

NOTIFIED: _____ / _____

FEES DUE: \$ _____



4970 City Hall Blvd
North Port, FL 34286
Phone: 941-429-7044
Inspections: 855-941-4636

CITY OF NORTH PORT

bldginfo@northportfl.gov

www.northportfl.gov

Permit Application

F.B.C. 8th Edition (2023)

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

- Commercial**

 Residential

 Fire (Alarm, Sprinkler etc.)

JOB SITE ADDRESS _____ ZIP CODE _____

DESCRIPTION OF WORK _____

TOTAL VALUE OF CONSTRUCTION \$ _____

PARCEL ID _____ LOT _____ BLOCK _____ ADDITION _____

PROPERTY OWNER _____ OWNER'S PHONE _____

PROPERTY OWNER'S ADDRESS _____

CONTRACTOR'S COMPANY NAME _____

CONTRACTOR'S ADDRESS _____

QUALIFIER _____ PHONE _____

EMAIL _____ STATE LICENSE # _____

REGISTERED DESIGN PROFESSIONAL _____

REGISTERED DESIGN PROFESSIONAL ADDRESS _____

SQ FT OF LOT _____ SQ FT UNDER ROOF _____

- Central Water
 Central Sewer
 Well
 Septic

***Subcontractor 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 _____

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, ect.

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 _____, 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



CITY OF NORTH PORT
Development Services Department
4970 City Hall Boulevard
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WINDOWS AND/OR DOORS REPLACEMENT

Age of the Home (year built) _____

Does the Home have Shutters? Yes _____ No _____

Does the Home have Impact Resistant Glazing? Yes _____ No _____

DESIGN NOTES:

If the Home was **Designed as Partially Enclosed** during the period of 2001 and July 1, 2007, the required design pressure for the replacement windows/doors would be a worst case scenario of at least 50 PSF.

If the Home was **Designed as Enclosed** during the period of 2001 and July 1, 2007, and has shutters, the required design pressure for your replacement windows/doors would be at least 37.6 PSF.

Please submit **Product Approvals / NOA's** when permit application is submitted.

Please use Page 2 as a guide for filling out the form on Page 3.

Window types: SH = Single Hung HS = Horizontal Sliders E = Egress Window
 SGD = Sliding Glass Door GD = Garage Door FD = Front Door

If Impact Glass is used add I to the window type (i.e. Single Hung Impact Glass = SHI)

EXAMPLE

No.	Room Name	Existing Window Type	New Window Type	Window Size W x H	Existing Glazing Sq. Ft.	Replacing Glazing Sq. Ft.	Window Shutters Yes / No	Installing Shutter 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.

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.

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.

No.	Room Name	Existing Window Type	New Window Type	Window Size W x H	Existing Glazing Sq. Ft.	Replacing Glazing Sq. Ft.	Window Shutters Yes / No	Installing Shutter 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 $\frac{1}{4}$ " (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 402.1.1 of the FBC-EC when the total cost of renovation exceeds 30% of the assessed value of the structure.

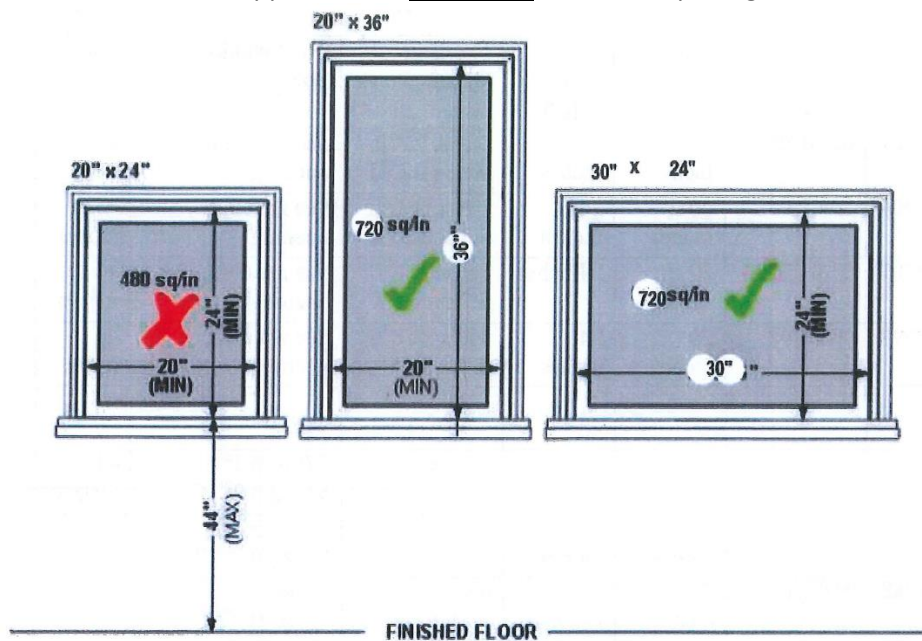
DOORS

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 Date of Code	Minimum Clear Width	Minimum Clear Height	Net Clear Opening	Total Window Size	Sill Height
2007	03/01/09	20 inches	24 inches	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	See net clear opening	44 inches
2004	10/01/05	20 inches	24 inches	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	See net clear opening	44 inches
2001	03/01/02	20 inches	24 inches	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	See net clear opening	44 inches
1997	06/23/98	20 inches	24 inches	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	See net clear opening	44 inches
1994	02/20/96	20 inches	22 inches	4 sq ft	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	44 inches
1991	02/25/92	20 inches	22 inches	4 sq ft	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	44 inches
1988	01/31/89	20 inches	22 inches	4 sq ft	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	44 inches
1985	10/20/87	20 inches	22 inches	4 sq ft	5.0 sq ft 1 st floor 5.7 sq ft 2 nd floor	44 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 **applicable** minimum opening size.





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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