Community Development Department

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Zoning Phone: 941.743.1964
Building Fax: 941.764.4907 | Zoning Fax: 941.743.1598
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

Application for Residential-USE WITH APPROVED MASTER PLAN SHEDS ONLY

SHED MASTER PLAN # _____ **Tax I.D.** _____

This application is to be used only for the installation of master-filed sheds without plumbing on residential properties for the sole, non-commercial use of residents. This form may not be used for properties located wholly or in part in a Velocity (V) or Floodway zone as illustrated on the most current Flood Insurance Rate Map. Applications for sheds within the Charlotte Harbor Community Redevelopment Area must be reviewed by the Charlotte Harbor Community Redevelopment Agency Advisory Committee, Architectural Guidelines Subcommittee, prior to submittal to the County. For further information, please call 941.743.1964.

Address where work is to be done: _____ Size of Shed (Sq. Ft.): _____

Description of work to be done: Replace ☐ Repair ☐ New ☐ Construction Cost (including labor) $ _____

Lot _____ Block _____ Section _____ Township _____ Range _____ Subdivision _____

Flood Zone _____ Map Page _____ **(Flow through vents required in "A" Flood Zones)** Wind Zone _____ Exposure _____

☐ Waterfront ☐ Corner Lot ☐ Inside Lot

Zoning District [1] _____ Setbacks [1] Rear: _____ Side: _____ Side: _____ Front: [1] _____

Zoning Setbacks for Accessory Structures:

Zoning District	Setback from Front Property Line-Feet	Setback from Rear Property Line-Feet	Setback from Side Property Line - Feet
Residential Single Family 3.5 Units per Acre (RSF-3.5) & 5 Units per acre (RSF-5)	25'	10', unless abutting a waterway in which case setback is 20'	Interior-7 1/2' Abutting a road - 15' Abutting a waterway - 20'
Residential Estates	40'	10', unless abutting a waterway in which case setback is 20'	20'
Agricultural	40'	20'	20'

1. Shed must be built and tied down in accordance with manufacturer's engineered specifications which must be conspicuously posted on the exterior of the shed for review by County inspector at time of inspection.
2. Shed must not be located within minimum yard setback or easement areas.

☐ Check box if Electrical for Shed If yes, Electrical Permit # _____ ☐ Check box if NO trees are being removed
☐ Check box if trees being removed. Attach a Tree Permit Application

Required: Electrical permit for all lights and outlets OR a Subcontractor form with Electrical Contractor information completed.

REQUIRED DOCUMENTS TO BE INCLUDED:

1. One copy of property survey showing set backs, all maintenance, utility and right of way easements OR Accessory Affidavit if a survey is not available
2. Subcontractor Worksheet (one copy)
3. Notice of Commencement (one recorded copy - required in the Permitting Office prior to the first inspection)
4. Owner/Builder Affidavit (one original copy)
5. Site Plan showing footprint of proposed scope of work and location (two copies)
6. Application form (two copies)
7. Foundation/anchoring detail
8. A sketch to scale of the subject property showing property lines, abutting roads, canals/waterways (if applicable), existing structures, and the location of the proposed shed noting the distance to the property lines. Please attach a copy of the mastered elevation sheet.
9. DCA Letter and DCA Plan Tracking Number

Owner Information

Name: _____

Address: _____

City: _____ St : _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email: _____

Contractor Information

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax No.: _____

Email: _____

Contractor License #: _____

Contractor Signature: _____

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Print Form

Application for Construction Permit

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.

The undersigned applicant for this permit does hereby certify that he/she 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 Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violation will invoke severe penalties.. All work, materials, equipment, and design shall meet the minimum standards of the Florida Building Code 2017-6th Edition

All subcontractors must have a Charlotte County Certificate of Competency. Permit is void if constructtion is not started within six months or does not receive an approved inspection within six months from date of issue. An approved inspection will extend this permit for an additional six months. Starting work prior to issuance of a permit will result in a penalty up to four times the permit fee.

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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.

OWNER/AGENT SIGNATURE	CONTRACTOR SIGNATURE
State of Florida County of _____	State of Florida County of _____
The foregoing instrument was acknowledged before me this	The foregoing instrument was acknowledged before me this
_____ day of _____, 20 _____	_____ day of _____, 20 _____
by _____	by _____
who is personally known to me or who has produced	who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.	_____ as identification and who did/did not take an oath.
Signature of Notary	Signature of Notary
Notaries Printed Name	Notaries Printed Name
Commission Number Notary Seal	Commission Number Notary Seal

A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.

Permit #_____

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 are to be preserved/protected according to the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan.)

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 site plan be removed utilizing the Tree Removal Authorization as provided in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

   _____

----------AND / OR----------

3. **Memorandum of Exemption of Fees:**

   I certify that _____ (number) trees on the above-described property are exempt from Tree Removal Authorization and removal fees as provided by the tree protection requirements of Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) 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 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

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.

Environmental Inspection*:	**$ 55.00**
***Please note site review is cursory, additional wildlife or environmental reviews may be required by state and federal agencies if protected species are found onsite.**	
***Required for all lot clearing applications For properties in which the total area to be cleared exceeds 1 acres, the submittal of a current protected species assessment and FLUCCS map will be required.**	
Residential Tree:**	**$ 70.00**
Commercial Tree:**	**$ 80.00**
****Plus total # of caliper inches removed _____ x $1.00 (total from page 2):**	**$_____**
Total Fee:	**$_____**

Applicant's Signature: _____ Date: _____

Authorized County Official: _____ Date: _____

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

Tree Removal Fee Calculations

(You may use this worksheet or create your own)

Permit fee + $1.00 per caliper inch of tree(s) to be removed.

In the spaces below, list the tree(s) to be removed. This includes all trees with a diameter of 4 inches or greater, and all palms with 6 or more feet of clear trunk. Provide their species and their diameters, to the nearest inch. Using the formula above, this will be the amount paid to the Charlotte County Board of County Commissioners for tree removal authorization.

Species	Caliper	Species	Caliper
Total Caliper Inches:		Total Caliper Inches:	

GRAND TOTAL CALIPER INCHES: _____ X $ 1.00

+ $ 80.00 (Commercial / Multi-Family Residential)

+ $ 70.00 (Single Family)

Fee to be paid for tree removal = $ _____

Any additional comments:

_____

_____

_____

_____

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Zoning Division
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www.charlottecountyfl.aov

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 this _____ day of _____, _____,
(Month) (Year)
by _____ who is personally known to me or; 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 this _____ day of _____, _____,
(Month) (Year)
by _____ who is personally known to me or; has produced _____ as identification and who did / did not take an oath.

_____ Signature of Notary

_____ Signature of Owner

_____ Printed Name of Notary

_____ Commission Number

***This page does NOT need to be completed if submitting for a building permit!**

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This Space Reserved for Recording

Affidavit of Applicant for Accessory Structures Not Requiring Zoning Inspection

Applicant's Name: _____ Street Address: _____
City, State, ZIP: _____

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 and all permitting and licensing requirements apply.**

PLEASE SELECT ACCESSORY STRUCTURE BELOW:

- ☐ Boat Dock (Replacement ONLY)
- ☐ Boat Lift (Natural Body of Water or Replacement ONLY)
- ☐ Canopy/Boat Canopy
- ☐ Carport in Mobile Home Park
- ☐ Non-Structural Slab
- ☐ Shed Under Carport
- ☐ Shed under 250 Sq. Ft.

State of _____, **County of** _____

The foregoing instrument was acknowledged before me this _____ day

of _____ , _____.
(Month) (Year)

by _____ who is personally known to me or 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 Permitting Office after recording with the Clerk of Court)