

**PERMIT OR PLANS RESEARCH REQUEST**



*"Delivering Exceptional Service"*

BUILDING CONSTRUCTION DIVISION  
 18400 Murdock Circle  
 Port Charlotte FL 33948  
 Phone: 941.743.1201  
 Fax: 941.764.4907

[BuildingConstruction@CharlotteCountyFL.gov](mailto:BuildingConstruction@CharlotteCountyFL.gov)  
[www.CharlotteCountyFL.gov](http://www.CharlotteCountyFL.gov)

**Official Use Only**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Date Entered: \_\_\_\_\_

**\*\*\* PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR PROCESSING \*\*\***

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Contact Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_

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

Building Number: \_\_\_\_\_ Suite/Unit Number: \_\_\_\_\_

Original Owner Name: \_\_\_\_\_

Type Construction (please check box or circle):       Residential     Commercial     Multifamily

Type of Information Requested (please check box(s) or circle all that apply):

Copy of Entire File       Copy of Plans Only

| Pricing  |                |                    |
|--|----------------|--------------------|
| <input type="checkbox"/> More than 100 pages:    | Thumb Drive    | \$ 5 plus \$1/page |
| <input type="checkbox"/> Blueprint Reproduction: | Per Page/Sheet | \$ 1               |
| <input type="checkbox"/> Thumb Drive:            | Per Drive      | \$ 5               |
| Total Cost                                       |                | \$                 |

| Office Use Only            |  |
|----------------------------|--|
| Prepared By: _____         | Date <input type="checkbox"/> Faxed or <input type="checkbox"/> Emailed to Records Department: _____ |
| Sent to Customer By: _____ | Date Sent: _____   |
| Signature: _____           |  |