



# Community Development Department

## Zoning Division

18400 Murdock Circle | Port Charlotte FL 33948-1094  
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
www.CharlotteCountyFL.gov

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

## Residential Seawall/Riprap Quick Permit

Tax I. D. \_\_\_\_\_

Address of work to be done: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Subdivision \_\_\_\_\_

Flood Zone \_\_\_\_\_ Map Page \_\_\_\_\_ Zoning Class \_\_\_\_\_  Corner Lot  Inside Lot

Manmade Canal Name of Body of water: \_\_\_\_\_  New  Repair  LF Seawall

Material:  Concrete  Riprap Access to Job:  Water  Road  Concrete Ramp  Other

### Owner Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### Contractor Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

The undersigned applicant for this building 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 Workman's Compensation Act of Employer's Liability Insurance and Social Security Act, the Florida Child Labor Laws, and other 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.

**I certify that I have read the foregoing and the information I established on this affidavit is true to the best of my knowledge:**

Signature of Contractor or Owner-Builder: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Construction Cost (including labor) \$ \_\_\_\_\_ Date: \_\_\_\_\_

### **Include the following required documents:**

1. Engineered design specifications for concrete seawalls; all concrete to be a minimum 5,000 p.s.i. for salt or brackish waters; Riprap seawalls shall follow Charlotte County Code (attached) **(one copy)**.
2. D.E.P./U.S. Army Corps of Engineers or other required permits if to be built over State or Federal jurisdictional waters **(one copy)**.
3. Copy of property survey showing all maintenance, utility, and right of way easements OR an Affidavit for Applicant Accessory Structures **(one copy)**
4. Site plan showing footprint of proposed scope of work, equipment location, setbacks **(two copies)**.
5. Owner/Builder Affidavit (if applicable) **(one copy)**
6. Subcontractor Worksheet **(one copy)**.
7. Notice of Commencement (if project is \$2,500 or more)**(one copy)** must be submitted prior to scheduling first inspection.
8. Application form **(two copies)**.

**NOTE: 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 the date of issue. An approved inspection will extend this permit for an additional 180 days.

**WARNING TO OWNER: Your failure to record a Notice of Commencement** may result in your paying twice for improvements to your property.



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## Application for Construction Permit

Name of Fee Simple Titleholder (if not owner) _____				
Street _____	City _____	State _____	Zip _____	Phone No _____
Bonding Company Name _____	Street _____	State _____	Zip _____	
Architect/Engineer Name _____	Street _____	State _____	Zip _____	
Mortgage Lender _____	Street _____	State _____	Zip _____	

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.

**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.**

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE 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.

OWNERS/AGENT SIGNATURE \_\_\_\_\_

CONTRACTORS SIGNATURE \_\_\_\_\_

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 _____ Notaries Printed Name _____ Commission Number _____	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 _____ Notaries Printed Name _____ Commission Number _____
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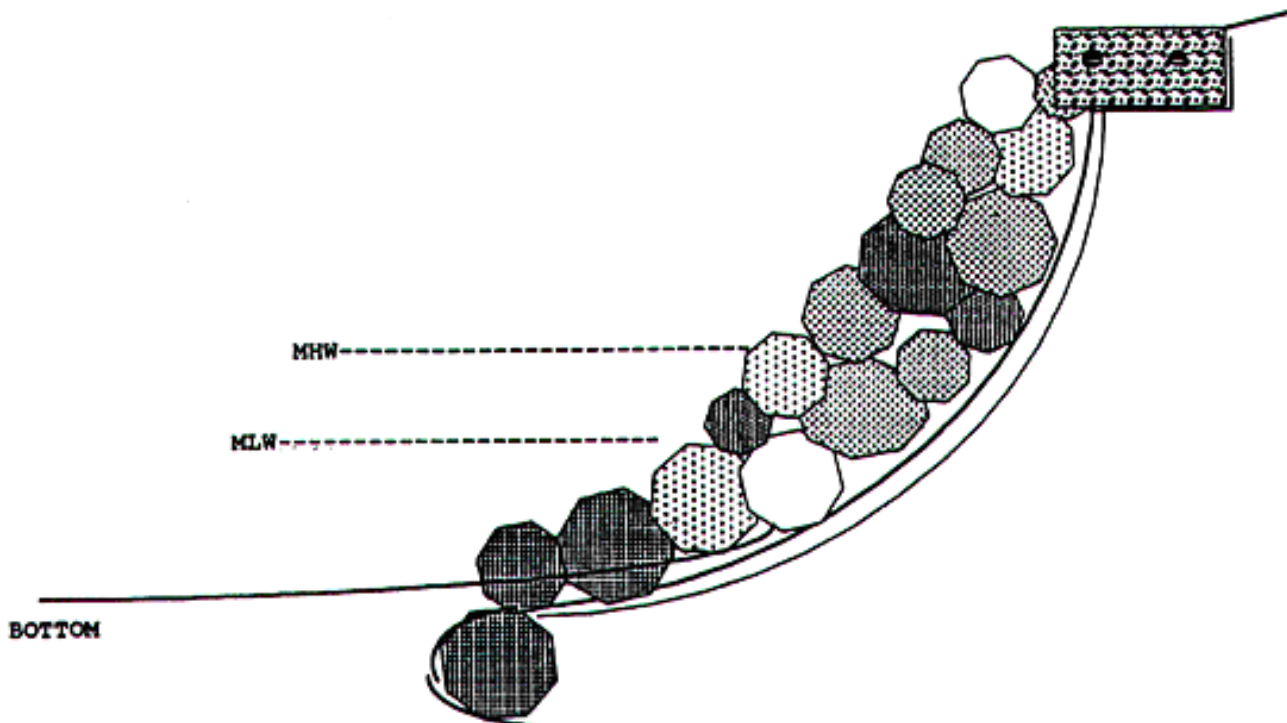
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## Riprap Seawall Design

Add new Section 1814.5 -

“Riprap seawalls will be required to be permitted and must meet the following minimum requirements.

- a) Riprap density to meet D.O.T. specifications and a minimum size 60% of 8” or larger diameter.
- b) Slope not to exceed 2:1.
- c) Filter X or equivalent shall be laid on the slope prior to riprap placement. The top end of filter material shall be dug into ground a minimum of 8” or poured into concrete. The bottom end of filter material is to be wrapped around the bottom layer of riprap and held in place by the second layer.
- d) The bottom layer of riprap shall be buried a minimum of one foot into the ground.
- e) The mean high water line shall be at least one foot above the bottom riprap layer.”





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## Affidavit of Application for Accessory Structures

To be used only if a copy of the property survey is not available

Applicants 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 941-764-5589 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 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 forgoing instrument was acknowledged before me this \_\_\_\_\_ day, of \_\_\_\_\_  
(Month)

\_\_\_\_\_ by \_\_\_\_\_  
(Year)

who is personally know 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

\_\_\_\_\_  
Phone: Area Code & Number

***(Return completed form to Zoning Office)***