



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
 www.CharlotteCountyFL.gov

For Office Use Only

Permit Number:

20

Application date:

CSR Initials

ONE & TWO FAMILY RESIDENTIAL PERMIT APPLICATION CHECKLIST
Florida Building Code 8th Edition (2023)

Incomplete permit applications will be returned to the applicant. Please review package contents with this checklist to insure that all appropriate documentation is included with your submittal.

*****DO NOT STAPLE ANY OF THE BELOW DOCUMENTATION TO THE BUILDING PLANS.*****

- APPLICATION FOR CONSTRUCTION PERMIT FORM** - Filled out completely with signatures.
- OWNER-BUILDER DISCLOSURE STATEMENT** - ONLY if owner acts as contractor - An affidavit signed by the owner/ builder certifying that the responsibilities and requirements of the construction process are understood by the owner.
- NOTICE OF COMMENCEMENT (NOC)**- A recorded NOC will be required before scheduling first inspection.
- SUBCONTRACTOR WORKSHEET** - Signed by the contractor.
- FIRE HYDRANT AFFIDAVIT**- Signed by the owner.
- SEWER/SEPTIC AFFIDAVIT** - Signed by owner/agent/or contractor and notarized. Provide name of provider company.
- SEPTIC SYSTEM PERMIT** - (If sewer service is not available) - A copy of the septic system permit approved by the Health Department (941.743.1266). An approved septic permit must be on file prior to the building permit being approved.
- PUBLIC UTILITY AFFIDAVIT**- An affidavit regarding the location of existing public utility structures on the site.
- SURVEYS** - Two (2) signed and sealed surveys of less than one year old which include flood zone and panel number information.
- TREE PRESERVATION/REMOVAL FORMS** - Appropriate tree forms must be completed with site plan attached.
- SITE PLANS** - Three (3) original signed and sealed site plans showing existing improvements on the site, property lines, setbacks for proposed project and culvert information for Right Of Way.
- DRAINAGE PLANS** - Two (2) drawings of site drainage plans showing proposed ground and final floor elevations.
- 1 & 2 FAMILY DATA SUMMARY SHEET** - Two (2) showing design data and signed by structural designer. Or all the information asked in the form to be in the building plans.
- BUILDING PLANS** - Two (2) sets of building plans that have been signed and sealed by an engineer or architect, if applicable per current Florida Building Code.
- PRODUCT APPROVALS** - NOA or product approval number of windows, door, shutters, soffits, siding and roof covering materials as applicable to the project.
- TRUSS LAYOUTS** - Two (2) sets of truss layouts or framing details reviewing and approved by structural designer.
- ENERGY FORMS** - Two (2) sets of energy calculations as per Energy Conservation Code.
- NEW RESIDENTIAL UTILITY SERVICE APPLICATION** - Form CCU-F003) Completed form will be forwarded to Charlotte County Utilities (**please provide a copy of Site Plan**).
- PRE-APPLICATION FEE** - A pre-application fee of \$150 is due at time of application submittal.

If you have any questions, please call the following:

Permitting: 941.743.1201

Zoning: 941.743.1964

Land Development (ROW): 941.743.1264

Addressing: 941.743.1520

FL Health Department: 941.743.1266

Emails:

BuildingConstruction@CharlotteCountyFL.gov (primary email box)

ContractorLicensing@CharlotteCountyFL.gov (insurance documents)

FloodInfo@CharlotteCountyFL.gov (elevation certificates & drainage as-built surveys)

Inspections@CharlotteCountyFL.gov (blower door and duct leakage documents and termite certificates)

OnlinePermitting@CharlotteCountyFL.gov (NOCs & subcontractor changes)

PermitResubmittal@CharlotteCountyFL.gov (resubmittals & plan changes)

PrivateProvider@CharlotteCountyFL.gov (private provider documents)

Zoning@CharlotteCountyFL.gov (zoning related documents)

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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 _____ Zoning Class: _____

A/C (Tons): _____ Heat(kw): _____ Electrical Service (AMPS): _____ Water Service Source/Company: _____

Septic Permit #/Sewer Company : _____ Construction Cost (excluding lot but including labor): _____

Permit application includes also: (if items are not checked but will be done, separate permit will be required)

Demolition Gas LP Tank Gas Piping

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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OWNER-BUILDER DISCLOSURE STATEMENT (Page 1 of 2)

(Per Florida Statute F-S 489.103.7.b)

PLEASE READ THE STATEMENT BELOW CAREFULLY. FAILURE TO COMPLY WITH THIS STATEMENT SHALL RESULT IN YOUR PERMIT BEING REVOKED BY THE BUILDING OFFICIAL AND MAY RESULT IN FINES UP TO \$10,000.

Initials

I understand that State law requires construction to be done by licensed contractor and have applied for an owner/builder permit under an **exemption** to that law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

Initials

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

Initials

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.

Initials

I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

Initials

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

Initials

I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

Initials

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at **850.487.1395** or **www.myfloridalicense.com/dbpr/pro/cilb/index.html** for more information about licensed contractors.

Initials

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

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OWNER-BUILDER DISCLOSURE STATEMENT (Page 2 of 2) (Per Florida Statute F.S. 489.103.7.b)

Licensed contractors are regulated by laws designed to protect the public. **If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint.** Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Initials I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:
Number and Street City Zipcode

Initials I agree to notify Charlotte County Community Development, Building Division, immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

CHECK THOSE CONTRACTOR CATEGORIES BELOW WHICH WILL BE DONE BY THE OWNER

- A/C & Heat Plumbing Insulation Cement, Concrete, Masonary Painting and Wallcovering
- Electric Roofing Carpentry Ceramic/Marble/Terrazzo Spa /Swimming Pools
- Aluminum Solar Systems Drywall Plaster/Stucco/Spraycrete Other (Detail Below)
- Fence Gas Piping Landscape Irrigation

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

Owner Builder Signature: Date:

Printed name:

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.

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NOTICE OF COMMENCEMENT

State of Florida

Permit Number:

County of Charlotte

Tax Folio or Parcel Number:

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property** (a complete legal description **or** parcel number; **and** a complete street address with city/state/zip code, if available):

2. **General Description of Improvement:**

3. **Owner Information:**

a. **Name:**

b. **Address:**

City/State/Zip Code:

c. **Interest in Property:**

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above):

4. **Contractor Information:**

a. **Name:**

Phone Number:

b. **Address:**

City/State/Zip Code:

5. **Surety Information:**

a. **Name:**

Phone Number:

b. **Address:**

City/State/Zip Code:

c. **Bond Amount:** \$

6. **Lender Information:**

a. **Name:**

Phone Number:

b. **Address:**

City/State/Zip Code:

7. **Persons within the State of Florida Designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:**

Name/Address/Phone Number:

8. **In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:**

Name/Address/Phone Number:

9. **Expiration Date of Notice of Commencement** (the expiration date is one year from the recording date unless a different date is specified here):

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Printed Name

Company Name and Title

State of

, County of

Sworn to (or affirmed) and subscribed before me, by means of

physical presence or online notarization, this day of , 20 by

(name of person making statement)

personally known, or produced identification with type of identification

Signature of Notary Public

Printed or Stamped Commissioned Name of Notary Public



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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 Application 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			
Gas			
Other: _____			

Contractor Signature: _____ Date _____

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AFFIDAVIT - FIRE HYDRANTS

Owner's Name: _____

Address: _____ Building #: _____ Unit #: _____
Number & Street Name

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.

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.

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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: 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.

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Contractor/Owner Builder Signature: _____ Date: _____

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

Contractor License Number: _____

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ONE AND TWO FAMILY DWELLING DATA SUMMARY SHEET Florida Building Code 8th Edition (2023)

OWNER'S NAME: _____ CONTRACTOR'S NAME: _____

PROJECT ADDRESS: _____

Number & Street City, State, & Zipcode

Applicable Codes: Building, Mechanical, Plumbing, Accessibility, & Energy Codes - 8th Edition (2023) Florida Building Code, Residential Volume. Electrical Code - NFPA 70 & NEC 2020

Manufacturer's Product Approvals

Doors: _____ Overhead Doors: _____ Windows: _____

Mitered Glass: _____ Roof Coverings: _____ **Protection of Openings:**

Soffit: _____ Siding: _____ Shutters: _____

Method of Design per Florida Building Code (FBC) R301:

Florida Building Code, 8th Ed (2023) ICC 600 Other: _____

Designer's Name: _____

Design Data (Risk Category II):

Basic Wind Speed (Vult) _____ mph (Figure R301.2(4))

Nominal Design Wind Speed (Vasd) _____ m.p.h. Flood Design Data _____ Final Floor Elevation _____

Exposure Category Section (R301.2.1.4) B C D Soil Design Load-Bearing Value _____

Structural Forces (Section R301.4 / 301.5 / 3601.6)

Floor Design: Live Load _____ p.s.f Dead Load _____ p.s.f

Roof Design: Live Load _____ p.s.f Dead Load _____ p.s.f Roof Slope _____

Window and Door Wind Pressure Design Loading: Mean roof height _____ ft

Windows _____ p.s.f Doors _____ p.s.f Garage Doors _____ p.s.f

Components and Cladding Design Pressures:

Zone 1: _____ p.s.f Zone 2: _____ p.s.f Zone 3: _____ p.s.f Zone 4: _____ p.s.f Zone 5: _____ p.s.f

Area Tabulation:	TOTAL (Sq. Ft): _____		
Living (Sq. Ft.)	Garage (Sq. Ft.)	Lanai (Sq. Ft.)	
Entry (Sq. Ft.)	Storage (Sq. Ft.)	Other (Sq. Ft.)	

I certify to the best of my knowledge and belief that these plans and specifications have been designed to comply with the structural portion of the Building Code for wind, flood and gravity loads as amended and enforced by the permitting jurisdiction.

Signature: _____ Date: _____

Designer's Printed Name: _____

Architect / Engineer Seal

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

Forms-CCU-Eng-F003

Effective Date: 03/05/13

Page 1 of 1

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>>>>

<<<< FOR OFFICE USE>>>>

<<<< FOR OFFICE USE>>>>

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

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: _____



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 and indicated on the attached Tree Site Plan are to be preserved/protected as per the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100.

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.

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 Tree Site Plan are to be removed utilizing the Tree Removal Authorization and Exemptions as per Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. Non-exempt trees must be listed on the Tree Removal Fee Calculations form page 2. Indicate reason for removal:

-----AND-----

3. Memorandum of Exemption of Fees:

I certify that _____ (number) trees requested to be removed above and indicated on the attached Tree Site Plan are exempt from removal fees as per the Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100.3(h). 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 _____ 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 Notary's Printed Name Commission Number

Environmental Inspection*: \$ 55.00

*Staff site review is cursory. Additional wildlife, wetlands, or environmental reviews may be required by state and federal agencies if protected species or wetlands are found onsite.

*Required for all lot clearing applications. Property over 1 acre to be developed, a current protected species assessment and FLUCCS map must be provided.

Single Family Residential Tree:** \$ 70.00

Commercial /Multi-Family Tree:** \$ 80.00

**Total # of caliper inches removed _____ x \$1.00 (Tree Removal Fee Calculations Page 2): \$ _____

Total Fee: \$ _____

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.

Applicant's Signature: _____ Date: _____

Authorized County Official: _____ Date: _____

Community Development



Zoning Division
18400 Murdock Circle, Port Charlotte, FL 33948-1094
Phone: (941) 743-1964
Fax: (941) 743-1598
www.CharlotteCountyFL.gov

Tree Permit Application

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 did/did not take an oath.

Signature of Notary

Signature of Owner

Printed Name of Notary

Commission Number

Tree Site Plan Example

