



# Community Development Department Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598  
BuildingConstruction@CharlotteCountyFL.gov  
CharlotteCountyFL.gov

### For Office Use Only

Permit Number \_\_\_\_\_  
20 \_\_\_\_\_  
Application Date \_\_\_\_\_  
CSR Initials \_\_\_\_\_

## APPLICATION FOR CONSTRUCTION PERMIT Florida Building Code 7th Edition (2020)

### Job Site Details

Description of work to be done \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Parcel ID: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

This building will be used as \_\_\_\_\_

A/C (Tons): \_\_\_\_\_ Heat(kw): \_\_\_\_\_ Electrical Service (AMPS): \_\_\_\_\_ Water Service Source/Company: \_\_\_\_\_

Septic Permit #/Sewer Company : \_\_\_\_\_ Construction Cost (excluding lot but including labor): \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Email: \_\_\_\_\_ Phone No. : \_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip Code

Email: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

**Owners Affidavit:** I hereby certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**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 FIRST INSPECTION.

IF YOU INTENT TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

**NOTICE:** In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.

**Under penalties of perjury I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525**

Contractor/Owner Builder Signature:  Date:

Print Name: \_\_\_\_\_

**(Owner's signature only if owner is acting as contractor. \*\*An Owner-Builder Disclosure Statement will be required)**

**NOTICE:** Permit is void if construction is not started within 180 days or does not receive an approved inspection within 180 days from date of issue. An approved inspection will extend the permit for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.



# Community Development Department Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number: \_\_\_\_\_  
20 \_\_\_\_\_  
Application date: \_\_\_\_\_  
CSR Initials \_\_\_\_\_

## OWNER-BUILDER DISCLOSURE STATEMENT (Page 1 of 2)

(Per Florida Statute F-S 489.103.7.b)

**PLEASE READ THE STATEMENT BELOW CAREFULLY. FAILURE TO COMPLY WITH THIS STATEMENT SHALL RESULT IN YOUR PERMIT BEING REVOKED BY THE BUILDING OFFICIAL AND MAY RESULT IN FINES UP TO \$10,000.**

Initials

I understand that State law requires construction to be done by licensed contractor and have applied for an owner/builder permit under an **exemption** to that law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

Initials

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

Initials

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.

Initials

I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

Initials

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

Initials

I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

Initials

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850.487.1395** or **www.myfloridalicense.com/dbpr/pro/cilb/index.html** for more information about licensed contractors.

Initials

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

**A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.**



# Community Development Department Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number: \_\_\_\_\_  
20 \_\_\_\_\_  
Application date: \_\_\_\_\_  
CSR Initials \_\_\_\_\_

## OWNER-BUILDER DISCLOSURE STATEMENT (Page 2 of 2) (Per Florida Statute F.S. 489.103.7.b)

Licensed contractors are regulated by laws designed to protect the public. **If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint.** Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Initials I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:  
Number and Street City Zipcode

Initials I agree to notify Charlotte County Community Development, Building Division, immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

### CHECK THOSE CONTRACTOR CATEGORIES BELOW WHICH WILL BE DONE BY THE OWNER

- A/C & Heat     Plumbing     Insulation     Cement, Concrete, Masonary     Painting and Wallcovering
- Electric     Roofing     Carpentry     Ceramic/Marble/Terrazzo     Spa /Swimming Pools
- Aluminum     Solar Systems     Drywall     Plaster/Stucco/Spraycrete     Other (Detail Below)
- Fence     Gas Piping     Landscape Irrigation

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant has or will, prior to the performance of any work in connection with the authorization granted under this permit, comply with the provisions of the: Florida Workman's Compensation Act; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

**Under penalties of perjury I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525**

Owner Builder Signature:  Date:

Printed name:

**NOTICE:** All subcontractors must have a Charlotte County Certificate of Competency. Permit is void if construction is not started within 180 days or does not receive an approved inspection within 180 days from date of issue. An approved inspection will extend the permit for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.

**A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.**



# Community Development Department

## Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 | 941.743.1230 | Fax: 941.743.1598

[PlanningZoning@CharlotteCountyFL.gov](mailto:PlanningZoning@CharlotteCountyFL.gov)

[www.CharlotteCountyFL.gov](http://www.CharlotteCountyFL.gov)

*"Delivering Exceptional Service"*

### **No Tree Removal Affidavit for Improvements (pools, additions, accessory structures, etc.) on an Occupied Residential Lot**

**(Note: If tree(s) need to be removed and/or lot clearing is required, please complete and submit a Tree Permit Application instead of this Affidavit)**

Owners Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Proposed Improvement: \_\_\_\_\_

The undersigned applicant, being first duly sworn, hereby deposes and says that I am the owner, attorney, attorney-in-fact, agent, contractor, lessee or representative of the owners of the majority of the property described above, and I attest to the fact that the above-described property does not require the removal of any trees (4 caliper inch or greater and/or installed for tree points) for the proposed accessory structure construction. I hereby declare, under penalty of perjury, under the laws of the State of Florida, that the foregoing statement is true and correct.

**State of \_\_\_\_\_, County of \_\_\_\_\_**

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Address of Owner/Agent

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number



## Community Development Department Zoning Section

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 Fax: 941.743.1598

[Zoning@CharlotteCountyFL.gov](mailto:Zoning@CharlotteCountyFL.gov)

[www.CharlotteCountyFL.gov](http://www.CharlotteCountyFL.gov)

"Delivering Exceptional Service"

### No Zoning Inspection Affidavit Residential Accessory Structures

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

**Note: all site plans, drawings or sketches must be drawn to scale and must indicate all buildings, easements and setbacks. Real Estate Services may be contacted at 941.764.5588 for information regarding easements.**

I, the undersigned applicant, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, contractor, lessee or representative of the owners of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all site plans, sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief.

Any costs, expenses, liens, lawsuits, and liabilities that arise from the issuance of this permit regarding building location are the sole responsibility of the contractor and property owner. ***It is also understood that the County does not verify the final location of structures or their setbacks and that all structures must be compliant with required setback regulations and that all permit and license requirements apply. Additionally, the structure covered by this affidavit shall be compliant with all county codes and regulations. If non-compliance is discovered, a code enforcement case may be opened and pursued.***

Under penalties of perjury, I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525

#### PLEASE CHECK THE APPLICABLE RESIDENTIAL ACCESSORY STRUCTURE BELOW:

- |  |   |
|--|---|
| <input type="checkbox"/> Accessory Structures under 250 Sq. Ft                 | <input type="checkbox"/> Carport in Mobile Home Park  |
| <input type="checkbox"/> Boat Dock (Replacement ONLY)                          | <input type="checkbox"/> Fence                        |
| <input type="checkbox"/> Boat Lift (Natural Body of Water or Replacement ONLY) | <input type="checkbox"/> Non-Structural Slab/Driveway |
| <input type="checkbox"/> Canopy/Boat Canopy                                    | <input type="checkbox"/> Shed Under Carport           |

\_\_\_\_\_  
Signature of Applicant (or Contractor)

\_\_\_\_\_  
Contractor License Number

\_\_\_\_\_  
Phone Number



# Community Development

## Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094  
Phone: (941) 743-1964 (941) 743-1230 Fax: (941) 743-1598

[www.charlottecountyfl.gov](http://www.charlottecountyfl.gov)

*"Delivering Exceptional Service"*

## Affidavit of Applicant for Accessory Structures

Applicant's Name: \_\_\_\_\_

**Note: all site plans, drawings or sketches must be drawn to scale and shall include all buildings, easements and setbacks.**

**Real Estate Services may be contacted at 941-764-5588 for information regarding easements.**

I, the undersigned applicant, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, contractor, lessee or representative of the owners of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all site plans, sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief.

Any costs, expenses, liens, lawsuits and liabilities that arise from the issuance of this permit regarding building location is the sole responsibility of the contractor and property owner. **It is also understood that the County does not verify the final location of structures or their setbacks and that all structures must be located in compliance with required setback regulations.**

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

Printed Name of Notary

Signature of Applicant (or Contractor)

Signature of Notary

Contractor License Number

Commission Number

( )  
Area Code

Phone Number

**(Return completed form to the Zoning Office)**



# Community Development Zoning Section

18400 Murdock Circle | Port Charlotte FL 33948-1094  
Phone: 941.743.1964 | Fax: 941.743.1598  
[www.charlottecountyfl.gov](http://www.charlottecountyfl.gov)

**Delivering Exceptional Service**

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

Property Address: \_\_\_\_\_

### Re: Letter of Compatibility for Accessory Structures

This letter is to certify that the accessory structure applied for will be compatible in appearance to the primary residence prior to completion of the final inspection, per Charlotte County Zoning Code; Sections 3-9-32, 33, 34, 35, 37 (c) (1) a, b, c: "Accessory buildings over two hundred fifty (250) square feet must have pitched roofs and include overhangs and eaves which meet current building codes. Rounded corners are prohibited. These structures are allowed with metal siding in the same color as the primary structure. If an exact color match is not possible a complimentary and not contrasting color may be allowed.

**Primary Residence:** Color \_\_\_\_\_; Roof \_\_\_\_\_; Wall height; \_\_\_\_\_

Select one of the following exterior wall materials, stucco, wood, aluminum siding, vinyl other \_\_\_\_\_.

**Accessory Structure:** Color \_\_\_\_\_; Roof \_\_\_\_\_; Wall height; \_\_\_\_\_

Select one of the following exterior wall materials, stucco, wood, aluminum siding, vinyl other \_\_\_\_\_.

*A color brochure from the manufacturer and a photo of the home will be required if the structure is of a pre-manufactured type. If being constructed in conjunction with a new primary structure, and not of a pre-manufactured type, photos and a brochure will not be required.*

### Please complete the following

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

Signature of Notary

Signature of Applicant (or Contractor)

Printed Name of Notary

Contractor License Number

Commission Number

Area Code/Phone Number

**NOTICE OF COMMENCEMENT**

State of Florida

Permit Number: \_\_\_\_\_

County of Charlotte

Tax Folio or Parcel Number: \_\_\_\_\_

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** (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available):

\_\_\_\_\_

2. **General Description of Improvement:** \_\_\_\_\_

3. **Owner Information:**

a. **Name:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Interest in Property:** \_\_\_\_\_

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above): \_\_\_\_\_

4. **Contractor Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

5. **Surety Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Bond Amount:** \$ \_\_\_\_\_

6. **Lender Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

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:**

**Name/Address/Phone Number:** \_\_\_\_\_

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

**Name/Address/Phone Number:** \_\_\_\_\_

9. **Expiration Date of Notice of Commencement** (the expiration date is one year from the recording date unless a different date is specified here):

\_\_\_\_\_

**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 I, 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.**

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

\_\_\_\_\_  
Signature of Owner or Lessee, or Owner’s or Lessee’s Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name and Title

State of \_\_\_\_\_, County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me, by means of

physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_, (name of person making statement)

personally known, or  produced identification with type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or Stamped Commissioned Name of Notary Public