

SUBCONTRACTOR WORKSHEET – ZONING ONLY



"Delivering Exceptional Service"

PLANNING & ZONING DIVISION
 Zoning Section
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Official Use Only

Received Date: _____

By: _____

Date Entered: _____

Please submit this form either at time of permit application or no later than at time of permit issuance with all information provided. For a change in subcontractor, please submit a Change of Subcontractor request form.

Permit Application #: _____

Job Site Address: _____ Bldg. #: _____ Unit/Ste. #: _____

Contractor Name: _____ Contractor License or Certification #: _____

TRADE	SUBCONTRACTOR COMPANY NAME	SUBCONTRACTOR PHONE NUMBER	SUBCONTRACTOR LICENSE NUMBER
Fence			

Contractor Signature; _____ Date: _____