



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
CharlotteCountyFL.gov

For Office Use Only

Permit Number _____
20 _____
Application Date _____
CSR Initials _____

Application for Trade Permit (Electrical, Mechanical, Plumbing)

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 _____

Construction Cost (excluding lot but including labor): _____ **Notice of Commencement required for all jobs over \$2,500 (\$7500 for HVAC)**

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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Is the property located in the Charlotte Harbor CRA? If so, the project must meet the CRA Design and Community Standards. For more information, please call the Zoning Division at 941.743.1964.

HVAC Residential Commercial (Limited to 15 Tons or Less - Replacement System Only)

New System Replacement System Note: Plan review required for Commercial greater than 15 tons - Use Commercial form

If Replacement - size of existing unit Check if you are making changes to the ductwork

Complete System Air Handler Only Condenser Only Check if this is a package system

SEER KW Tons

Heat Pump (select one) New Change Out Domestic Pool

PLUMBING Residential Commercial All Commercial remodels or additions require plan review.

Remodel Addition # of Fixtures _____ # of Floor Drains _____

Water Service Backflow Device Water Treatment System

Re-Pipe Water Copper Maniblock System CPVC

Water Heater - electric Additional Same Location New Location (with electric)

Replacement Same Location New Location (with electric)

Solar Heat Domestic Pool

Sewer Connection

Lawn Sprinkler Well System City Water Other (Canal, Pond, Lake) **PLEASE SPECIFY WATER SOURCE**

Other _____

ELECTRICAL Residential Commercial All Commercial remodels or additions require plan review.

Additions/ Alterations Interior Remodel

No Increase in Service Change in service size Amps

Wiring

HVAC Split System Package Unit Condenser Heat Pump

Well Pump Sprinkler Pump Mini Sewer

Water Heater Gas Electric Tankless

Boat Lift or Dock only (to include branch circuit from panel)

Temporary Pole

Other _____