



## Community Development Building Construction Division

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For Office Use Only

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

Received Date: \_\_\_\_\_

CSS Initials: \_\_\_\_\_

### MECHANICAL VENTILATION AFFIDAVIT

This form is required to be submitted if the ACH is less than 3.00 (FBC-R303.4 and FBC-1203.1)

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

Address: \_\_\_\_\_  
Street City State Zip

Name of Qualifier: \_\_\_\_\_

Mechanical/HVAC Contractor License/Certificate Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the structure located at the address listed above has been provided with the correct mechanical ventilation to satisfy the requirements of Florida Building Code R-M1507.3 and FBC-M103.

Description of mechanical ventilation compliance method used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifier's Printed Name: \_\_\_\_\_

This form may be emailed to [PermitResubmittal@CharlotteCountyFL.gov](mailto:PermitResubmittal@CharlotteCountyFL.gov) or submitted at the Building Construction Services office