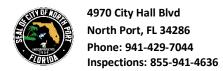
| NOTIFIED: | / |
|-----------|---|

| FFFC | DUE. | ė | | |
|------|------|---|--|--|
| LEE2 | DUE: | 2 | | |



CITY OF NORTH PORT

bldginfo@northportfl.gov www.northportfl.gov

Permit Application

Florida Building Code 8th Edition (2023)

| DEPAR | TMENT | | | | |
|--------------------------------|---------------|--------------|--------------------------------|--|--|
| BUILDING ZONING | _FIRE PUBLIC | WORKS | Permit #: | | |
| Related Permit (if applicable) | # | | Office Use ONLY | | |
| □ Commercial | | Residential | □ Fire (Alarm, Sprinkler etc.) | | |
| JOB SITE ADDRESS | | | ZIP CODE | | |
| DESCRIPTION OF WORK | < | | · | | |
| TOTAL VALUE OF CONS | TRUCTION \$ | | | | |
| PARCEL ID | LOT_ | BL | OCKADDITION | | |
| PROPERTY OWNER | | | OWNER'S PHONE | | |
| PROPERTY OWNER'S A | DDRESS | | | | |
| CONTRACTOR'S COMPA | ANY NAME | | | | |
| CONTRACTOR'S ADDRE | :SS | | | | |
| QUALIFIER | | | PHONE | | |
| EMAIL | | | STATE LICENSE # | | |
| REGISTERED DESIGN PF | ROFESSIONAL_ | | | | |
| REGISTERED DESIGN PF | ROFESSIONAL A | ADDRESS | | | |
| SQ FT OF LOT | SQ FT LIVAI | BLE AREA | SQ FT UNDER ROOF | | |
| □ Central Wa | ter 🗆 (| Central Sewe | er 🗆 Well 🗆 Septic | | |

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installations have commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws and ordinances regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

I 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.

It shall also be agreed that the owner has been advised of and understands the applicability of the Construction Lien Law (FSS 713.135) and that impact fees shall be determined with the application for a building permit and shall be due before a Certificate of Occupancy can be issued. Permit fees shall be payable at issuance of a building permit.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT (NOC) 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 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." (All work over \$5,000 or existing HVAC over \$15,000 requires a NOC)

The permit will expire **180 days** from the date it is issued if inspections have not commenced, or **180 days** from the last **approved** inspections. (FBC 105.3.2/105.4.1)

NOTICE: In addition to the requirements 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 agencies, or federal agencies.

PLEASE PROVIDE THE SARASOTA COUNTY PROPERTY APPRAISER'S SUMMARY SHEET WITH THIS APPLICATION

The party applying for the permit signs below. (Only 1 notarized signature needed per application)

| Owner's Signature: | Print Name: |
|----------------------------------------------------------|------------------------------------------------------------------------|
| Contractor Signature: | Print Name: |
| Authorized Agent: | Print Name: |
| STATE OF FLORIDA, COUNTY OF SARASOTA | |
| The foregoing instrument was acknowledged before me this | _ day of by |
| who is per | rsonally known to me \square or who has produced. |
| as identification by m | neans of \square physical presence or \square online notarization. |
| Notary Public Signature | <u> </u> |

SEAL

CITY OF NORTH PORT

Development Services Department 4970 City Hall Boulevard North Port, FL 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (941) 429-7224

WINDOWS AND/OR DOORS REPLACEMENT

| Age of the Home (ye | ar built) | | | | | |
|-----------------------------------------------------------------------|----------------|---------------|--------------|---------------|------------------------------------------------|-----|
| Does the Home have | Shutters? | Yes | | lo | - | |
| Does the Home have | Impact Resis | tant Glazing? | Yes | | No | |
| DESIGN NOTES: If the Home was Des design pressure for t | | | | | = | |
| If the Home was Des required design pres | | | | | | |
| Please submit Produ | ct Approvals , | / NOA's whe | n permit app | ication is su | bmitted. | |
| | | | | | | |
| Please use Page 2 as | a guide for fi | lling out the | form on Pag | e 3. | | |
| Window types: | SGD = Slidin | g Glass Door | GD = Ga | rage Door | E = Egress W FD = Front Do e Hung Impact | oor |

EXAMPLE

| | | Existing | New | Window | Existing | Replacing | Window | Installing |
|-----|------|----------|--------|----------|----------|-----------|----------|------------|
| | Room | Window | Window | Size | Glazing | Glazing | Shutters | Shutter |
| No. | Name | Type | Type | WxH | Sq. Ft. | Sq. Ft. | Yes / No | Type |
| 1 | Bed | SH-E | SH | 52 x 40 | 14.85 | 14.85 | no | panel |
| 2 | Bath | SH | na | 36 x 36 | 9.00 | na | no | na |
| 3 | Bed | HS-E | HS | 52 x 40 | 14.85 | 14.85 | no | panel |
| 4 | Lvg | SGD | na | 72 x 80 | 39.00 | na | no | na |
| 5 | Kit | SH | na | 52 x 40 | 14.85 | na | no | na |
| 6 | Bed | SGD | na | 72 x 80 | 39.00 | na | no | na |
| 7 | Bed | SH-E | na | 52 x 40 | 14.85 | 14.85 | no | panel |
| 8 | Bed | SH | na | 25 x 62 | 10.00 | na | no | na |
| 9 | Bed | SH | na | 25 x 62 | 10.00 | na | no | na |
| 10 | Bath | SH | na | 36 x 36 | 9.00 | na | no | na |
| 11 | Gar | Door | na | 36 x 80 | na | na | no | na |
| 12 | Gar | Door | na | 16' x 7' | na | na | no | na |
| 13 | Lvg | Door | na | 36 x 80 | 1.00 | na | no | na |
| 14 | Lvg | SH | SH | 52 x 40 | 14.85 | 14.85 | no | panel |
| 15 | Bed | HS | HS | 48 x 40 | 13.20 | 13.20 | no | panel |
| 16 | | | | | | | | |

Total Glazing Sq. Ft. 204.45 / 72.06 Percentage 35%

Divide total sq. ft. of replacing glazing by the total sq. ft. of the existing glazing to determine the percentage of glass being replaced. A percentage of 25% or higher will require shutters or impact glass for the opening.

| 9 | Draw a floor plan of your house, label all the rooms. Starting from the left front side of the house and going in a clockwise direction, number all the openings. | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|---------------|----------------|------------------|----------------------|----------|-----------------------|---|
| I | Indicate the type of shutter on each opening or type of shutter you are providing. Indicate bedroom egress windows & doors. | | | | | | | | | |
| Indicate total square footage of glazing. Show all glazing in the home and indicate total square footage of glazing that you are replacing. | | | | | | | | | | |
| | | Room | Existing Window | New Window | Window Size | Existing Glazing | Replacing Glazing | Shutters | Installing Shutter | |
| | Nο | Name | Tyne | Tyne | W v H | Sa Ft | Sa Ft | Ves / No | Tyna | ĺ |

| | | Existing | New | Window | Existing | Replacing | Window | Installing |
|-----|------|----------|--------|--------|----------|-----------|----------|------------|
| | Room | Window | Window | Size | Glazing | Glazing | Shutters | Shutter |
| No. | Name | Type | Type | WxH | Sq. Ft. | Sq. Ft. | Yes / No | Type |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

| Total Glazing Sq. Ft. | / Percentage |
|------------------------------|--------------|
| | |

Divide total sq. ft. of glazing to be replaced by the total sq. ft. to determine the percentage of glass being replaced. A percentage of 25% or higher will require shutters or impact glass for the opening.

WHY WINDOW/DOOR PERMITS FAIL INSPECTIONS

WINDOWS

- 1. Failed to have Product Approval on jobsite at time of Inspection.
- 2. Failed to get In-Progress Inspection. In-Progress Inspection means the new window is ready to be installed in the opening.
- 3. Failed to cut the drywall back so it is not behind the window frame. Windows require wood support for the full depth of the window jamb.
- 4. Failed to replace the old wood bucks with full depth bucks.
- 5. Exceeded the Shim tolerance of ¼" (one quarter of an inch)
- 6. Failed to have wood behind the nail fins.
- 7. Replacement windows do not meet the minimum U-Factor & SHGC per Table 402.1.2 of the FBC-EC when the total cost of renovation exceeds 30% of the assessed value of the structure.

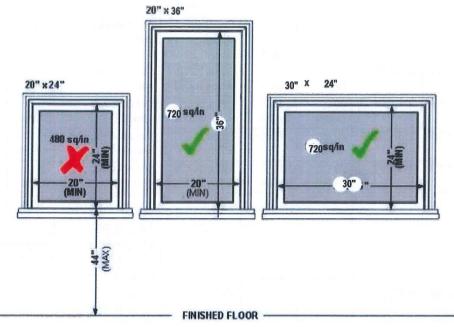
DOORS

- 1. Failed to have the product Approval on jobsite at time of Inspection.
- 2. Failed to follow the Manufacturers fastener requirement.
 - a. # and size of screws
 - b. Screw spacing
 - c. Replacing hinge screws

Important Dates as to Code Requirements

| | | · · | | · · | | |
|------|-----------|---------------|--------------|---------------------------------|---------------------------------|--------|
| Code | Effective | Minimum | Minimum | Net Clear | Total Window | Sill |
| | Date of | Clear Width | Clear Height | Opening | Size | Height |
| | Code | | | | | |
| 2007 | 03/01/09 | 20 inches | 24 inches | 5.0 sq ft 1st floor | See net clear | 44 |
| | | | | 5.7 sq ft 2 nd floor | opening | inches |
| 2004 | 10/01/05 | 20 inches | 24 inches | 5.0 sq ft 1 st floor | See net clear | 44 |
| | | | | 5.7 sq ft 2 nd floor | opening | inches |
| 2001 | 03/01/02 | 20 inches | 24 inches | 5.0 sq ft 1 st floor | See net clear | 44 |
| | | | | 5.7 sq ft 2 nd floor | opening | inches |
| 1997 | 06/23/98 | 20 inches | 24 inches | 5.0 sq ft 1 st floor | See net clear | 44 |
| | | | | 5.7 sq ft 2 nd floor | opening | inches |
| | | | | | | |
| 1994 | 02/20/96 | 20 inches | 22 inches | 4 sq ft | 5.0 sq ft 1st floor | 44 |
| | | | | | 5.7 sq ft 2 nd floor | inches |
| 1991 | 02/25/92 | 20 inches | 22 inches | 4 sq ft | 5.0 sq ft 1 st floor | 44 |
| | | | | | 5.7 sq ft 2 nd floor | inches |
| 1988 | 01/31/89 | 20 inches | 22 inches | 4 sq ft | 5.0 sq ft 1 st floor | 44 |
| | | | | | 5.7 sq ft 2 nd floor | inches |
| 1985 | 10/20/87 | 20 inches | 22 inches | 4 sq ft | 5.0 sq ft 1 st floor | 44 |
| | | | | | 5.7 sq ft 2 nd floor | inches |
| | | | | | | |
| 1976 | 08/31/78 | 20 inches | 22 inches | 4 sq ft | Same as 1985 | 44 |
| | | | | | | inches |
| | | | | | | |
| 1973 | 09/15/75 | Size for Size | | | 30 ft from exit | |
| 1969 | 06/01/70 | Size for Size | | | 30 ft from exit | |
| 1965 | 09/21/65 | Size for Size | | | 30 ft from exit | |
| | | | | | | |

Please understand the 5% reduction applies to the <u>applicable</u> minimum opening size.



CITY OF NORTH PORT Development Services Department 4970 City Hall Boulevard North Port, FL 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Fax (941) 429-7180

Product Approval Statewide

The implementation date for the Florida Product Approval System was October 1, 2003. Rule 9B-72 of the Florida Building Commission establishes a higher standard of practice for product evaluations, as well as uniformity and consistency of enforcement statewide.

The Rule covers the following eight categories of products: (Items in parentheses are examples of sub-categories of products specific functionality, but are not limited to these examples)

- 1. **Exterior Doors** (rollup, sectional, sliding, swinging, automatic or other)
- 2. **Windows** (awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other)
- 3. **Panel Walls** (siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other)
- 4. **Roofing Products** (built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cement- adhesives-coatings, liquid applied roof systems, underlayments, no n-structural metal roofing, roofing tiles, waterproofing or other)
- 5. Shutters (accordion, bahama, storm panels, colonial, roll-up, equipments or other)
- 6. **Skylights** (skylight or other)
- 7. **Structural Components** (truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing or other)
- 8. Products Comprising a Building's Envelope Introduced as a Result of New Technology (as applicable)

The product approval system includes a statewide website for submittal of applications and payment of fees for statewide product approvals. In addition, a database is available to search a list of approved entities and products approved for statewide use. For more information on statewide product approval and the Florida Building Code, visit www.floridabuilding.org or call the Florida Department of Community Affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the Codes and Standards Section.

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at www.floridabuilding.org.

| Category/Subcategory | QTY | Manufacturer | Product Description | Approval Number(s) | | | |
|--------------------------------------------------------------------------------------------------------|--------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|
| 1. EXTERIOR DOORS | | | | | | | |
| A. SWINGING | | | | | | | |
| B. SLIDING | | | | | | | |
| C. SECTIONAL/ROLL UP | | | | | | | |
| D. OTHER | + | | | | | | |
| | | | | | | | |
| 2. WINDOWS | | | | | | | |
| A. SINGLE/DOUBLE HUNG | | | | | | | |
| B. HORIZONTAL SLIDER | | | | | | | |
| C. CASEMENT | | | | | | | |
| D. FIXED | | | | | | | |
| E. MULLION | | | | | | | |
| F. SKYLIGHTS | | | | | | | |
| G. OTHER | | | | | | | |
| | | | | | | | |
| 3. PANEL WALL | | | | | | | |
| A. SIDING | | | | | | | |
| B. SOFFITS | | | | | | | |
| C. STOREFRONTS | | | | | | | |
| D. GLASS BLOCK E. OTHER | | | | | | | |
| E. OTHER | | | | | | | |
| 4 DOGENIC PRODUCTS | | | | | | | |
| 4. ROOFING PRODUCTS | | | | | | | |
| A. ASPHALT SHINGLES | | | | | | | |
| B. NON-STRUCT METAL C. ROOFING TILES | | | | | | | |
| D. SINGLE PLY ROOF | | | | | | | |
| E. OTHER | | | | | | | |
| L. OTTIEK | ++++ | | | | | | |
| 5. STRUCT COMPONENTS | | | | | | | |
| A. WOOD CONNECTORS | | | | | | | |
| B. WOOD ANCHORS | | | | | | | |
| C. TRUSS PLATES | | | | | | | |
| D. INSULATION FORMS | | | | | | | |
| E. LINTELS | | | | | | | |
| F. OTHERS | | | | | | | |
| | | | | | | | |
| 5. SHUTTERS | | | | | | | |
| A. ACCORDIAN | | | | | | | |
| B. BAHAMA | | | | | | | |
| C. STORM PANELS | | | | | | | |
| D. COLONIAL | | | | | | | |
| E. ROLL-UP | | | | | | | |
| F. EQUIPMENTS | | | | | | | |
| G. OTHER | | | | | | | |
| G. OTTEN | + + | | | | | | |
| 6. NEW EXTERIOR | | | | | | | |
| A. ENVELOPE PRODUCTS | | | | | | | |
| A. LIVELOI ET RODOCIS | | | | | | | |
| the following information mus | t be availab | le to the inspector on the | t plan review. I understand that at the plan review. I understand that at the plant is justified to be product appropriately of the applicable manufacturer's instant. | val (2) performance characteristics | | | |
| inderstand these products may have to be removed if approval cannot be demonstrated during inspection. | | | | | | | |

DATE

APPLICANT SIGNATURE