agreement or Warranty Deed)
- Floor plan

FOR CCU OFFICE USE ONLY

Customer Number _____ Deposit \$ _____ Water _____

Premise Number _____ Deposit \$ _____ Sewer _____

Engineering Project Manager _____ Processed by _____ Date _____

Business Services _____ Processed by _____ Date _____

25550 Harbor View Road, Unit 1,
Port Charlotte, FL 33980
Phone: 941-764-4300 or (800) 524-3494 Fax: 941-764-4319