
City of North Port
Neighborhood Development Services
4970 City Hall Boulevard
North Port, FL 34286

Phone (941)429-7044 Fax (941)429-7180 Email: bldginfo@cityofnorthport.com Inspections (855)941-4636

SUBMITTAL CHECKLIST FOR A (BUILD OUT) COMMERCIAL PERMIT

You are to call the Building Department to set up an appointment to submit a Commercial Application

Project Name _____

Owner _____ Contractor & License # _____

Job Address _____ Parcel ID _____

Application Type _____ Contact Phone No. _____

Administrative Requirements (941) 429-7014

- _____ Permit Submittal fee (must be a check) – 10% of the square footage under roof (must match sq ft printed on plans)
- _____ Building permit application (complete, provide all information, including primary subs if known)
- _____ Sub-contractor confirmation forms
- _____ Notice of Commencement (may be waived until permit issued) (must have PID or Legal Description on NOC)
- _____ 1 Copy of the Commercial Permit Closeout Process form

Planning and Zoning Requirements (941) 429-7229

- _____ 3 Site plans showing location of unit(s)
- _____ Parking plan showing the number of parking spaces, including handicapped spaces

Sarasota County Health Department Requirements (941) 861-3310

- _____ 1 copy of Health Dept. permit or DBPR approval letter for restaurants with 10 seats or more (food service only)
- _____ 1 copy of septic system permit (if applicable, see below)

Utility Requirements (941) 240-8000 / (941) 240-8005

- _____ Water and sewer availability letter from North Port Utilities OR septic system permit (see above)

Building Division Requirements (941) 429-7038 / (941) 429-7259

- _____ 4 sets of sealed construction plans (1 office, 1 fire, 2 field) (maximum size 30 X 42)
Provide information on plans for Means of Egress, Emergency Lighting, Life Safety, Seating Plan (if applicable)
- _____ 1 set of as-built shell drawings showing mechanical, electrical and plumbing (must show current conditions)
- _____ 3 copies of the 2020 Commercial Energy Code Calculations (must have PID or Legal Description on Calcs.)
- _____ 3 copies of the 2020 Commercial Data Summary Sheet (must have Parcel ID on Data Summary)

Fire Requirements (941) 240-8180

- _____ Cover/Title Sheet shall provide a Fire Code Information/Title Block (footprint) as outlined by FFPC, 6th Edition (NFPA 1:1.14)
- _____ Cover/Title Sheet shall provide a complete and accurate narrative of the project as outlined by FFPC, 6th Edition (NFPA 1:1.14.5)
<http://www.cityofnorthport.com/government/city-services/fire-rescue/fire-prevention>

All Forms must have PID or Legal Description

*****All Fire Inspections are set up by the Fire Marshal, (941) 240-8180***
Fire Alarms & Sprinklers require a separate permit**

IMPACT FEES are due when the TCO, CC or PCO are issued. IMPACT FEES are based on intended use of TENANT/BUILD OUT UNIT. This may be different from the use identified when the Shell Permit was issued or when the Shell received its Certificate of Completion. IMPACT FEES may increase again when TENANT applies for their Change of Occupancy, if not consistent with the TENANT/BUILD OUT permit.

NOTIFIED: _____ / _____

FEES DUE: \$ _____



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Ph: 941-429-7044
Inspections: 855-941-4636

CITY OF NORTH PORT

Permit Application

bldginfo@cityofnorthport.com
www.cityofnorthport.com

| | |
|-----------------------------------------------------------|------------------------|
| DEPARTMENT | Permit #: |
| BUILDING _____ ZONING _____ FIRE _____ PUBLIC WORKS _____ | |
| Related Permit (if applicable) # _____ | <i>Office Use ONLY</i> |

- | | | |
|-------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Commercial (New) | <input type="checkbox"/> Electric and/or Low Voltage | <input type="checkbox"/> Accessory Structure (Shed, Carport, etc.) |
| <input type="checkbox"/> Commercial (Addition) | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Commercial (Build-Out) | <input type="checkbox"/> Plumbing and/or Gas | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Commercial (Remodel) | <input type="checkbox"/> Exterior Door & Window | <input type="checkbox"/> Swimming (Pool, Spa, etc.) |
| <input type="checkbox"/> Dumpster | <input type="checkbox"/> Mobile Home or Modular | <input type="checkbox"/> Waterfront (Dock, Seawall, etc.) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Residential (New) | <input type="checkbox"/> Cell Tower/Antenna |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Residential (Addition) | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Fire (Alarm, Sprinkler etc.) | <input type="checkbox"/> Residential (Remodel) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Screen/Pool Cage | |

COST OF CONSTRUCTION \$ _____ PARCEL ID _____

JOB SITE ADDRESS _____ ZIP CODE _____

LOT _____ BLOCK _____ ADDITION _____

PROPERTY OWNER _____ OWNER'S PHONE _____

DESCRIPTION OF WORK _____

SQ FT OF LOT _____ SQ FT UNDER ROOF _____

Central Water Central Sewer Well Septic

Existing Sprinkler: Yes No Existing Alarm: Yes No

CONTRACTOR'S COMPANY NAME _____

AGENT/CONTACT PERSON _____ PHONE _____

EMAIL _____ STATE LICENSE # _____

***Subcontractor Verification Forms Required if any of these trades will be doing work*:**

Electrical Mechanical Plumbing Gas Roofing Other

DEV TECH _____ BLDG _____ ZONING _____ MECH _____ ELEC _____ PLBG _____ FIRE _____

PUBLIC WORKS _____ PLANNING _____ UTILITIES _____

PLEASE SIGN BELOW

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 The City of North Port, Florida, whether specified herein or not. I understand that a separate permit may be required to perform electrical, plumbing, sign, well, pool, furnace, boiler, heater, air conditioning, storage tank, demolition or any other types of work as specified by The City of North Port. I further certify that I have read and examined this application and know the same to be correct, that all work shall be in compliance with all applicable laws regulating construction and zoning, and that the building permit may be revoked in the case of a false statement or misrepresentation in the application and/or plans on which the permit was approved.

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 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.

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)

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

Homeowner's Signature: _____

Print Name: _____

Contractor Signature: _____

Print Name: _____

Authorized Agent: _____

Print Name: _____

Date: _____

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by

_____ who is personally known to me or who has produced

_____ as identification by means of physical presence or online notarization.

Notary Public Signature _____

SEAL



Building Division
 4970 City Hall Blvd, North Port, FL 34286
 Phone: (941) 429-7044
 Email: bldginfo@cityofnorthport.com



SUB-CONTRACTOR CONFIRMATION FORM

SUB-CONTRACTOR CONFIRMS THAT HE/SHE IS RESPONSIBLE FOR THE WORK ON THIS SPECIFIC PROJECT, AND ALLOWS THE GENERAL CONTRACTOR TO OBTAIN A BUILDING PERMIT FROM THE CITY.

Gen. Contractor: _____ Permit Application #: _____

OR

Owner / Builder: _____

Job Address: _____

Circle only one: Electrical Mechanical Plumbing Roofing Fire Sprinkler Other
 Fire Alarm Low Voltage Fire Suppression Fire Underground Concrete

The qualifier of each major sub-trade (listed above) performing work under a general contractor must complete this form and submit it to the General Contractor or Owner/Builder **PRIOR** to issuance of permits.

Sub-Contractor: _____

Address: _____

License #: _____ Phone #: _____

Qualifiers Affidavit
 KNOW ALL MEN that I _____ (name) qualifier/agent of
 _____ (name of company) do hereby certify that my company is
 responsible for the work as stated above.

 Signature of Qualifier/Agent

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____,
 20____ by _____ who is personally known to
 me or who has produced _____ as identification by means
 of physical presence or online notarization.

Notary Public Signature _____

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| |
|-----------------|
| OFFICE USE ONLY |
| |
| PERMIT # _____ |

Application for a Right of Way Use Permit

PERMISSION IS HEREBY GRANTED TO

| | | | |
|---------------------|-----------------------------------------------|-------------------|-----------------------------------------|
| APPLICANT | Name (Print) _____ | | |
| | Email _____ | | |
| | Address _____ | | |
| | Phone Number _____ | | |
| TYPE OF WORK | New Residential Construction | | Land Clearing |
| | New Commercial Construction | | Culvert/Driveway/Sidewalk/Concrete Slab |
| | Communication Facility/System | | Fence/Shed/Garage/Pool |
| | Utility Bore Digging or FPL Pole Installation | | Other |
| LOCATION | Street Number _____ | Street Name _____ | |
| | PID Number _____ | Lot _____ | |
| | Block _____ | Addition _____ | |

If applicable, a Corporate Bond shall be filed with the City of North Port, Florida. It is agreed between Applicant and City, bond may be used to repair any damage done, correcting any violations of ordinances and/or cleaning/restoring the grounds occupied or used by the Applicant to condition prior to issuance of this permit. ULDC CHAPTER 33; Applicant shall be responsible for repair/restoration to roadway, right-of-way, swales and adjacent properties prior to final Public Works Department approval and/or issuance to Certificate of Occupancy.

The construction authorization card shall be posted on the jobsite prior to any work being performed. The construction authorization card shall remain until a permit box for building construction is located on the property. At that time, the land clearing permit and right-of-way use permit shall be placed in the permit box.

Applicant to schedule all required inspections including after completion final inspection.

This Permit applies to Right of Way Use at **ABOVE LOCATION ONLY.**

I HEREBY AGREE to all terms under which this Permit is being issued.

Applicant Signature: _____ Date: _____

CITY OF NORTH PORT, FLORIDA

Director, Public Works or Authorized Agent: _____ Date: _____

Right-of-Way Use Permit for City of North Port

General Provisions/Conditions

- a. No streets or sidewalks may be blocked or closed without prior permission from the Public Works department.
- b. Repair and restoration of work area is required in accordance with City Code.
- c. Fire hydrants must be accessible at all times.
- d. All equipment and materials are to be properly barricaded, lighted and secured. A day/night watchman may need to be employed for that purpose.
- e. Institute proper erosion control measures effecting positive drainage at all times within City right-of-way and, use Best Management Practices as required under City codes/ordinances.
- f. Provision be made for the continuous operation of all utility pipes, ducts and other lines.
- g. Assure affected public and private property is maintained and preserved from injury through-out work performance.
- h. Assure that all work performance is done in such matter as to promote public safety.
- i. Agree that all suits, actions or claims of whatever nature which may arise, occasioned either directly or indirectly by the work permitted or the special privileges granted hereunder, shall be assumed by the Applicant and that the City Commission, and all its officers, agents and employees, shall be indemnified and saved harmless there from, and that Certificates of Liability insurance be submitted by the Applicant.
- j. Assure that all lines and grades furnished for poles, ducts, pipes, sidewalks, buildings and other structures are in accordance with city standards/codes.
- k. The City reserves the right to revoke the Right of Way Permit without other formality than that of notifying the Applicant of this effect should there be a violation to the foregoing General Provisions or City codes/ordinances. Furthermore, to invoke the provisions of the Corporate Bond to restore the area to its original condition where deemed necessary.
- l. Adherence to the National Environmental Policy Act and Endangered Species Act.
- m. If this Right-of-Way Use Permit is specific to a wireless communication device or system to be located within a City right of way, the applicant shall comply with all requirements, standards and provisions set forth in State of Florida and City of North Port regulations governing same.

I HEREBY AGREE to above General Provisions/Conditions under which this Permit is being issued.

Applicant Signature: _____

Date: _____



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CITY OF NORTH PORT

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Land Clearing/Tree Removal Application

| | | |
|------------------------|--------------------------------------|-------------------------------------|
| Permit #: _____ | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
|------------------------|--------------------------------------|-------------------------------------|

Reason for Clearing/Removal

- | | | |
|-----------------------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> To facilitate construction | <input type="checkbox"/> Unhealthy tree | <input type="checkbox"/> To remove spoil pile |
| <input type="checkbox"/> Underbrush only | <input type="checkbox"/> Other _____ | |

PARCEL ID _____ JOB SITE ADDRESS _____

LOT _____ BLOCK _____ ADDITION _____ LOT SQ FT _____

PROPERTY OWNER _____ OWNER'S PHONE _____

DESCRIPTION OF WORK _____

CONTRACTOR _____ LICENSE # _____

AGENT/CONTACT PERSON _____ PHONE _____

EMAIL _____

Heritage Tree Information (DBH is measured at 54" above the ground)

Diameter at DBH _____ X _____ = \$ _____

Is the silt screen in place across the swale? (Yes / No) If no, provide date the silt screen will be in place: _____

Number & Types of trees to be saved: _____

Number & Types of trees to be removed: _____

1. Indicate the exact location and diameter at DBH of each tree to be saved or removed on each site plan.
2. Four color coded copies of the site plan are required with a Land Clearing application. (A color aerial photo from the Sarasota County Property Appraiser's website may be used in lieu of a site plan for UNDERBRUSH ONLY or TREE REMOVAL applications, **not** Land Clearing applications.
3. A Road Right of Way (ROW Use) Application must be attached to the Land Clearing application.
4. Silt Screen area must be highlighted on all 4 site plans.

Please Sign on 2nd Page

I assume Legal responsibility for any and all violations on this property pertaining to the City of North Port Tree Protection Regulations, Ordinance No. 02-16, for the duration of the permit or until the permit is closed.

Print Name of Owner/Contractor/Authorized Agent

Signature

Office Use Only

- APPROVED. This application is approved in accordance with Chapter 45 of the City's Unified Land Development Code
- Adjacent Lots _____

CONDITIONS

- The construction authorization card shall be posted on the jobsite prior to any work being performed. The construction authorization card shall remain until a permit box for building construction is located on the property. At that time, a land clearing permit and right-of-way use permit will be placed in the permit box.
- Best Management Practices shall be used to prevent the erosion of unstable soil with methods such as silt screens or hay bales.
- All Land Clearing activities must be completed within one (1) year of the issuance of the Land Clearing Permit. All exposed soil must be stabilized (sod, mulch, gravel etc.) by the time of final inspection.
- DENIED.

Authorized Signature

Date

*****If you need to re plant a tree(s), the replacement tree should be ≈3" at DBH (54" off the ground) and ≈8' tall.**



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COMMERCIAL DATA SUMMARY WORKSHEET

This form shall be completed and Submitted with the Application

Owner's Name _____ Parcel I.D. _____
 Project Address _____
 Design Professional _____ Phone _____ Fax _____
 Contractor _____ Phone _____ Fax _____

| | | | |
|-------------------------|-----------------------------------|--------------------------------|------------------------------|
| Applicable Codes | 2020 Florida Building Code Series | Energy Code | 2020 FBC Energy Conservation |
| Building Code | 2020 FBC Building | Gas Code | 2020 FBC Fuel Gas |
| Mechanical Code | 2020 FBC Mechanical | Electrical Code | NEC 2017 / NFPA 70 |
| Plumbing Code | 2020 FBC Plumbing | Fire Code | FFPC, 7th Edition (2020) |
| Accessibility Code | 2020 FBC Accessibility | Fair Housing Act Design Manual | April 1998 |

List all Product Manufacture's and Specifications on attached chart

| | | | | | | | |
|--------------------------------------------|--|----------------------------------------|---|----------------------------------------------------------|---|---------------------------------------|-----|
| Building Limitations Table 504.3 | | Minimum Type of Construction | | Occupancy Classification | | Flood Zone | |
| Type of Construction Table 503.4 | | Type of Construction | | Classification | | Zone | |
| Square Footage per Floor | | Allowed | | Sprinkler Yes No | | 1 Hr Protected Yes No | |
| Area Modifier Section 506 | | | | Total | | | |
| Actual Building Height | | Allowable Height | | Mezzanines and Equipment Platforms (Section 505) | | | |
| Fire Separation Table 602 | | N | S | E | | W | |
| Percent of Opening | | N | S | E | | W | |
| Allowed | | N | S | E | | W | |
| Exterior Wall Rating | | N | S | E | | W | |
| Protected Openings | | N | S | E | | W | |
| Columns | | Beams | | Floor | | Roof | |
| Interior Bearing | | | | | | | |
| Occupant Load Table 1004.1.2 | | Number of Exits Section 1026 | | METHOD OF DESIGN PER Chapter 16 | | | |
| Units of Exit Width Section 1005 | | Travel Distance Section 1017 | | ASCE 7-10 _____ 1609 _____ Other _____ | | | |
| Means of Egress Section 1003 | | Arrangements of Exits Section 1022 | | Fully Enclosed _____ Partially Enclosed _____ | | | |
| Dead Ends Section 1020.4 | | Mezzanine Egress Section 505.2.2 | | Design Wind Speed _____ m.p.h. (Figure 1609.3 (1)(2)(3)) | | | |
| Vertical Openings Section 705.8.5 | | Exterior Stairways Section 1027 | | Risk Category _____ Class (Table 1604.5) | | | |
| Exit Doors Section 1022 | | Side hinged Section 716.5.1 | | Swing | | | |
| Fire Resistance Table 706.4 | | Fire Separation Table 508.4 | | Structural Forces (Section 1606 & 1607) | | | |
| Wall Openings Section 706.8 | | Fire Windows-Doors Section 716 | | Floor Design Live Load _____ p.s.f. | | | |
| Draft Stopping & Fire Blocking Section 718 | | Fire Partitions Section 708 | | Dead Load _____ p.s.f. | | | |
| Fire Dampers Section 717 | | Other Penetrations Section 714 | | Roof Design Live Load _____ p.s.f. | | | |
| Sprinklers Section 903 | | Standpipes Section 905 | | Fire alarm Section 907 | | Section 1609.5 Dead Load _____ p.s.f. | |
| Plumbing / Fixtures T 403.1 | | Occupancy Use | | Components and Cladding Design Pressures: | | | |
| Number of Fixtures | | Water Closets Required | | M | F | Lavs Required | M F |
| | | Water Closets Provided | | M | F | Lavs Provided: | M F |
| | | Urinals | | Required | | Provided | |
| | | Drinking Fountains | | Required | | Provided | |
| Handicap Accessibility | | Restrooms | | Building | | | |
| Building Valuation | | Energy Calcs - FBC Energy Conservation | | | | | |
| Threshold Inspector (if required) | | | | | | | |

I certify to the best of my knowledge and belief, 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



CITY OF NORTH PORT
Development Services Department
4970 City Hall Boulevard
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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, non-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 | | | | |
| | | | | |
| 4. ROOFING PRODUCTS | | | | |
| A. ASPHALT SHINGLES | | | | |
| B. NON-STRUCT METAL | | | | |
| C. ROOFING TILES | | | | |
| D. SINGLE PLY ROOF | | | | |
| E. OTHER | | | | |
| | | | | |
| 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 | | | | |
| | | | | |
| 6. NEW EXTERIOR | | | | |
| A. ENVELOPE PRODUCTS | | | | |
| | | | | |

The products listed above did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; **(1)** copy of the product approval **(2)** performance characteristics which the product was tested and certified to comply with **(3)** copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

APPLICANT SIGNATURE

DATE

NOTICE OF COMMENCEMENT

Permit Number _____ Tax Folio # _____

The undersigned hereby gives notice that improvement will be made to certain Real Property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY:

(Legal description of the property and street address, if available).

2. GENERAL DESCRIPTION OF IMPROVEMENT:

This space reserved for recording

3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:

Name & Address: _____

Interest in Property: _____

Fee Simple Title Holder (if different from owner listed above): _____

4. CONTRACTOR: Name: _____ Phone Number: _____

Contractors Address: _____

5. SURETY (if applicable, a copy of the payment bond is attached): Amount of bond: \$ _____

Name: _____ Phone Number: _____

Address: _____

6. LENDER'S NAME: _____ Phone Number: _____

Lender's address: _____

7. Person's within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name: _____ Phone Number: _____

Address: _____

8. In addition, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by Owner: _____

9. Expiration of notice commencement (the expiration date will be 1 year from date of recording unless a different date is specified. _____ 20, _____.

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

(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____ for _____
(type of authority, ...e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Personally Known or Produced Identification _____

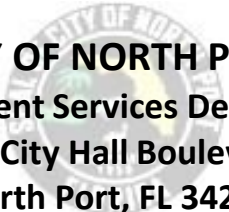
(Signature of Notary Public – State of Florida)

SEAL

NOTICE OF COMMENCEMENT

INSTRUCTIONS

- Complete the NOC, sign and have notarized. NOC's are not required from contracts less than \$2,500.00.
- NOCs are required for A/C replacement for contracts \$7,500.00 and over.
- Record original document at the Sarasota County Clerk of Circuit Court office:
 - 2000 Main Street, Sarasota
 - 4000 S. Tamiami Trail, Venice
- Submit a copy of the recorded NOC to the City of North Port Building Division
 - Email: bldginfo@cityofnorthport.com
 - In Person: 4970 City Hall Blvd, North Port, FL 34286



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CERTIFICATE OF OCCUPANCY/TEMPORARY CERTIFICATE OF OCCUPANCY
PROCEDURE

The Building Official will rely on the inspection process to determine if the site and structure is substantially complete and safe for the OWNER / TENANT use.

As per the Florida Building Code, “a Temporary Certificate of Occupancy (TCO) may be issued for a portion or portions of a building which may be safely occupied prior to final completion of the building.” Justification for the request must be approved, and the building must be deemed safe for occupancy prior to the issuance of a TCO. The Building Official or other designated representative shall have the discretion to issue a TCO based upon circumstances of hardship. **Hardship** shall be defined for the purposes of this policy to mean circumstances beyond the permit holder’s control and/or not a result of said person’s action or inaction.

Note: to process the TCO, the contractor will contact all city departments involved in the construction process and ask them to note in the computer if they approve a TCO

When all final inspections have been **scheduled and resulted**, a Temporary Certificate of Occupancy (TCO) may be issued to the Contractor of Record provided the impact fees have been paid in full and the Fire TCO inspection has been **approved** by the Fire Marshal.

A Certificate of Occupancy shall be issued when all inspections and conditions listed on the TCO have been met.

TCO Fees to be collected:

\$200.00 for the first 30-day period

\$400.00 for the second 30-day period

\$600.00 for the third 30-day period

\$900.00 for each additional 30 period until the CO is issued.


Project

Permit No.

Applicant Signature

Applicant Name (Please Print)

Date



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

Phone (941) 429-7044

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CHECKLIST FOR A TEMPORARY CERTIFICATE OF OCCUPANCY (TCO)

- All Building inspection(s) have been resulted as “AP” or have notes stating it’s okay for TCO (*This will include Building, Plumbing, Mechanical, and Electrical*)
- Fire sprinklers and alarms installed, inspected, and resulted as “AP” or have notes stating it’s approved for TCO
- All Zoning inspection(s) have been resulted as “AP” or have notes stating it’s approved for TCO
- All Public Works inspection(s) have been resulted as “AP” or have notes stating it’s approved for TCO
- Public Works as-built have been submitted, reviewed, and approved
- All Planning requirements have been met and approved. *As-built are required to be completed and submitted at this time.*
- All Arborist inspection(s) have been resulted as “AP” or have notes stating it’s approved for TCO
- Fire Final for TCO has been resulted as “AP”
- Impact fees have been paid with a check

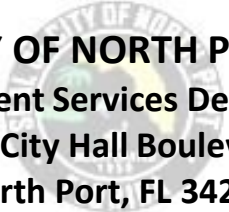
If any department needs to have any additional information and/or plans, they will indicate this in the permitting system.

After completing the checklist above, the Contractor must submit two (2) original request letters on the General Contractor’s letterhead, signed by the Qualifier. Please include the following information on the Temporary CO request:

- Permit number
- Property address
- Purpose of the TCO example: “To Fully Occupy”
- List the permit numbers, describe all outstanding conditions, and why they are not complete at this time
- Expected date of completion

The following items must be submitted along with the TCO request letters:

- Original Certificate of Insulation (regardless of what type of insulation is used)
- Energy Level Display Card- **(Residential Buildings Only)**
- Original Certificate of Final Soil Treatment for Termite Protection
- Elevator Inspection Report-(If applicable)
- Signed and sealed Certificate of Compliance from special inspector required per FBC 109.11.7 for all projects that have a special inspector.
- Envelope Leakage Test Report (Blower Door Test)
- Final survey and elevation certificate



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CHECKLIST FOR A CERTIFICATE OF OCCUPANCY (CO)

- All Building inspection(s) have been resulted as “AP” (*This will include Building, Plumbing, Mechanical, and Electrical*)
- Fire sprinklers and alarms installed, inspected, and resulted as “AP”
- All Zoning inspection(s) have been resulted as “AP”
- All Public Works inspection(s) have been resulted as “AP”
- Public Works as-built have been submitted, reviewed, and approved
- All Planning requirements and inspections have been met and approved
- All Arborist inspection(s) have been resulted as “AP”
- Fire Final for CO has been resulted as “AP”
- Impact fees have been paid with a check
- Final survey and elevation certificate have been resulted as “AP”
- Original Certificate of Insulation (regardless of what type of insulation is used)
- Health Department Approval
- Envelope Leakage Test Report (Blower Door Test)
- Energy Level Display Card- (Residential Buildings Only)