



## Community Development Department

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.743.1213  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598  
BuildingSvc@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov  
"Delivering Exceptional Service"

For Office Use Only  
Permit Number \_\_\_\_\_  
20 \_\_\_\_\_  
Application Date \_\_\_\_\_  
CSR Initials: \_\_\_\_\_

### Manufactured Home & Recreational Vehicle Permit Application Information

(Revised 08/2023)

**Please submit the following for tie-down permits:**

1. **Survey**, signed and sealed by a Florida registered Land Surveyor (note: not required in Mobile Home Parks).
2. **Site Drainage Plan** indicating the existing and proposed grade elevations at the corners of the structure and along the property lines. Indicate that the drainage will flow to an approved drainage facility and away from the structure.
3. **Foundation**: Homes set in Flood Zones will require Engineered Foundations. An Elevation Certificate and an As-Built Survey indicating the finished grades will also be required prior to final inspections.
4. **Floor Plan**: Provide a copy of the floor plan of the Manufactured Home or R. V. unit.
5. **Used Manufactured Home**: Submit a copy of state registration or title for a used mobile home.
6. **Wind Zone III Verification**: Provide proof the Manufactured Home or R.V./P.M.R.V. is designed/constructed for Zone III Wind Loads.
7. **Worksheets**: Submit any additional information necessary to show compliance with Florida Administrative Rule 15-C or other applicable Codes.
8. **Confirmation of Utilities**: Provide verification of water and sewer availability from the park or any provider other than CCU. If existing septic, provide contingency letter from Health Department (DOH). If proposed septic, please provide a complete copy of the DOH approved septic permit.



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Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Contractor: \_\_\_\_\_ License: \_\_\_\_\_

WIND ZONE III ONLY	YEAR BUILT & MANUFACTURE MODEL OR ITEM	WIDTH X LENGTH
R. V. PARK MODEL		

Check Correct Value

<b>GROUND ANCHOR TYPE I</b> _____ Manufacturers set-up spec. Must be submitted to use 48" anchors or unit built prior to July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 276-350	Manufacturer: _____ Model: _____
<b>GROUND ANCHOR TYPE II</b> _____ 60 " anchors must be used when manufacturer set-up specs are not available and unit was built after July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 175-275	Manufacturer: _____ Model: _____

## STABILIZER PLATE

<b>STABILIZER PLATE</b>	180 sq. in. Hot Dip Galvanized (2 ounces per sq. ft.)	Manufacturer: _____ Model: _____
<b>STEEL STRAP FRAME TIE</b> With approved pivoting clamp and radius clip	Type 1, Finish "B" , Grade "1", 109,000 min. Yield strength; .035 min. Thickness, hot dipped galvanized coating: 60 ounces per sq. ft., 1 ¼ width, ASTM Spec D3953-91	Manufacturer: _____ Model: _____
<b>LONGITUDINAL ANCHORS</b> With approved bolt type clamp and radius clip and stabilizer plate	Shall be installed at the end of each I-beam at both ends of all units, minimum of 8 anchors for a single wide unit.	Manufacturer: _____ Model: _____
<b>CONCRETE SLAB ANCHORS</b>	Tensioning devices for use in concrete slab shall be tested and approved. Instructions from manufacturer must be included with permit application.	Manufacturer: _____ Model: _____

Foundation bearing capacity based on pocket penetrometer test at six locations, certification attachment required.

Load bearing capacity	16" x 16"	18 ½" x 18 ½"	20" x 20"	26" x 26"
1000 psf _____	3' spacing	4' spacing	5' spacing	8' spacing
1500 psf _____	4' 6" spacing	6' spacing	7' spacing	8' spacing
2000 psf _____	6' spacing	8' spacing	8' spacing	8' spacing



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

Contractor: \_\_\_\_\_

License #: \_\_\_\_\_

## Torque Tests

This will certify the completion of two (2) Soil Probe Tests on the above described site:

TEST	LOCATION	TEST VALUE
A	FRONT OF HOME	
B	REAR OF HOME	

## POCKET PENETRO METER TEST

NO.1		NO.2		NO.3	
NO.4		NO.5		NO.6	
NO.7		NO.8		NO.9	

Signature of Tester: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Notary:

STATE OF FLORIDA

COUNTY OF CHARLOTTE

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.

SEAL

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



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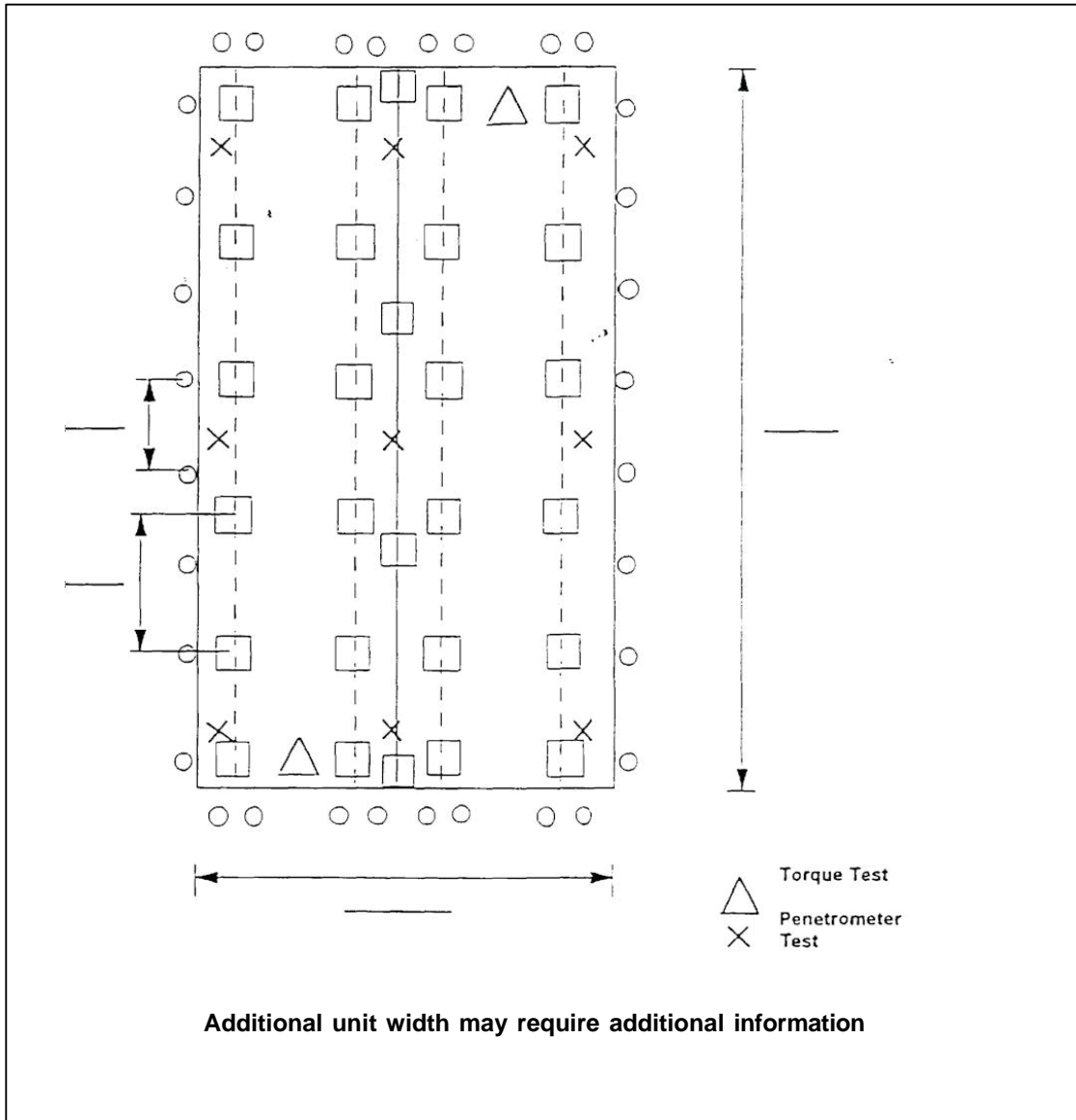
For Office Use Only \_\_\_\_\_

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

20 \_\_\_\_\_

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NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

UNIT SIZE: \_\_\_\_\_

FOUNDATION PAD SIZE & SPACING: \_\_\_\_\_

TORQUE TEST:  YES  NO

POCKET PENETROMETER TEST  YES  NO

ANCHOR TYPE II 60" @ 5'4" SPACING IF MANUFACTURERS SPECIFICATION ARE NOT SUBMITTED



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## SITE PREPARATION

Site Graded and Fill Dirt compacted to 90% \_\_\_\_\_ - or -

Drain Tile and sump pump to be installed \_\_\_\_\_ - or -

Describe any other site prep method to be used \_\_\_\_\_

Page: \_\_\_\_\_

Page: \_\_\_\_\_

Page: \_\_\_\_\_



# 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

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20 \_\_\_\_\_

Application Date

CSR Initials \_\_\_\_\_

### APPLICATION FOR CONSTRUCTION PERMIT Florida Building Code 8th Edition (2023)

#### 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.



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Form 5 (b)

## AFFIDAVIT

### FIRE HYDRANTS

Owner's Name \_\_\_\_\_

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_ Street Type \_\_\_\_\_ Unit # \_\_\_\_\_

Tax Folio # \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

I, the undersigned, being the legal owner of the above described property, investigated and determined the following:-

- 1. Public Water service -  is available  is **NOT** available
- 2. A fire hydrant -  is within the prescribed distance  is **NOT** within the prescribed distance

Hydrant distances are as follows:-

- 1) Mobile Homes, Single Family, Duplexes and Triplexes - Maximum 500' from building
- 2) Commercial, Apartments and other high value - Maximum 300' from building
- 3) Heavy Industrial and Manufacturing - Maximum 300' from building

If public water is available and a fire hydrant is not within the prescribed distance as stated above, please contact the appropriate utility for a fire hydrant.

\_\_\_\_\_  
Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

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.

Notary Name (Printed) \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Number \_\_\_\_\_



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## SEWER DISPOSAL / WATER AFFIDAVIT

701.2 Sewer required. Every building in which plumbing fixtures are installed and all premises having drainage piping shall be connected to a public sewer, where available, or an approved private sewage disposal system in accordance with the International Private Sewage Disposal Code.

Owner Name: _____	Address: _____		
	Number & Street Name	City	Zip Code
Parcel ID # _____	Building #: _____	Unit #: _____	Lot _____ Block _____ Subdivision _____
Contractor Name _____	Phone # _____	Fax # _____	License # _____

Person making affidavit:  Owner(s)  Owner(s) Agent  Owner(s) Contractor

### SEWAGE DISPOSAL - Please select one of the following:

**Public Sewer Available:** I, the undersigned, have verified and confirmed that the address listed above does have Public Sewer available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

**NOTE: When a low pressure sewer (LPS) system provides service to multiple dwelling units, the electrical service must be on a separate, dedicated electrical meter under the property owner's FPL account. I acknowledge that I have read and understand all Charlotte County Utilities' Standard Specifications and Drawing Details related to LPS installation (CCU 941.764.4300, Ext. 3).**

Name of Utility Company: \_\_\_\_\_

**Onsite Sewage Disposal System:** I, the undersigned, have verified and confirmed that the address listed above will have an approved Onsite Sewage Disposal System.

Charlotte Co. Health Dept. Permit Number: \_\_\_\_\_

### WATER AVAILABILITY - Please select one of the following:

**Public Water Available** - I, the undersigned, have verified and confirmed that the address listed above does have Public Water available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

Name of Utility Company \_\_\_\_\_

**Well Water**

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

\_\_\_\_\_  
Printed Name of Owner/Agent/ Contractor

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

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

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

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







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## AFFIDAVIT

### STATEMENT THAT THE BUILDING SITE CONTAINS NO COUNTY OR PUBLIC UTILITY STRUCTURES

Name of person making statement \_\_\_\_\_

Owner(s)     Owner(s) Agent     Owner(s) Contractor

Street Number                      Street Name                      Street Type                      Unit #

Tax Folio #                      Lot                      Block                      Subdivision

I, the undersigned, hereby certify that I have inspected , or caused to be inspected by a qualified person or firm, the property proposed as the building site for which I am applying for a building permit. I have determined that the proposed site does not contain any County or Public Utility structures above, on or under the proposed building site, whether within or without any easements, except as noted below.

\_\_\_\_\_  
\_\_\_\_\_

I understand that should any County or Public utility structure not disclosed above be discovered on the proposed building site, the County will not be responsible for any expenses related to moving, abandoning or taking any other action related to any such structure, or the proposed building or structure, on the building site.

\_\_\_\_\_  
Signature of Owner/Agent/Contractor                      Printed Name of Owner/Agent/ Contractor

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.

Notary Name (Printed) \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission Number \_\_\_\_\_



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## Subcontractor Worksheet

This form is to be submitted at the time of Permit Application and must be completed with all information.  
Changes in subcontractors are allowed by submitting a Change in Subcontractor form.

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

Address: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Contractor Name \_\_\_\_\_ Contractor's Certification or Registration No. \_\_\_\_\_

Trade	Subcontractor Company Name	Subcontractor Telephone No.	Subcontractor License No.
A/C and Heating			
Electric			
Plumbing			
Roofing			

\_\_\_\_\_  
Contractor Signature Date

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



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## CHARLOTTE COUNTY TREE PERMIT APPLICATION

Select from the following:  Tree Preservation  Tree Removal Authorization  Memorandum of Exemption of Fees  No Tree Affidavit

Job Address: \_\_\_\_\_ Parcel ID \_\_\_\_\_

Lot Number: \_\_\_\_\_ Property Type: Residential  Commercial  Check all that apply: Individual Trees  Lot Clearing

Contractor or Owner/Builder: \_\_\_\_\_ Contractor License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. **Tree Preservation:**  
Will any trees be preserved on site? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that \_\_\_\_\_ (number) of trees on the above-described property are to be preserved/protected according to the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan.)

2. **Tree Removal Authorization:**  
Will any trees be removed from the site? Yes \_\_\_\_\_ No \_\_\_\_\_

I request that \_\_\_\_\_ (number) trees on the above-described property and indicated on the attached site plan be removed utilizing the Tree Removal Authorization as provided in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

----- **AND / OR** -----

3. **Memorandum of Exemption of Fees:**  
I certify that \_\_\_\_\_ (number) trees on the above-described property are exempt from Tree Removal Authorization and removal fees as provided by the tree protection requirements of Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

----- **OR** -----

4. **No Tree Affidavit:**  
There are NO TREES currently located on site. (Use affidavit below)

\_\_\_\_\_  
Signature of Applicant Printed Name of Applicant  
State of Florida, County of \_\_\_\_\_

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\_\_\_\_\_  
Signature of Notary Notary's Printed Name Commission Number

I agree to assume full responsibility for the removal of said trees(s) and for compliance with all applicable County and State regulations regarding the proper disposal of brush and yard trimmings. Further, I will replace trees as required by the Charlotte County Code.

<b>Environmental Inspection*:</b>	<b>\$ 55.00</b>
*Please note site review is cursory, additional wildlife or environmental reviews may be required by state and federal agencies if protected species are found on site.	
*Required for all lot clearing applications	
For properties in which the total area to be cleared exceeds 1 acres, the submittal of a current protected species assessment and FLUCCS map will be required.	
Residential Tree**:	\$ 70.00
Commercial Tree**:	\$ 80.00
**Plus total # of caliper inches removed _____ x \$1.00 (total from page 2):	\$ _____
<b>Total Fee:</b>	<b>\$ _____</b>

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized County Official: \_\_\_\_\_ Date: \_\_\_\_\_

**An approved barricade inspection must be obtained in order to receive credit for tree preservation.**

To request a barricade inspection, call (941) 743-1204 or (941) 743-1205.

A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions



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## Tree Removal Fee Calculations

(You may use this worksheet or create your own)

### Permit fee + \$1.00 per caliper inch of tree(s) to be removed.

In the spaces below, list the tree(s) to be removed. This includes all trees with a diameter of 4 inches or greater, and all palms with 6 or more feet of clear trunk. Provide their species and their diameters, to the nearest inch. Using the formula above, this will be the amount paid to the Charlotte County Board of County Commissioners for tree removal authorization.

Species	Caliper	Species	Caliper
Total Caliper Inches:		Total Caliper Inches:	

GRAND TOTAL CALIPER INCHES: \_\_\_\_\_ X \$ 1.00  
 + \$ 80.00 (Commercial / Multi-Family Residential)  
 + \$ 70.00 (Single Family)  
**Fee to be paid for tree removal** = \$ \_\_\_\_\_

Any additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Affidavit of Applicant

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, 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 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. I understand this application must be complete and accurate before the application may be considered, and that if I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

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.

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

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

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

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

### Property Owner's Consent

I, \_\_\_\_\_, property owner of \_\_\_\_\_  
(print name)  
do hereby give \_\_\_\_\_ permission to file this application to allow the use of  
this property for: \_\_\_\_\_.

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.

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

\_\_\_\_\_  
Signature of Owner

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

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

**\*This page does NOT need to be completed if submitting for a building permit!**



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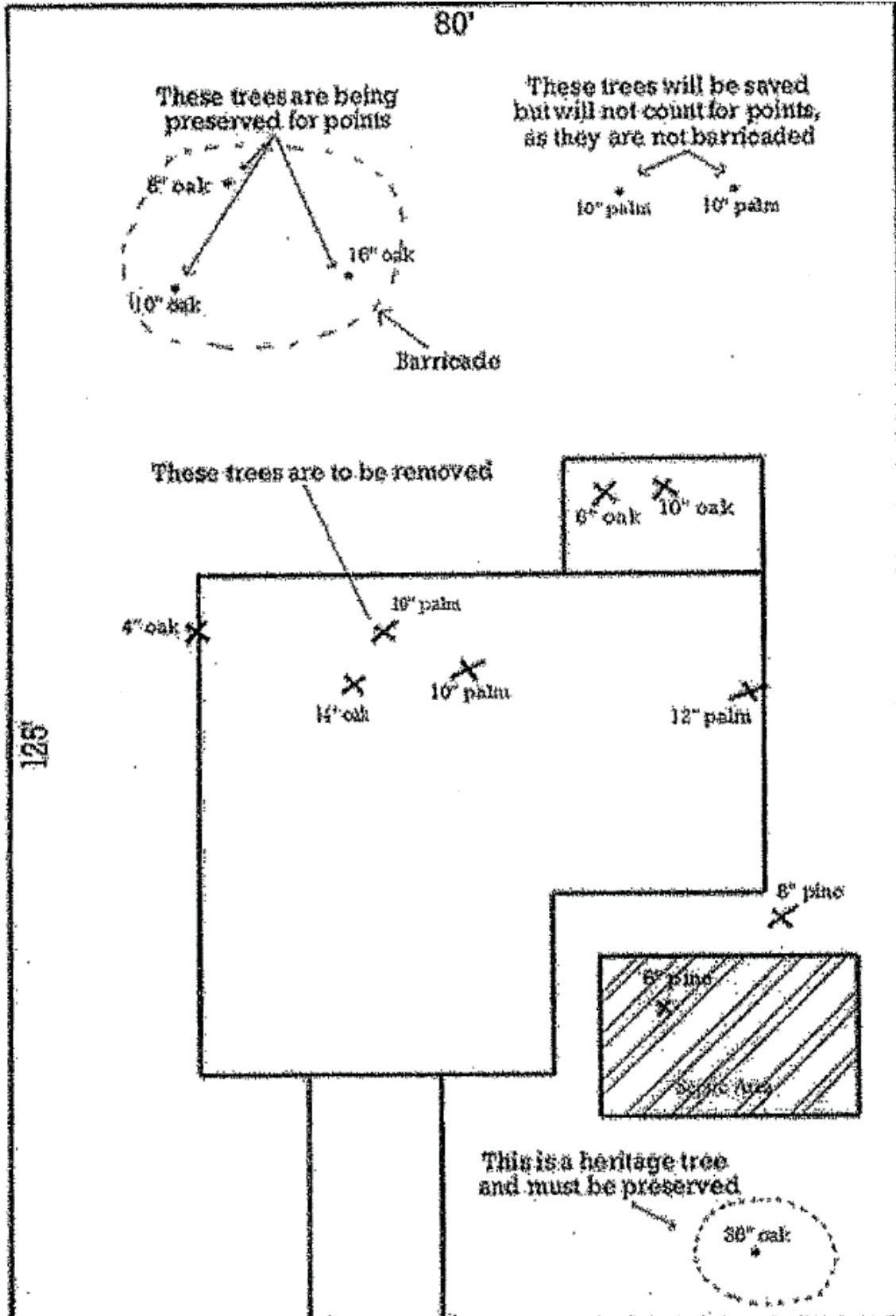
Permit Number \_\_\_\_\_

20 \_\_\_\_\_

Application Date \_\_\_\_\_

CSR Initials: \_\_\_\_\_

## EXAMPLE SITE PLAN



**New Residential Utility Service  
Application  
Charlotte County Utilities**  
Email: [administrative.assistants@charlottecountyfl.gov](mailto:administrative.assistants@charlottecountyfl.gov) or  
[Sherri.Sartino@charlottecountyfl.gov](mailto:Sherri.Sartino@charlottecountyfl.gov) - Fax to 941.764.4319

Forms-CCU-Eng-F003

Effective Date: 03/05/13

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Name: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Street \_\_\_\_\_ Fax Number: \_\_\_\_\_ City \_\_\_\_\_ Email Address: \_\_\_\_\_ Zipcode \_\_\_\_\_

Legal Description: The Complete Short Legal

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_  
(Only One Lot Per Form) (Must Include 3-Letter Identifier)

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

City, County, Zip Code: \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A COPY OF SITE PLAN\*\*\*\*\***

SERVICE AGREEMENT: Utility will provide service upon payment of these fees and charges in accordance with Utility's Uniform Extension Policy approved by the Board of County Commissioners. The policy provides for plant allocation of 225 gallons per day per equivalent residential connection (ERC for water service, and 190 gallons per day per ERC for sewer service, as defined in the policy). Utility will not be obligated to provide capacity of service in excess and may required consumers to curtail use which exceeds such allocated capacity. Where payment of connection fees has been made prior to the availability of utility service, Utility agrees to make service available upon completion of construction and certification that lines are ready to serve. In areas where utility service is not available and connection fees have ben paid, billing of the monthly Base Facility Charge(s) will begin thirty (30) days after certification of service availability and applicant agrees to pay such charges as rendered.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

**<<<< FOR OFFICE USE>>>>**

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**<<<< FOR OFFICE USE>>>>**

	WATER	SEWER	TOTAL
PLANT CAPACITY (A) WPLT _____ SPLT _____			
TRANSMISSION (A) WTRN _____ STRN _____			
DISTRIBUTION (A) WDST _____		XXXXX	
COLLECTION (A) _____ SCOL _____	XXXXX		
<b>SUBTOTAL CONNECTION FEES</b>		W + S	_____ (A)
LOW PRESSURE INSTALL (B) _____ STNK _____	XXXXX		
WATER METER INSTALL (B) MIXX _____		XXXXX	
AGRF* (See chart on pg. 2) (B) WAGF _____ SAGF _____			
<b>SUBTOTAL OTHER FEES</b>		W + S	_____ (B)
<b>TOTAL W/S CONNECTION FEES</b>	=====	=====	

APPLICATION RECEIVED

NOTES:

Serv. Type: DI S L

**ESCROW CREDIT:** YES NO IF YES, CHECK WILL BE SENT TO PROPERTY OWNER  
\*PRICES IN EFFECT UNTIL \_\_\_\_\_ AND SUBJECT TO CHANGE.  
(A) PAYCODE: CFCH (CASH) CFCK (CHECK) (B) USE REGULAR PAYCODES

TOTAL CONNECTION FEES: \$ \_\_\_\_\_  
PAYMENT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_  
BALANCE TO FINANCE: \$ \_\_\_\_\_ MONTHS TO FINANCE (MAX): \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
PREMISE NO: \_\_\_\_\_ CUSTOMER NO: \_\_\_\_\_