



# Charlotte County Government

"To exceed expectations in the delivery of public services."

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## Demolition of Structures for Zoning Conformance

Permit Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_  
(street name & number) (city & state) (zip code)

Property Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Residential (please check)?  Yes  No Commercial (please check)?  Yes  No

Scope of Work (what is proposed for demolition?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Utility Disconnects to be Made: \_\_\_\_\_

**\*\*\*\*Note: A sketch site plan indicating existing improvements is required\*\*\*\***

**\*\*\*\*Below, please select the existing accessory structures on the property\*\*\*\***

- Driveway                       Slab                       Footings                       Foundation
- Pool                               Shed                       Detached Garage                       Septic Tank
- Well                               Other (please state): \_\_\_\_\_

I, \_\_\_\_\_, contractor for the demolition, hereby acknowledge that if the primary structure is to be demolished, then all accessory structures checked on this form must also be demolished. In addition, I acknowledge that I must return the property to its prior natural state and that I will seed or sod all land disturbed areas.

\_\_\_\_\_  
Contractor Signature                      Date                      Owner Signature                      Date

**COMMUNITY DEVELOPMENT DEPARTMENT**  
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