



Community Development

18400 Murdock Circle, Port Charlotte, FL 33948

Phone: 941.743.1201 Fax: 941.764.4907

Zoning: 941.743.1964

www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials: _____

SEWER DISPOSAL / WATER AFFIDAVIT

701.2 Sewer required. Every building in which plumbing fixtures are installed and all premises having drainage piping shall be connected to a public sewer, where available, or an approved private sewage disposal system in accordance with the International Private Sewage Disposal Code.

Owner Name: _____ Address: _____

Number & Street Name City Zip Code

Parcel ID # _____ Building #: _____ Unit #: _____ Lot _____ Block _____ Subdivision _____

Contractor Name _____ Phone # _____ Fax # _____ License # _____

Person making affidavit: Owner(s) Owner(s) Agent Owner(s) Contractor

SEWAGE DISPOSAL - Please select one of the following:

Public Sewer Available: I, the undersigned, have verified and confirmed that the address listed above does have Public Sewer available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

NOTE: When a low-pressure sewer (LPS) system provides service to multiple dwelling units, the electrical service must be on a separate, dedicated electrical meter under the property owner's FPL account. I acknowledge that I have read and understand all Charlotte County Utilities' Standard Specifications and Drawing Details related to LPS installation (CCU 941.764.4300, Ext. 3).

Name of Utility Company: _____

Onsite Sewage Disposal System: I, the undersigned, have verified and confirmed that the address listed above will have an approved Onsite Sewage Disposal System.

Charlotte Co. Health Dept. Permit Number: _____

WATER AVAILABILITY - Please select one of the following:

Public Water Available - I, the undersigned, have verified and confirmed that the address listed above does have Public Water available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

Name of Utility Company _____

Well Water

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

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: _____

Printed Name of Notary: _____

Commission Number: _____

Seal