



Community Development

Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: (941) 743-1964 (941) 743-1230 Fax: (941) 743-1598

www.charlottecountyfl.gov

"Delivering Exceptional Service"

Affidavit of Applicant for Accessory Structures Greater Than 250 Sq. Ft.

Applicant's Name: _____

Note: all site plans, drawings or sketches must be drawn to scale and shall include all buildings, easements and setbacks.

Real Estate Services may be contacted at 941-764-5588 for information regarding easements.

I, the undersigned applicant, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, contractor, 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 site plans, 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.

Any costs, expenses, liens, lawsuits and liabilities that arise from the issuance of this permit regarding building location is the sole responsibility of the contractor and property owner. **It is also understood that the County does not verify the final location of structures or their setbacks and that all structures must be located in compliance with required setback regulations.**

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.

Printed Name of Notary

Signature of Applicant (or Contractor)

Signature of Notary

Contractor License Number

Commission Number

() _____
Area Code Phone Number

(Return completed form to the Zoning Office)