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
www.CharlotteCountyFL.gov

For Office Use Only
Permit Number:
20 _____
Application date:
_____
CSR Initials _____

AFFIDAVIT

STATEMENT THAT THE BUILDING SITE CONTAINS NO COUNTY OR PUBLIC UTILITY STRUCTURES

Name of person making statement _____

◯ Owner(s) ◯ Owner(s) Agent ◯ Owner(s) Contractor

Address: _____
Number & Street Type:(St., Dr., Pkwy., Blvd., etc.) City State Zip

Parcel ID: _____ Building #: _____ Unit #: _____

I, the undersigned, hereby certify that I have inspected , or caused to be inspected by a qualified person or firm, the property proposed as the building site for which I am applying for a building permit. I have determined that the proposed site does not contain any County or Public Utility structures above, on or under the proposed building site, whether within or without any easements, except as noted below.

_____

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_____

I understand that should any County or Public utility structure not disclosed above be discovered on the proposed building site, the County will not be responsible for any expenses related to moving, abandoning or taking any other action related to any such structure, or the proposed building or structure, on the building site.

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 six months or does not receive an approved inspection within six months from date of issue. An approved inspection will extend the permit for an additional six months. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.