



CITY OF NORTH PORT
 Neighborhood Development Services
 4970 City Hall Boulevard
 North Port, Fl. 34286

Permit No. _____

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

APPLICATION FOR A CONSTRUCTION PERMIT

RESIDENTIAL

COMMERCIAL

MISCELLANEOUS

(PLEASE PRINT CLEARLY)

Property Owner / Name _____

Property Owner / Address _____

City _____ State _____ Zip _____

Contractor's Company Name _____

Contractor's Phone No. _____ License No. _____

Architect _____ Architect's Reg. No. _____

Engineer _____ Engineer's Reg. No. _____

Lot _____ Block _____ Addition _____

Parcel I. D. No. _____

Job Site Address _____

Local Contact _____ Phone No. _____

Email _____ Fax No. _____

Sq. Ft. of Lot _____ Sq. Ft. of Total Under Roof Area _____

Contract Price _____

Bldg. Dept. Computed Contract Price

Central Water

Well

Office Use Only

Central Sewer

Septic

Work Description _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for Electrical, Plumbing, Mechanical, and Gas work, etc.

Sub-Contractor Information

ELECTRICAL / FIRE ALARM	State License _____
Phone _____	City License _____
PLUMBING / SPRINKLER	State License _____
Phone _____	City License _____
MECHANICAL / GAS	State License _____
Phone _____	City License _____
ROOFING / OTHER	State License _____
Phone _____	City License _____

Required Fees

Departments	Fees	
Admin / Plan Review Fee		
Convenience Fee	5	00
DPBR Fees		
2 % Education Surcharge		
Building Permit		
Zoning		
Public Works		
Fire		
Engineering		
Totals		

Required Approvals

Department	Initials	Date
Permit Clerk		
Building		
Zoning		
Public Works		
Engineering		
Fire		
Utilities		
Planning		

The Permit when issued will expire **180** days from the DATE issued if **INSPECTIONS** have not commenced or 180 days from the last **APPROVED INSPECTION**. FBC 105.3.2 / 105.4.1

Application Approved By: _____

"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."

OWNER AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regarding construction and zoning.

Signature _____
OWNER

Signature _____
CONTRACTOR or AGENT

STATE OF FLORIDA, COUNTY OF SARASOTA

STATE OF FLORIDA, COUNTY OF SARASOTA

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

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

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

(name of person) who is personally known to me or who has produced _____
(type of identification) as identification.

Notary
(Seal)

Notary
(Seal)

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Email: bldginfo@cityofnorthport.com

Inspections (855) 941-4636

Fax (941) 429-7031

Application for a Right of Way Use Permit

PERMISSION IS HEREBY GRANTED TO _____
(Applicant's Name)

(Address) _____ (Phone No.) _____
_____ Residential Construction _____ Erect Pole Line _____ Land Clearing
_____ Excavate in Parkway or Sidewalk _____ Excavate in Pavement _____ Jack & Bore

OTHER _____

IN THE FOLLOWING LOCATION(S): _____
(Street Address)

PID No. _____ Lot _____ Block _____ Addition _____

Subject to the General provisions on the back hereof, which have been carefully read and are understood and are an integral part of this Permit and the following Special Provisions.

The Applicant shall file with the City of North Port, Florida, a Corporate Bond and it is agreed between said Applicant and said City that said bond may be used by said City in the repairing any damage done, correcting any violations of Ordinances by the Applicant and/or cleaning up the premises and restoring the grounds occupied or used by the Applicant to their condition prior to the issuance hereof, and said City may alter temporary structures or remove materials stored by the Applicant pursuant hereto and use said bond for the expense thereof, or for any other purpose connected herewith, either before or after the completion of the work for which the Permit was granted.

Keep a copy of this Permit on the Job at all times.

Return a copy of this Permit to the Public Works Department immediately upon completion of work for which this Permit was issued. I HEREBY AGREE to all of the terms under which the Permit was issued.

This Permit applies to Right of Way Use ONLY. Obtain all other applicable Federal, State, and Local Permits.

Applicant _____ Date _____

CITY OF NORTH PORT, FLORIDA

Director, Public Works or Authorized Agent _____ Date _____

START DATE _____ COMPLETION DATE _____

FOR OFFICE USE ONLY

First Inspection Date/Comments _____

Final Inspection Date Results/Comments _____



GENERAL PROVISIONS

This Permit issued to the General Provisions of the standard Specifications of the City of North Port, Florida which require the Applicant to:

- a. Notify the Public Works Department twenty-four (24) hours prior to commencement.
- b. No streets may be blocked without prior permission of the Public Works department.
- c. Applicant must notify Police, Fire, Ambulance and School Busses prior to closing any streets.
- d. Assure all necessary pavement repair and restoration of area when work is completed in accordance with City Standards.
- e. Assure that the fire hydrants be left accessible at all times.
- f. Assure that all work, equipment and materials are properly barricaded, lighted and secured and that a watchman be employed where necessary for that purpose.
- g. Assure that gutters and/or drainage system is kept open for the flow of water.
- h. Assure that the provision be made for the continuous operation of all pipes, ducts and other lines encountered.
- i. Assure that both public and private property of whatever nature occupied or affected hereunder be maintained and preserved from injury during the operations.
- j. Assure that all necessary provisions are made for the accommodation and convenience of traffic.
- k. Assure that all work conducted in such matter as to interfere as little as possible with the public convenience and safety.
- l. 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.
- m. Assure that all lines and grades furnished for poles, ducts, pipes, sidewalks, buildings and other structures and their appurtenances are such as in the opinion of the City will be reasonably permanent; but are subject to revision wherever required by changing conditions, and the right is reserved to require the owner or owners of such property to make, at their own expense, such changes, alterations or replacements as may from time to time be necessary in order to adapt them to the changed conditions.
- n. 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 and to invoke the provisions of the Corporate Bond to restore the area to its original condition where deemed necessary.



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Permit No. _____

Phone (941) 429-7055 Fax (941) 429-7031 Email: bldginfo@cityofnorthport.com Inspections (855) 941-4636

APPLICATION FOR A LAND CLEARING PERMIT

Residential _____ Commercial _____ Date _____
 Parcel ID _____ Lot _____ Block _____ Addition _____
 Street Name _____

Property Owner	Contractor
Address	Address
Phone	Phone
Email	License No.
	Email

Reason for Removal

___ to facilitate construction ___ unhealthy tree on vacant lot ___ to remove spoil pile ___ underbrush only
 Other (specify) _____

Heritage Tree Information

DBH is measured at 54 inches above 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 each Land Clearing Application.
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.

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 or Authorized Agent submitting this Application _____

Signature _____

Phone No. _____

Date _____

Office Use Only

___ APPROVED This Application is approved in accordance with Chapter 45 of the City's Unified Land Development Code Ordinance No. 02-16

___ Adjacent Lots _____

CONDITIONS

___ The Land Clearing Permit shall be posted on the property from the time clearing begins until 15 days after completion.

___ The Right-of-Way Use Permit must be posted during the same period of time.

___ 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.

___ DENIED

Authorized Signature

Date

NOTE: 2 Copies are Required at Submittal

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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. _____

Planning and Zoning Requirements (941) 429-7201

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

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 have been submitted to North Port Utilities for review of service

Zoning Requirements Scott Spagnoli (941) 429-7023

- _____ 1 Copy of the Commercial Addressing Form / with site plan attached
- _____ Site Plan showing location of Unit / Units

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 (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 2014 Commercial Energy Code calculations (must have PID or Legal Description on Calcs.)
- _____ 3 copies of the 2014 Commercial Data Summary Sheets (must have Parcel I.D. 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
- _____ 1 Copy of the Commercial Addressing 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 Marshall Paris Smith-Higbie (941) 240-8154

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 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 **TENANT / BUILD OUT** permit.



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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	Florida Building Code	Electrical Code	NFPA 70 / NEC 2011
Building Code	FBC Building Volume 2014	Accessibility Code	FBC Building Volume 2014
Mechanical Code	FBC Mechanical Volume 2014	Energy Code	FBC Building Volume 2014
Plumbing Code	FBC Plumbing Volume 2014	Fair Housing Act	FBC Building Volume 2014

Product Manufactures	Windows:	Doors:	Overhead Door:
Impact Glass:	Shutters:	Roof Covering:	Other:
Building Limitations	Minimum	Occupancy	Flood
Type of Construction Table 503	Type of Constr	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 (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 1004.1.1	Number of Exits Section 1021	METHOD OF DESIGN PER Chapter 16	
Units of Exit Width Section 1005.1	Travel Distance Section 1016	ASCE 7 _____ 1609 _____ Other _____	
Means of Egress Section 1003	Arrangements of Exits Section 1020	Fully Enclosed _____	
Dead Ends Section 1018.4	Mezzanine Egress Section 505.3	Design Wind Speed _____ m.p.h. (Figure 1609)	
Vertical Openings Section 705.8.5	Exterior Stairways Section 1026	Risk Category _____ Class (Table 1604.5)	
Exit Doors Section 1015	Side hinged Section 715.4.1	Exposure B or C (Circle One)	
Fire Resistance Table 706.4	Fire Separation Table 508.4	Structural Forces (Section 1606 & 1607)	
Wall Openings Section 706.8	Fire Windows-Doors Section 715	Floor Design Live Load _____ p.s.f.	
Draft Stopping & Fire Blocking Section 717	Fire Partitions Section 709	Dead Load _____ p.s.f.	
Fire Dampers Section 716	Other Penetrations Section 713	Roof Design Live Load _____ p.s.f.	
Sprinklers Section 903	Standpipes Section 905	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	Zone 1 _____ P.S.F. Zone 4 _____ P.S.F.	
	Water Closets Provided	Zone 2 _____ P.S.F. Zone 5 _____ P.S.F.	
	Urinals	Zone 3 _____ P.S.F. Edge Strip a = _____	
	Drinking Fountains	Load	
Handicap Accessibility	Restrooms	Ration	
Building Valuation		M	F
Threshold Inspector (if required)		M	F
		Required	Provided
		Required	Provided
		Building	
		Energy Calcs	

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



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COMMERCIAL DATA SUMMARY WORKSHEET (BUILD OUT - TENANT IMPROVEMENT ONLY)

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 Florida Building Code Electrical Code NFPA 70 / NEC 2011
 Building Code FBC Building Volume 2014 Accessibility Code FBC Building Volume 2014
 Mechanical Code FBC Mechanical Volume 2014 Energy Code FBC Building Volume 2014
 Plumbing Code FBC Plumbing Volume 2014 Fair Housing Act FBC Building Volume 2014

Product Manufactures		Windows:	Doors:	Overhead Door:
Impact Glass:		Shutters:	Roof Covering:	Other:
Building Limitations		Minimum	Occupancy	Flood
Type of Construction Table 503		Type of Constr	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 (section 505)	
Fire Separation T- 602	N	S	E	W
Percent of Opening	N	S	E	W
Allowed	N	S	E	W
Exterior Wall Rating	N	S	E	W
Occupant Load Table 1004.1.1		Number of Exits Section 1021	METHOD OF DESIGN PER Chapter 16	
Units of Exit Width Section 1005.1		Travel Distance Section 1016	ASCE 7 _____ 1609 _____ Other _____	
Means of Egress Section 1003		Arrangements of Exits Section 1010	Fully Enclosed _____	
Dead Ends Section 1018.4		Mezzanine Egress Section 505.3	Design Wind Speed _____ m.p.h. (Figure 1609)	
Vertical Openings Section 705.8.5		Exterior Stairways Section 1026	Risk Category _____ Class (Table 1604.5)	
Exit Doors Section 1015		Side hinged Section 715.4.1	Exposure B or C (Circle One)	
Fire Resistance Table 706.4		Fire Separation Table 508.4	Structural Forces (Section 1606 & 1607)	
Wall Openings Section 706.8		Fire Windows-Doors Section 715	Floor Design Live Load _____ p.s.f.	
Draft Stopping / Fire Blocking Section 717		Fire Partitions Section 709	Dead Load _____ p.s.f.	
Fire Dampers Section 716		Other Penetrations Section 713	Roof Design Live Load _____ p.s.f.	
Sprinklers Section 903		Standpipes Section 905	Section 1609.5 Dead Load _____ p.s.f.	
Plumbing / Fixtures T 403.1		Fire alarm Section 907	Components and Cladding Design Pressures:	
Number of Fixtures		Occupancy Use	Zone 1 _____ P.S.F. Zone 4 _____ P.S.F.	
Water Closets Required		M	F	Lavs Required
Water Closets Provided		M	F	Lavs Provided:
Urinals		Required	Provided	
Drinking Fountains		Required	Provided	
Handicap Accessibility		Restrooms	Building	
Building Valuation		Energy Calcs		
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 Applicable Florida Building & Florida Fire Prevention Codes being enforced by the Authority Having Jurisdiction.

Signature: _____ Date: _____
 Architect/Engineer

Seal

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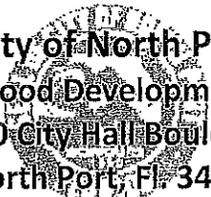
Submittal Checklist for a Culvert Permit

*****PLEASE SUBMIT IN THE FOLLOWING ORDER*****

1. ___ Building Permit Application with Parcel ID Number, Lot, Block & Addition
2. ___ **(4)** Survey Site plans showing all existing and Proposed Improvements, Drainage Elevations and Easement Lines
3. ___ Notarized Affidavit of Best Management Practice Compliance Form (BMP)
4. ___ Application for Right of Way Use Permit
5. ___ Fee for the culvert permit (\$200.00) attached

SUBMITTED APPLICATIONS ARE DATE STAMPED UPON RECEIPT AND HELD FOR SIX (6) MONTHS. IF APPLICATIONS ARE NOT PICKED UP WITHIN SIX (6) MONTHS OF THE STAMPED DATE THE APPLICATION WILL BE VOIDED AND PAPERWORK DESTROYED!

The Permit when issued will expire 180 days from the DATE issued if INSPECTIONS have not commenced or 180 days from the last APPROVED INSPECTION!


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Contractor Affidavit Form

I understand that it is my responsibility, as the Licensed Contractor for construction in the City of North Port, to hire only licensed and insured sub-contractors.

The attached sub-contractor verification form includes the names of sub-contractors who have worked on this property and permit. They are insured and licensed with the City of North Port.

Property Address _____ Permit # _____

Licensed Contractor's Company Name _____

Licensed Contractor's Signature

PRINTED NAME

State of Florida,
County of Sarasota

The foregoing instrument was acknowledged before me by _____
who

is personally known to me or who has produced _____ as
identification.

Witness my hand and official seal this _____ day of _____ 20____.

Notary

Seal



Building Division
 4970 City Hall Blvd, North Port, FL 34286
 Phone: (941) 429-7044



SUB-CONTRACTOR CONFIRMATION

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 #: _____

Owner / Project Name: _____

Job Address: _____

Circle only one:

- Electrical Mechanical Plumbing Roofing Fire Sprinkler
 Fire Alarm Low Voltage Fire Suppression Fire Underground

The qualifier of each major sub-trade (electric, plumbing, mechanical, roofing, low voltage, and fire) performing work under a general contractor must complete this form and submit it to the General Contractor prior to issuance of permits. No white out, crossed out changes or photo copies will be accepted. **ORIGINAL FORMS ONLY.**

Sub-Contractor: _____

Address: _____

License #: _____ Phone #: _____

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

 Signature of Qualifier

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

By _____, who is personally known to me or has

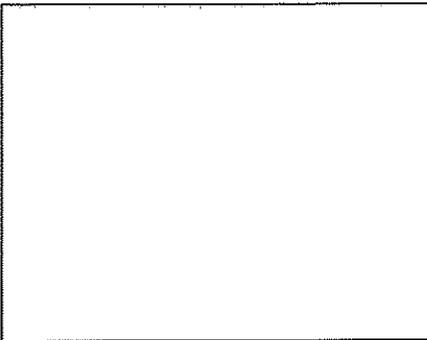
Produced _____ as identification.

 Signature, Notary Public - State of Florida

(SEAL)

 Printed, Typed, or Stamped Name of Notary

NOTICE OF COMMENCEMENT



Permit No. _____

Parcel ID: _____

Tax Folio No. _____

State of Florida
County of Sarasota

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: _____

3. Owner Information

a. Name and Address: _____

b. Interest in Property: _____

c. Name and Address of Fee Simple Titleholder (if other than owner) _____

4. Contractor

a. Name and Address: _____

b. Phone Number: _____

5. Surety

a. Name and Address: _____

b. Amount of Bond \$ _____ .

c. Phone Number: _____

6. Lender

a. Name and Address: _____

b. Phone Number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:

a. Name and Address: _____

b. Phone Number: _____

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

a. Name and Address: _____

b. Phone Number: _____

9. Expiration date of Notice of Commencement (the expiration date is **1YEAR** from the date of recording unless a different date is specified) _____

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 1, 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 (Owner's Authorized Officer/
Director/Partner/Manager)

Printed Name

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____
(name of person) as _____ (type of authority ...e.g. officer, trustee, attorney in
fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public, State of Florida

Commission Expires:

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above

Notice of Commencement Instructions

1. Complete the NOC form, sign and have notarized. (NOC's are not required for contracts less than \$2,500.00).
2. NOC's are required for A/C Replacements on contracts \$7,500 and above.
3. Record original document either at the Clerk of Circuit Court Office, 2000 Main Street, Sarasota or 4000 S. Tamiami Trail, Venice
4. Submit a copy of the recorded NOC to the North Port Building Department with your Application Documents.
5. **THE SEALED ORIGINAL NOC MUST BE POSTED AT THE JOB SITE PRIOR TO THE FIRST INSPECTION.**

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Zoning (941) 429-7023 Fax (941) 429-7180 Email: bldginfo@cityofnorthport.com Building (941) 429-7044

COMMERCIAL ADDRESSING FORM

Date _____

Submitted by _____

Address _____

Office Phone _____

Cell Phone _____

FAX number _____

Parcel ID number _____

STREET NAME for new business _____

TYPE OF NEW BUSINESS _____

<p>office use only</p> <p><u>CORRECT Parcel ID Number</u> _____</p> <p>*** <u>The new address is</u> *** _____</p> <p>Issued by _____ Date _____</p>
--

Provide a site plan showing street names, proposed structures, driveways and location of front door for the business.

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COMMERCIAL PERMIT CLOSEOUT PROCESS

All Commercial Shell Permits will receive a Certificate of Completion. Commercial Permits that are built for immediate Occupancy will receive a Temporary Certificate of Occupancy if all of the required inspections have been approved. In some cases if all of the final inspections have not been approved the Building Department may issue a Temporary Certificate of Occupancy with special conditions.

The Temporary Certificate of Occupancy when issued grants the owner/tenant permission to move operational equipment into the structure but **NOT CONDUCT ANY BUSINESS.**

When the Building Department has proof of payment for the City Business Tax, the Police Business Emergency Information Sheet has been submitted, and the Final Fire Occupational Inspection has been approved, then The Building Department will issue a Permanent Certificate of Occupancy for the Structure.

YOU MAY NOT CONDUCT BUSINESS WITHOUT A PERMANENT CERTIFICATE OF OCCUPANCY.

Project

Permit No.

Applicant Signature

Please Print Applicant Name

Date