



**Community Development  
Zoning Division**

18400 Murdock Circle, Port Charlotte, FL 33948-1094  
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**For Office Use Only**

Permit Number  
20 \_\_\_\_\_  
Application Date  
\_\_\_\_\_  
Zoning Tech. Signature  
\_\_\_\_\_

**Demolition of Structures for Zoning Conformance**

**Property Owner or Contractor's Name:** \_\_\_\_\_  
(Circle One)

**Property Address:** \_\_\_\_\_  
(Street number & Name) (City & State) (Zip Code)

**Property Owner or Contractor's Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contractor's License Number** (if applicable): \_\_\_\_\_

**Residential** (Please check)? **Yes** **No** **Commercial** (Please check)? **Yes** **No**  
**Scope of Work (what is proposed for demolition?)** \_\_\_\_\_

**Utility Disconnects to Made:** \_\_\_\_\_

\*\*\*\***Note: A sketch site plan indicating existing improvements is required**\*\*\*\*

\*\*\*\***Below, select the existing accessory structures on the property**\*\*\*\*

- |          |                             |                 |             |
|----------|-----------------------------|-----------------|-------------|
| Driveway | Slab                        | Footings        | Foundation  |
| Pool     | Shed                        | Detached Garage | Septic Tank |
| Well     | Other (please state): _____ |                 |             |

I, \_\_\_\_\_, Property Owner or Contractor for the demolition, hereby acknowledge that if the primary structure is to be demolished, then all accessory structures checked on this form must also be demolished. In addition, I acknowledge that I must return the property to its prior natural state and that I will seed or sod all land disturbed areas.

\_\_\_\_\_  
**Property Owner's or Contractor's Signature** **Date**