



# Community Development Department

18400 Murdock Circle, Port Charlotte, FL 33948  
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www.CharlotteCountyFL.gov

## SEWER DISPOSAL / WATER AFFIDAVIT

For Office Use Only

Permit Number

20 \_\_\_\_\_

Application Date

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

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: All multi-unit structures that will be served by CCU low pressure sewer (LPS) will have a non-tenant associated electric meter that will not be shut off if any unit is empty. 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**

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**

Contractor/Owner Builder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner's signature if owner is acting as contractor. \*\*An Owner/Builder Affidavit will be required)

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

**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.