


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

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (855) 941-4636

Submittal Checklist for a New Single-Family Residence Permit

*****Please Submit in the Following Order*****

1. ___ A Check for **10%** of the square footage **under roof** – must match square footage printed on plans.
2. ___ Permit Application with **accurate** Parcel ID Number, Lot, Block & Addition
3. ___ Sarasota County Property Appraiser’s Parcel Detail Page (*Computer Print Out*)
4. ___ Recorded Unity of Title (*for combined lots, if applicable*)
5. ___ Notice of Commencement, must have legal description (*recorded in Sarasota County*)
6. ___ Signed Sub-Contractor Form (*Electrical, Mechanical, Plumbing, Roofing*)
7. ___ Land Clearing Application **w/ 3 color coded** copies of the tree survey (max size 11”x17”) showing proposed house, driveway, well, drain field and **ALL** trees on the property with diameters & **X** on trees removed.
8. ___ Right-of-Way Use Permit **w/ attached site plan.**
9. ___ Best Management Practice Compliance form **w/3 copies** of site plans (max size 11”x17”) showing silt fence and drainage.
10. ___ **3** copies of color-coded landscape plan (max size 11”x17”)
11. ___ Boundary Survey with raised and signed seal.
12. ___ **2** current Energy Code Calculation forms and Manual J Calculation forms must have legal description.
13. ___ **2** sets of truss layouts from manufacturer, reviewed and accepted by D.O.R.
14. ___ **2** original copies of the Geotechnical Report
15. ___ **3** sets of plans—signed and sealed.
16. ___ **2** sets of product approvals or NOA’s
17. ___ **2** original elevation certificates (*if located in SFHA— Flood Zone AE*)
18. ___ Approved Septic Permit from the Health Department (if applicable, 941-861-3310)
19. ___ Utility Payment Verification (*If Applicable*)
20. ___ Availability of Water and/or Sewer Services Letter (**North Port Utilities Department**)

****Impact Fees must be PAID BY CHECK prior to the issuance of a Certificate of Occupancy****

Optional (As Needed)

___ Natural/Propane Gas Installation ___ Irrigation System Installation