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 (SHELL) 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. _____

Planning and Zoning Requirements **(941) 429-7201**

_____ Copy of Development Order MAS No. _____ FPS No. _____
Major Site & Development Final Preliminary Subdivision
CUP No. _____
Conditional Use Permit

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)

Public Works Requirements **Edgar Saint Amand (941) 429-7025**

_____ 1 copy of right-of-way use permit
_____ 1 copy of culvert permit (if applicable)
_____ 1 copy of erosion and siltation control plan

Utility Requirements **Public Utilities Department (941) 240-8000 Pat Aubin (941) 240-8005**

_____ Water and sewer availability letter from North Port Utilities **OR** septic system permit (see above)
_____ Proof that plans were submitted to North Port Utilities for review of service

Zoning Requirements **Scott Spagnoli (941) 429-7023**

_____ 1 Copy of land clearing permit
_____ 4 land surveys showing all trees and footprint of all improvements
Identify size, type and highlight trees being removed
_____ 4 site plans showing building footprint, all required setbacks and above and below grade utilities
_____ 1 Copy of the Commercial Addressing Form

Building Division Requirements **Ken Boudreau (941) 429-7026 / Derek Applegate (941) 429-7028**

_____ Building permit application (complete, provide all information, including prime subs if known)
_____ 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)
_____ 3 sets of truss layout drawings from truss manufacturer, initialed by architect or engineer of record
(May be provided to the Plans Examiner or Building Division prior to the tie beam inspection).
_____ 3 copies of the 2014 Commercial Data Summary Sheets (must have Parcel ID on Data Summary)
_____ Plan-check fee – 10% of the square footage under roof (must match sq ft printed on plans)
_____ Sub-contractor verification form
_____ Contractor affidavit form
_____ 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

Fire Alarms & Sprinklers Require a Separate permit **All Forms must have PID or Legal Description**

All Fire Inspections are set up by the Fire Marshal Paris Smith-Higbie (941) 240 8154

WARNING: IMPACT FEES are due when the CC for the Shell is issued. They will be based on the USE TYPE. Additional IMPACT FEES may be due when TENANT / BUILD OUT permits receive a TCO or PCO if the USE TYPE changes.