



# IRC Master Plan Application Form and Submittal Letter

Permit Application #: \_\_\_\_\_

Applicant / Builder Name: \_\_\_\_\_

\*Designer: \_\_\_\_\_

\*Architect: \_\_\_\_\_

\*Engineer: \_\_\_\_\_

<u>OFFICE USE ONLY:</u>
ORIGINAL APPROVAL
DATE: _____
BY: _____

## COMPLETE ITEM NUMBERS 1 or 2 BELOW:

- This is a request to Master Plan this model.

Model Name/Designation: \_\_\_\_\_

- \*This is an application for permit using existing Master Plan #: \_\_\_\_\_

**NOTE: A 'Letter of Approval' from the structural designer is required when completing item #2.**

Number of Bedrooms: \_\_\_\_\_ Living / conditioned: \_\_\_\_\_ Sq. Ft. Accessory/unconditioned: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ \_\_\_\_\_ Sq. Ft.

**Total: \_\_\_\_\_ Sq. Ft.**

Number of Cars (garage): \_\_\_\_\_

IF THIS PLAN HAS OPTIONS, LIST THE OPTIONS THAT ARE APPLICABLE TO THIS APPLICATION:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*MINOR CHANGES OR DEVIATIONS FROM THE ORIGINAL APPROVED MASTER PLAN WILL BE CONSIDERED ON A CASE-BY-CASE BASIS.*

I understand that no deviations will be made to the original approved plan unless required by current Florida Building Code revisions / interpretations adopted by the State of Florida and approved by The Building Official.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement for Person in an Individual Capacity	Acknowledgement for Person in a Representative Capacity
State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____  who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal _____	State of Florida, County of _____ The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____ (Name of Person) as _____ ( Explain Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).  who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal _____

**THIS FORM MUST BE SUBMITTED WITH EACH MASTER PLAN APPLICATION AND / OR PERMIT**

\*Any revisions or subsequent use of this Master Plan requires verification and approval from the original Designer and/or Architect and/or Engineer of record. Notice Copyright Laws may apply.