



Community Development Building Construction Division

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: 941.743.1201 Fax: 941.743.1213
BlowerDoorReports@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number _____

Received Date: _____

CSS Initials: _____

MECHANICAL VENTILATION AFFIDAVIT

This form is required to be submitted if the ACH is less than 3.00 (FBC-R303.4 and FBC-1203.1)

Permit Number: _____

Address: _____
Street City State Zip

Name of Qualifier: _____

Mechanical/HVAC Contractor License/Certificate Number: _____

Company Name: _____

Company Address: _____
Street City State Zip

Phone: _____ Email: _____

I certify that the structure located at the address listed above has been provided with the correct mechanical ventilation to satisfy the requirements of Florida Building Code R-M1507.3 and FBC-M103.

Description of mechanical ventilation compliance method used: _____

Qualifier's Signature: _____ Date: _____

Qualifier's Printed Name: _____

This form may be emailed to PermitResubmittal@CharlotteCountyFL.gov or submitted at the Building Construction Services office