

# **Mastering of Single Family Residence Plans**

# CGC, CRC, and CBC may apply for permit.

- "Request to Master Plans for Single Family Residence" form
- Two (2) copies of sealed plans to include:
  - Engineering supplemental pages
  - Energy Calculations (Worst case scenario)
  - Window/Doors/Garage Doors/Shutters designated from product approvals, FL #, NOA or Miami Date. Note: Complete approval data required in the field to verify at inspection
  - Manufacturers Truss Plan, including list of reactions greater than 5000# and uplifts greater than 1000#

# **Description:**

Master, model name, garage right OR left

Route to: OFFICE USE ONLY (Permit Tracking Area)

Building Zoning

**Processing: OFFICE USE ONLY** 

Type: Master Plans for NC

• Subtype: Residential

#### Fees:

Plan Rev Master Res \$90.00 (paid at submittal)

Surcharge
NO

### **Expiration:**

None

Garage Right and Garage Left need to be mastered separately

A permit # is assigned to a Master for reference & future site specific building permits. Add record in PermitTrak and the permit won't be assigned to a specific Parcel.

Contractor will be informed of Approval or Rejection via removed word "phone" email by a Permit Coordinator.

One set of approved plans will be placed in the To Be Issued drawer, the second set is kept in the bull pen near the Permit Coordinators.

When contractor picks up approved Master set – note in chronology who the approved set was given to.

Note: Masters can be revised once approved. Only items that would **not** change the footprint are allowed, such as type of foundation, type of roof, window manufacturer, etc. Standard Revision Fees apply.

Last Rev. 6/22/2020 GUIDELINES SUBJECT TO CHANGE WITHOUT NOTICE



/D + C+ 1	N.A L W.
(Date Stamp)	Master #:

# Request to Master Plans for Single Family Residence

**Contractor to submit 2 complete sets of plans for initial review.			
Contractor Name:			
License Holders Name:			
Model Name (as shown on plans)	:		
Contact person:			
Contact phone number:			
Person submitting:			
Signature:			
Review fee:	\$120.00 to be paid upon submittal		
		CSR:	
Office use only:			
Approved Date:	BuildingZoning	Approved by:	
Rejected Date:	BuildingZoning	Rejected by:	
<u>If Rejected:</u>			
Resubmit Date:	Time:	Taken in by CSR:	
Released by: Date: _	Issu	ed by: Date:	

SFRmaster/mam 10/27/15