



Print Form

Building Construction Services

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: (941) 743-1201 FAX: (941)743-1213
Zoning (941) 743-1964 Toll Free from Englewood (697-2919)
www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

**Single Family Residence Construction Permit Application Packet
including Utilities Availability Request Application**

For Office Use Only

Permit Number

20

Application Date

CSR Initials

SINGLE FAMILY RESIDENCE PERMIT APPLICATION CHECKLIST

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.*****

- **PERMIT APPLICATION FORM** - Filled out completely with notarized signatures on back of form.
- **1 & 2 FAMILY DATA SUMMARY SHEET** - Showing flood zone, wind speed exposure, etc.
- **OWNER/BUILDER STATEMENT** (If owner acts as contractor) - An affidavit signed by the owner/builder certifying that the responsibilities and requirements of the construction process are understood by the owner.
- **NOTICE OF COMMENCEMENT**- A recorded Notice of Commencement will be required at the time the permit is issued.
- **SUBCONTRACTOR WORKSHEET** - With original signatures of all subcontractors working on the project.
- **REQUEST FOR CHANGE OF SUBCONTRACTOR** - If subcontractor(s) need to be changed from original permit.
- **FIRE HYDRANT AFFIDAVIT** - Signed by the owner and notarized.
- **SEWER /SEPTIC AFFIDAVIT** - Signed by owner/agent/or contractor and notarized.
- **PUBLIC UTILITY AFFIDAVIT** - An affidavit regarding the location of existing public utility structures on the site.
- **WINDOW, DOOR AND GARAGE DOOR SPECIFICATIONS** - Two (2) sets minimum. Window and door protection with shutters shall be engineered.
- **SEPTIC SYSTEM PERMIT** (If sewer service is not available) - A copy of the Septic System Permit approved by the Health Dept. A copy of the Septic System Permit application may be submitted with the building permit application package. However, an approved septic permit must be on file prior to the building permit being issued.
- **UTILITY AVAILABILITY REQUEST FOR VACANT PROPERTY APPLICATION (Form Z)** - Completed form will be forwarded to Charlotte County Utilities.
- **NEW RESIDENTIAL UTILITY SERVICE APPLICATION (Form CCU-Eng-F003)** - Completed form will be forwarded to Charlotte County Utilities.
- **TREE PRESERVATION/REMOVAL FORMS** - Appropriate tree forms must be completed with site plan attached.
- **SURVEYS** - Two (2) signed and sealed surveys of less than one year old which include flood zone and panel number information.
- **DRAINAGE PLANS** - Two (2) signed and sealed drawings of site drainage.
- **SITE PLANS** - Three (3) site plans showing existing improvements on the site, property lines, setbacks for proposed residence and culvert apron for right-of-way.
- **BUILDING PLANS** - Two (2) sets of building plans that have been signed and sealed by an engineer or architect. Also include signed and sealed data sheets for the project.
- **TRUSS LAYOUTS** - Two (2) sets of truss layouts or conventional framing details.
- **ENERGY CALCULATIONS** - Two (2) sets of energy calculations with one (1) Manual J.
- **PRE-APPLICATION FEE** - A pre-application fee of \$150.00 is due at time of application submittal.



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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	CONTRACTOR 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
Printed Name of Notary	Printed Name of Notary
Commission Number	Commission Number
Seal	Seal

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Additional Information

(To be filled out with New Construction or Additions)

Owner Name: _____

Address: _____

Number & Street Name

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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RESIDENTIAL ONE AND TWO SINGLE FAMILY DWELLING DATA SUMMARY SHEET

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OWNER NAME: _____ OWNER ADDRESS: _____
Number & Street City, State, & Zipcode

Applicable Codes: Building, Mechanical, Plumbing, Accessibility, & Energy Codes - 2010 Florida Building Code, Residential Volume. Electrical Code - NFPA 70 & NEC 2008

Manufacturer's Product Approvals

Doors: _____ Overhead Doors: _____
Mitered Glass: _____ Roof Coverings: _____
Soffit: _____ Termite Protection: _____

Protection of Openings:

Windows: _____
Shutters: _____

The basic wind exposure for Charlotte County is Exposure C, wherever Exposure B or D are not applicable. The applicant has the option to design to a lower exposure (Exposure B) if the appropriate supporting documentation and calculations are provided.

Method of Design per Florida Building Code (FBC) R301

Designer's Name: _____

Florida Building Code Residential 2010 ASCE 7-10 AISI AF & PA FC & PA Guide MAF Guide
 ICC 600 Other: _____

Basic Wind Speed (Vult) _____ mph (Figure R301.2(4)) Risk Category: I II

Nominal Design Wind Speed (Vasd) _____ m.p.h. Flood Design Data _____ Internal Pressure Coefficient _____

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 and gravity loads as amended and enforced by the permitting jurisdiction.

Signature: _____ Date: _____

Architect / Engineer Seal

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 _____



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OWNER -BUILDER STATEMENT

DISCLOSURE STATEMENT (F-S 489.103.7.b)

PLEASE READ THE STATEMENT BELOW CAREFULLY.

FAILURE TO COMPLY WITH THIS STATEMENT SHALL RESULT IN YOUR PERMIT BEING REVOKED BY THE BUILDING OFFICIAL AND MAY RESULT IN FINES UP TO \$10,000.

Initials I understand that State law requires construction to be done by licensed contractor and have applied for an owner/builder permit under an **exemption** to that law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

Initials I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

Initials I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.

Initials I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

Initials I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

Initials I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

Initials I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **(850) 487-1395** or **www.myfloridalicense.com/dbpr/pro/cilb/index.html** for more information about licensed contractors.

Initials I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

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OWNER -BUILDER STATEMENT DISCLOSURE STATEMENT (F-S 489.103.7.b)

Licensed contractors are regulated by laws designed to protect the public. **If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint.** Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

<input type="text"/> Initials	I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that <u>I am the party legally and financially responsible</u> for the proposed construction activity at the following address: <hr/> Number and Street City Zipcode
----------------------------------	---

<input type="text"/> Initials	I agree to notify <u>Charlotte County Building Construction Services</u> immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.
----------------------------------	---

CHECK THOSE CONTRACTOR CATEGORIES WHICH WILL BE DONE BY THE OWNER:

- | | | | | |
|-------------------------------------|--|-------------------------------------|---|--|
| <input type="checkbox"/> A/C & Heat | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Insulation | <input type="checkbox"/> Cement, Concrete, Masonary | <input type="checkbox"/> Painting and Wallcovering |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Roofing | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Ceramic/Marble/Terrazzo | <input type="checkbox"/> Spa /Swimming Pools |
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Solar Systems | <input type="checkbox"/> Drywall | <input type="checkbox"/> Plaster/Stucco/Spraycrete | <input type="checkbox"/> Other (Detail Below) |

I have read the above statement and agree to abide by it

Signature of Owner Printed Name of Owner

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 _____

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State of Florida County of Charlotte

Notice of Commencement

THIS SPACE RESERVED FOR RECORDING

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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Sub Contractor Worksheet

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.

Permit Number _____

Job Site Address _____

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

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

Contractor Signature

Date

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Request for Change of Subcontractor

Permit Number: _____

Job Site Address: _____

Subcontractor Classification to be replaced: _____

Current Subcontractor: _____ License Number: _____

New Subcontractor Company Name: _____

New Subcontractor Telephone Number: _____ New Subcontractor State Cert/Reg Number: _____

New Subcontractor Signature (Qualifier Only) _____ Date

Name of Contractor: _____

Qualifier's Signature _____ Date

For Office Use Only

- Sub Contractor Status Active
- Sub Contractor Signature Verified
- Sub Contractor holds Appropriate License
- CD Plus Updated with New Details
- Sub Contractor Change Approve

CSR Signature _____ Date

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Oct. 2007, mag



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AFFIDAVIT - FIRE HYDRANTS

Owner's Name: _____

Address: _____ 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.

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: _____ 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.

Signature of Notary

Printed Name of Notary

Commission Number

Seal



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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 _____ 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 _____

Seal



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Over the Counter Trade Permits

Windows, Doors and Windborn Debris Protective Device(s) (WBDP) (i.e Hurricane Shutters)

This application is intended for direct replacement type installations only and cannot be used for alteration of the existing opening or the addition of new openings. All Non-Residential applications must be sent to Fire Review prior to issuance. Plans must be supplied and additional criteria may apply if property located in the Charlotte Harbor CRA. If so, the project must meet the CRA Design and Community Standards. For more information call Zoning on (941) 743-1964.

Construction Cost (excluding lot but including labor) _____

Notice of Commencement required for all jobs over \$2,500 (\$7500 for HVAC)

Scope of Work - Please check all that apply. Please note, correct licensure is required to perform each task.

- Window Replacement Total Glass Area (Sq. Ft.) Glass Area Replaced (Sq. Ft.) Percentage
- Door Replacement
- Garage Door Replacement(s)
- Hurrican Shutter (WBDP) Installation Non-Electrical Electrical-Electrical Sub-Contractor Required

All replacement windows, doors, garage doors and WBDP must meet the minimum design pressure as outlined below. See: www.ccgis.com for job site windspeed and exposure information. Please specify the windspeed zone and the exposure.

- Windspeed Zone 120 mph **Exposure "B" Mean Roof Height <30' minimum Design Pressure requirement is +26/-35psf**
Additional Review may be required Exception: for a garage door with an 8'-16" wide by 7' high overhead door, use +23/-27 psf.
- Exposure "C" Mean Roof Height <30' minimum Design Pressure requirement is +37/-49psf**
 Exception: for a garage door with an 8'-16" wide by 7" high overhead door, use +32/-37 psf.

- Windspeed Zone 130 mph **Exposure "B" Mean Roof Height <30' minimum Design Pressure requirement is +31/-41psf**
 Exception: for a garage door with an 8'-16" wide by 7' high overhead door, use +27/-32 psf.
- Exposure "C" Mean Roof Height <30' minimum Design Pressure requirement is +44/-58psf**
 Exception: for a garage door with an 8'-16" wide by 7' high overhead door, use +38/-43 psf.

Additional Information (see attached fact sheet for further details)

Initials _____

- Required in field at time of inspection:**
A plan view and/or schedule which indicates the location and type of each unit being install.
Specification of each type of product being used and for each provide the FBC-Approved Manufacturers Engineering Document.
- Product approval** is required in accordance with FAC 9B-72. Ensure manufacturers stickers are affixed to the item at the time of inspection OR provide documentation listing the 2004 FBC product approval number and approved drawings OR documentation from an FBC approved Certification Agency and the approved drawings.
- An **Emergency Escape Rescue Opening** may be required (means of egress) per FBC B1025 or R310. (Please see fact sheet for further information)
- Safety Glazing** may be required per FBC - Existing 403, Building 2406 and Residential R308. (Please see fact sheet for further information)
- Windborne Debris Protection (Shutters)** may be required per FBC 1609.1.4 - Protection of openings. (Please see fact sheet for further information)

A recorded Notice Of Commencement is required in the Permitting Office prior to issuance of the permit
Oct. 2007, mag



Building Construction Services

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: (941) 743-1201 FAX: (941)743-1213
Zoning (941) 743-1964 Toll Free from Englewood (697-2919)
www.charlottecountyfl.com
"To exceed expectations in the delivery of public services"

Single Family Residence Construction Permit Application Packet including Utilities Availability Request Application

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

Fact Sheet

Windows, Doors and Windborn Debris Protective Device(s) (WBDP) (i.e Hurricane Shutters)

The replacement of garage doors, exterior doors, skylights, and operable and inoperable windows shall be designed and constructed in accordance with Florida Building Code (FBC), existing section 507.3. Opening protection exception: For one and two single family dwellings constructed under codes other than the FBC and located in a wind-borne debris region, the replacement of garage doors and exterior doors with glazing, sliding glass doors, glass patio doors, skylights, and operable and inoperable windows within any 12 month period, shall not be required to have opening protection but shall be designed for wind pressures for enclosed buildings, provided the aggregate area of the glazing in the replaced components does not exceed 25 percent of the aggregate area of the glazed openings in the dwelling to the dwelling unit.

Provide in field for Inspection: A plan view and/or schedule which indicates the location and type of each unit being installed and, for each type of product being used, provide the "FBC approved Manufacturuers Enginering Document."

An **Emergency Escape Rescue Opening** may be required: See FBC, Building 1025 and/or FBC R310.

For a replacement being done in a one and two family dwelling in a room used for sleeping, provide the following:

R310.1.1- All emergency escape and rescue openings shall have a minimum net clear opening 5.7 square feet. Exception - Grade floor openings shall have a minimum net opening of 5 square feet.

R310.1.2 The minimum net clear opening height shall be 24 inches. R310.1.3 The minimum net clear opening width shall be 20 inches.

R310.1.4 Emergency Escape and rescue openings shall be operational from the inside of the room without the use of keys or tools.

FBC, Existing 505.1 General - Means of egress for buildings undergoing alteration shall comply with the requirements of Section 501.1 and the scoping provisions of Chapter 1 where applicable.

Exception - Door and window dimensions. In residential dwellings and dwelling units a maximum of 5 percent reduction in the clear opening dimensions of replacement doors and windows shall be allowed.

Safety Glazing may be required: See FBC, Existing 403; FBC, Building 2406; FBC, Residential R308, FBC R308.4

Hazardous Locations: The following shall be considered specific hazardous locations for the purposes of glazing:

1. Glazing in swinging doors, except jalousies.
2. Glazing in fixed and sliding panels of sliding door assemblies and panels in sliding and bifold closet door assemblies.
3. Glazing in storm doors.
4. Glazing in all unframed swinging doors.
5. Glazing in doors and enclosures for hot tubs, whirlpools, saunas, steam rooms, bathtubs and showers; Glazing in any part of a building wall enclosing these compartments where the bottom exposed edge of the glazing is less than 60 inches measured vertically above any standing or walking surface.
6. Glazing, in an individual fixed or operable panel adjacent to a door where the nearest vertical edge is within a 24 inch arc of the door in a closed position or position and whose bottom edge is less than 60 inches above the floor or walking surface.
7. Glazing in an individual fixed or operable pane, other than those locations described in Items 5 and 6 above, that meets all of the following conditions:
 - I. Exposed area of an individual pane greater than 9 square feet.
 - II. Bottom edge less than 18 inches above the floor
 - III. Top edge greater than 36 inches above the floor.
 - IV. One or more walking surfaces within 36 inches horizontally of the glazing.
8. Glazing in walls and fences enclosing indoor and outdoor swimming pools, hot tubs and spas, where the bottom edge of the glazing is less than 60 inches above a walking surface and within 60 inches horizontally of the waters edge.
9. Glazing adjacent to stairways, landings, ramps within 36 inches horizontally of the walking surface when the exposed surface of the glass is less than 60 inches above the pane of the adjacent walking surface.
10. Glazing adjacent to stairways within 60 inches vertically of the bottom tread of a stairway in any direction when the exposed surface of the glass is less than 60 inches above the nose of the tread.

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Oct. 2007. mag



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Fact Sheet (Cont.)

Windows, Doors and Windborne Debris Protective Device(s) (WBDP) (i.e Hurricane Shutters)

Windborne Debris Protection (Shutters) may be required. See FBC 1609.1.4 - Protection of Openings. When in a windborne Debris Region: for one and two family dwelling replacements that are 25% or more of the aggregate glass area; provide an FBC approved Impact Rated Device (Hurricane Shutter or Impact Rated Glazing). For WBDP, provide in field for inspection - FBC approved Manufacturers engineered report, which demonstrates that the product(s) has/have a design pressure rating, which will meet the design pressure requirement as specified on application, and contains the engineered installation/attachment schedule.

For the use of Wood Structural panels: See FBC 1609.1.4 - Exceptions, and Table 1609.1.4; or FBC R301.2.1.2 and Table R301.2.1.2. **Exception** - Wood structural panels with a minimum thickness of 7/16 inch and maximum panel span of 8 feet shall be permitted for opening protection in one and two story buildings. Panels shall be precut to cover the glazed openings with attachment hardware provided. Attachments shall be designed to resist the components and cladding loads determined in accordance with the provisions of Section 1609.6.5. Attachment in accordance with Table 1609.1.4 is permitted for buildings with a mean roof height of 33 feet or less where wind speeds do not exceed 130mph.

Table 1609.1.4 WIND-BORNE DEBRIS PROTECTION FASTENING SCHEDULE FOR WOOD STRUCTURAL PANELS

Fastener Type	Fastener Spacing ^{1,2}			
	(<2ft)	(2ft)><4ft)	(4ft)><6ft)	(6ft)><8ft)
Panel Span				
2 1/2 #6 Wood Screws ³	16" o.c	16" o.c	12" o.c	9" o.c
2 1/2 #8 Wood Screws ³	16" o.c	16" o.c	16" o.c	12" o.c
Double Headed Nails ⁴	12" o.c	6" o.c	4" o.c	3" o.c

¹ This table is based upon a maximum wind speed of 130mph and mean roof height of 33 feet or less.

² Fasteners shall be installed at opposing ends of the wood structural panel.

³ Where screws are attached to masonry or masonry/stucco, they shall be attached using vibration-resistant anchors having a minimum withdrawal capacity of 490 lb.

⁴ Nails shall be 10d common or 12d box double-headed nails.

WIND BORNE DEBRIS PROTECTIVE DEVICE(S) SHALL BE DESIGNED AND INSTALLED IN STRICT ACCORDANCE WITH THE FBC-APPROVED ENGINEERED DOCUMENTS - A COPY OF WHICH MUST BE IN THE FIELD FOR INSPECTION.

Product Approval is required in accordance with FAC 9B-72. For products which bear an approved certification agency mark or label, leave the manufacturers sticker affixed to the product for the inspector to view along with the manufacturers installation/attachment schedule, or to demonstrate that a product has Product Approval, provide; documentation which lists the 2004 FBC Product Approval number and the approved drawings (see drawing number listed to ensure you are supplying the correct drawings); or documentation form an FBC-approved certification agency and the approved drawings, (again see the drawing number listed to ensure you are supplying the correct drawings).

FBC 1008.1.3.6 - The temporary installation or closure of storm shutters, panels and other approve hurricane protection devices shall be permitted on emergency escape and rescue openings in Group R occupancies during the threat of a storm. Such devices shall not be required to comply with the operational constraints of Section 1025.4. While such protection is provided, at least one means of escape from the dwelling or dwelling unit shall be provided. The means of escape shall be within the first floor of the dwelling or dwelling unit and shall not be located within a garage without a side hinged door leading directly to the exterior. Occupants in any part of the dwelling or dwelling unit shall be able to access the means of escape without passing through a lockable door not under their control.

In other than Group R occupancies, an occupied or occupiable building shall meet the operational constraints as may be required for the required means of egress; unoccupied buildings may have the temporary installation or closure of windborne debris protection applied to openings during the threat of a storm without regard to egress.

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



Charlotte County Utilities
Utility Availability Request for Vacant Property
Single-Family Residential

Form CCU-Eng-I001

Effective Date: 04/18/06

Page 1 of 1

INSTRUCTIONS

The attached form MUST be completed as follows:

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 webpage (www.ccappraiser.com), 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.

The application should be forwarded to: Charlotte County Utilities
Attn: Engineering Department
25550 Harbor View Road, Unit 1
Port Charlotte, FL 33980
FAX: 941-764-4319

Questions should be directed to Charlotte County Utilities at 941-764-4516.



**Charlotte County Utilities
Utility Availability Request for Vacant Property
Single-Family Residential**

Form Z - Eng. - Qual. Control-
Forms-CCU-Eng-F001
Draft 6.d0c

Effective Date: 09/06/07

Page 1 of 1

Requestor Name: _____ Date: _____

Requestor Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Legal Description: The complete "Short Legal" from the tax record found at www.ccappraiser.com

Lot: _____ Block: _____ Section: _____

(ONLY ONE LOT PER FORM) **(MUST INCLUDE 3-LETTER IDENTIFIER)**

Address of Property: _____

City: _____ State: _____ Zip Code: _____

>>>>>FOR CCU USE ONLY>>>>>FOR CCU USE ONLY>>>>>FOR CCU USE ONLY>>>>>

This property is in the CCU **water** service area. Water is available Water is not available

This property is not in the CCU **water** service area.

This property appears to be in the _____ water service area.

This property is in the CCU **sewer** service area. Gravity sewer is available.

Gravity sewer is not available.

LPS is available

LPS is not available

This property is not in the CCU **sewer** service area.

This property appears to be in the _____ sewer service area.

CCU Representative _____
Date

This form shall not be construed as a commitment for CU to provide service or the location of any existing services. A locate request must be submitted to CCU for verification of the service location.

Only valid for three months from date of confirmation.

PLEASE FORWARD TO: CHARLOTTE COUNTY UTILITIES PHONE: 941-764-4516
25550 HARBOR VIEW ROAD, UNIT 1 FAX: 941-764-4319
PORT CHARLOTTE, FL 33948-1098



Charlotte County Utilities Engineering

Fax to 941.764.4319

**Form Z - Eng. - Qual. Control-
Forms-CCU-Eng-F001
Draft 6.d0c**

Effective Date: 09/06/07

Page 1 of 1

New Residential Utility Service Application

Name: _____ Property Owner: _____

Mailing Address: _____
Street City Zipcode

Phone Number: _____ Fax Number: _____ Email Address: _____

Legal Description: The Complete Short Legal

Lot: _____ Block: _____ Section: _____
(Only One Lot Per Form) (Must Include 3-Letter Identifier)

Address of Property: _____

City, County, Zip Code: _____

*******PLEASE PROVIDE A COPY OF SITE PLAN*******

SERVICE AGREEMENT: Utility will provide service upon payment of these fees and charges in accordance with Utility's Uniform Extension Policy approved by the Board of County Commissioners. The policy provides for plant allocation of 225 gallons per day per equivalent residential connection (ERC for water service, and 190 gallons per day per ERC for sewer service, as defined in the policy). Utility will not be obligated to provide capacity of service in excess and may required consumers to curtail use which exceeds such allocated capacity. Where payment of connection fees has been made prior to the availability of utility service, Utility agrees to make service available upon completion of construction and certification that lines are ready to serve. In areas where utility service is not available and connection fees have ben paid, billing of the monthly Base Facility Charge(s) will begin thirty (30) days after certification of service availability and applicant agrees to pay such charges as rendered.

_____ Customer Signature _____ Date

<<<< FOR OFFICE USE >>>>

	WATER	SEWER	TOTAL
PLANT CAPACITY (A) WPLT _____ SPLT _____			
TRANSMISSION (A) WTRN _____ STRN _____			
DISTRIBUTION (A) WDST _____		XXXXX	
COLLECTION (A) _____ SCOL _____	XXXXX		
SUBTOTAL CONNECTION FEES		W + S	(A)
LOW PRESSURE INSTALL (B) _____ STNK _____	XXXXX		
WATER METER INSTALL (B) MIXX _____		XXXXX	
AGRF* (See chart on pg. 2) (B) WAGF _____ SAGF _____			
SUBTOTAL OTHER FEES		W + S	(B)
TOTAL W/S CONNECTION FEES	=====	=====	

ESCROW CREDIT: YES NO IF YES, CHECK WILL BE SENT TO PROPERTY OWNER
 *PRICES IN EFFECT UNTIL _____ AND SUBJECT TO CHANGE.
 (A) PAYCODE: CFCH (CASH) CFCK (CHECK) (B) USE REGULAR PAYCODES

APPLICATION RECEIVED

NOTES:

Serv. Type: DI S L

TOTAL CONNECTION FEES: \$ _____

PAYMENT: \$ _____ DATE: _____

BALANCE TO FINANCE: \$ _____ MONTHS TO FINANCE (MAX): _____

RECEIVED BY: _____ APPROVED BY: _____

PREMISE NO: _____ CUSTOMER NO: _____

Water

The District requires the accrual of general revenues on all properties it proposes to serve in the future. This fee will accrue monthly as new capacity is calculated into that fee. The schedule is as follows:

	2006	2007	2008	2009	2010	2011
January		683.34	837.36	991.39	1,145.41	1,299.43
February		696.18	850.20	1,004.22	1,158.25	1,312.27
March		709.01	863.03	1,017.06	1,171.08	1,325.10
April		721.85	875.87	1,029.89	1,183.92	1,337.94
May		734.68	888.71	1,042.73	1,196.75	1,350.77
June		747.52	901.54	1,055.56	1,209.59	1,363.61
July		760.35	914.38	1,068.40	1,222.42	1,376.45
August		773.19	927.21	1,081.23	1,235.26	1,389.28
September		786.02	940.05	1,094.07	1,248.09	1,402.12
October	644.84	798.86	952.88	1,106.90	1,260.93	1,402.12
November	657.67	811.69	965.72	1,119.74	1,273.76	1,402.12
December	670.51	824.53	978.55	1,132.58	1,286.60	1,402.12

Sewer

	2006	2007	2008	2009	2010	2011
January		261.46	469.84	678.23	886.61	1,094.99
February		278.83	487.21	695.59	903.97	1,112.36
March		296.19	504.57	712.96	921.34	1,129.72
April		313.56	521.94	730.32	938.70	1,147.09
May		330.92	539.30	747.69	956.07	1,164.45
June		348.29	556.67	765.05	973.43	1,181.82
July		365.65	574.03	782.42	990.80	1,199.18
August		383.02	591.40	799.78	1,008.16	1,216.55
September		400.38	608.76	817.15	1,025.53	1,233.91
October	209.37	417.75	626.13	834.51	1,042.89	1,233.91
November	226.73	435.11	643.49	851.88	1,060.26	1,233.91
December	244.10	452.48	660.86	869.24	1,077.62	1,233.91

Air Conditioning Contractors of America
Manual S (Residential Equipment Selection)



Project Information		
Name		
City		
State		
Altitude	Altitude Adj.	1.00

Design Information	
Outdoor Design Temperature - Summer	
Indoor Design Temperature - Summer	
Indoor Design %RH - Summer	50
Outdoor Design Temperature - Winter	

Proposed Equipment	Manufacturer		Furnace #		AFUE	
	Manufacturer		AHU/Coil #		SEER	
	Manufacturer		Condenser #		HSPF	
	Manufacturer		Package #			

Manual J Load	Heat Loss	Design TD For Airflow	Design CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
				63				

Manufacturers Performance Data (A)		Lower CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Entering Coil Temperature = 75 (F db)							
Rated CFM @ Rated RA Temperature							
Rated CFM @ Desing RA Temperature			63				
Rated CFM @ Rated RA Temperature							

Manufacturers Performance Data (B)		Higher CFM	Return Air (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Entering Coil Temperature = 75 (F db)							
Rated CFM @ Rated RA Temperature							
Rated CFM @ Desing RA Temperature			63				
Rated CFM @ Rated RA Temperature							

Manufacturers Cooling Performance	Design CFM	Design (F wb)	Total BTUH	Sensible BTUH	Latent BTUH	SHR
Interpolated Equipment Capacity		63				
Excess Latent Capacity Calculation						
Capacity @ Design CFM / RA (F wb)						
Equipment Capacity as a % of Design						

Heat Pump Data	Capacity @ 47 °F db	Capacity @ 17 °F db	Balance Point	Supplemental Heat Required

Furnace Data	Input Capacity	Output Capacity	AFUE	Desired Temp. Rise	Calculated Airflow



Print Form

Building Construction Services

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Zoning (941) 743-1964
Toll Free from Englewood (697-2919)
www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

RESIDENTIAL ONE AND TWO SINGLE FAMILY DWELLING DATA SUMMARY SHEET

For Office Use Only	
Permit Number	_____
20 _____	_____
Application Date	_____
CSR Initials	_____

OWNER NAME: _____ OWNER ADDRESS: _____
Number & Street City, State, & Zipcode

Applicable Codes: Building, Mechanical, Plumbing, Accessibility, & Energy Codes - 2010 Florida Building Code, Residential Volume. Electrical Code - NFPA 70 & NEC 2008

Manufacturer's Product Approvals		Protection of Openings:
Doors: _____	Overhead Doors: _____	Windows: _____
Mitered Glass: _____	Roof Coverings: _____	Shutters: _____
Soffit: _____	Termite Protection: _____	

The basic wind exposure for Charlotte County is Exposure C, wherever Exposure B or D are not applicable. The applicant has the option to design to a lower exposure (Exposure B) if the appropriate supporting documentation and calculations are provided.

Method of Design per Florida Building Code (FBC) R301 Designer's Name: _____

Florida Building Code Residential 2010 ASCE 7-10 AISI AF & PA FC & PA Guide MAF Guide

ICC 600 Other: _____

Basic Wind Speed (Vult) _____ mph (Figure R301.2(4)) Risk Category: I II

Nominal Design Wind Speed (Vasd) _____ m.p.h. Flood Design Data _____ Internal Pressure Coefficient _____

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 and gravity loads as amended and enforced by the permitting jurisdiction.

Signature: _____ Date: _____ Architect / Engineer Seal