



Community Development Department

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.743.1213
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvc@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"Delivering Exceptional Service"

For Office Use Only

Permit Number

20

Application Date

CSR Initials:

Mobile Home & Recreational Vehicle Permit Application Information

(Revised 07/2015)

Please submit the following for tie-down permits:

1. Survey, signed and sealed by a Florida registered Land Surveyor (note: not required in Mobile Home Parks).
2. Site drainage plan indicating the existing and proposed grade elevations at the corners of the structure and along the property lines. Indicate that the drainage will flow to an approved drainage facility and away from the structure.
3. Homes set in Flood Zones will require Engineered Foundations. An Elevation Certificate and an As-Built Survey indicating the finished grades will also be required prior to final inspections.
4. Provide a floor plan of the Mobile Home or R. V. unit.
5. Submit a copy of state registration or title for a used mobile home.
6. Provide a copy of the Manufacturer's Setup Manual.
7. Provide proof of the Mobile Home or R.V. being designed for Zone III Wind Loads.
8. Submit any additional information necessary to show compliance with Florida Administrative Rule 15-C or other applicable Codes.
9. Provide information that water and sewer are available from the park or are existing, or provide an approved septic permit.



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Reviewer: _____ Date: _____ Permit #: _____

Address: _____ Approved: _____ Disapproved: _____

Contractor: _____ License: _____

WIND ZONE III ONLY	YEAR BUILT & MANUFACTURE MODEL OR ITEM	WIDTH X LENGTH
R. V. PARK MODEL		

Check Correct Value

GROUND ANCHOR TYPE I _____ Manufacturers set-up spec. Must be submitted to use 48" anchors or unit built prior to July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 276-350	Manufacturer: _____ Model: _____
GROUND ANCHOR TYPE II _____ 60 " anchors must be used when manufacturer set-up specs are not available and unit was built after July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 175-275	Manufacturer: _____ Model: _____

STABILIZER PLATE

STABILIZER PLATE	180 sq. in. Hot Dip Galvanized (2 ounces per sq. ft.)	Manufacturer: _____ Model: _____
STEEL STRAP FRAME TIE With approved pivoting clamp and radius clip	Type 1, Finish "B" , Grade "1", 109,000 min. Yield strength; .035 min. Thickness, hot dipped galvanized coating: 60 ounces per sq. ft. 1 1/4 width, ASTM Spec D3953-91	Manufacturer: _____ Model: _____
LONGITUDINAL ANCHORS With approved bolt type clamp and radius clip and stabilizer plate	Shall be installed at the end of each I-beam at both ends of all units, minimum of 8 anchors for a single wide unit.	Manufacturer: _____ Model: _____
CONCRETE SLAB ANCHORS	Tensioning devices for use in concrete slab shall be tested and approved. Instructions from manufacturer must be included with permit application.	Manufacturer: _____ Model: _____

Foundation bearing capacity based on pocket penetrometer test at six locations, certification attachment required.

Load bearing capacity	16" x 16"	18 1/2" x 18 1/2"	20" x 20"	26" x 26"
1000 psf _____	3' spacing	4' spacing	5' spacing	8' spacing
1500 psf _____	4' 6" spacing	6' spacing	7' spacing	8' spacing
2000 psf _____	6' spacing	8' spacing	8' spacing	8' spacing



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Address: _____

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Contractor: _____

License #: _____

Torque Tests

This will certify the completion of two (2) Soil Probe Tests on the above described site:

TEST	LOCATION	TEST VALUE
A	FRONT OF HOME	
B	REAR OF HOME	

POCKET PENETRO METER TEST

NO.1		NO.2		NO.3	
NO.4		NO.5		NO.6	
NO.7		NO.8		NO.9	

Signature of Tester: _____

Date: ___/___/___

Notary:

STATE OF FLORIDA

COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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.

SEAL

Signature of Notary



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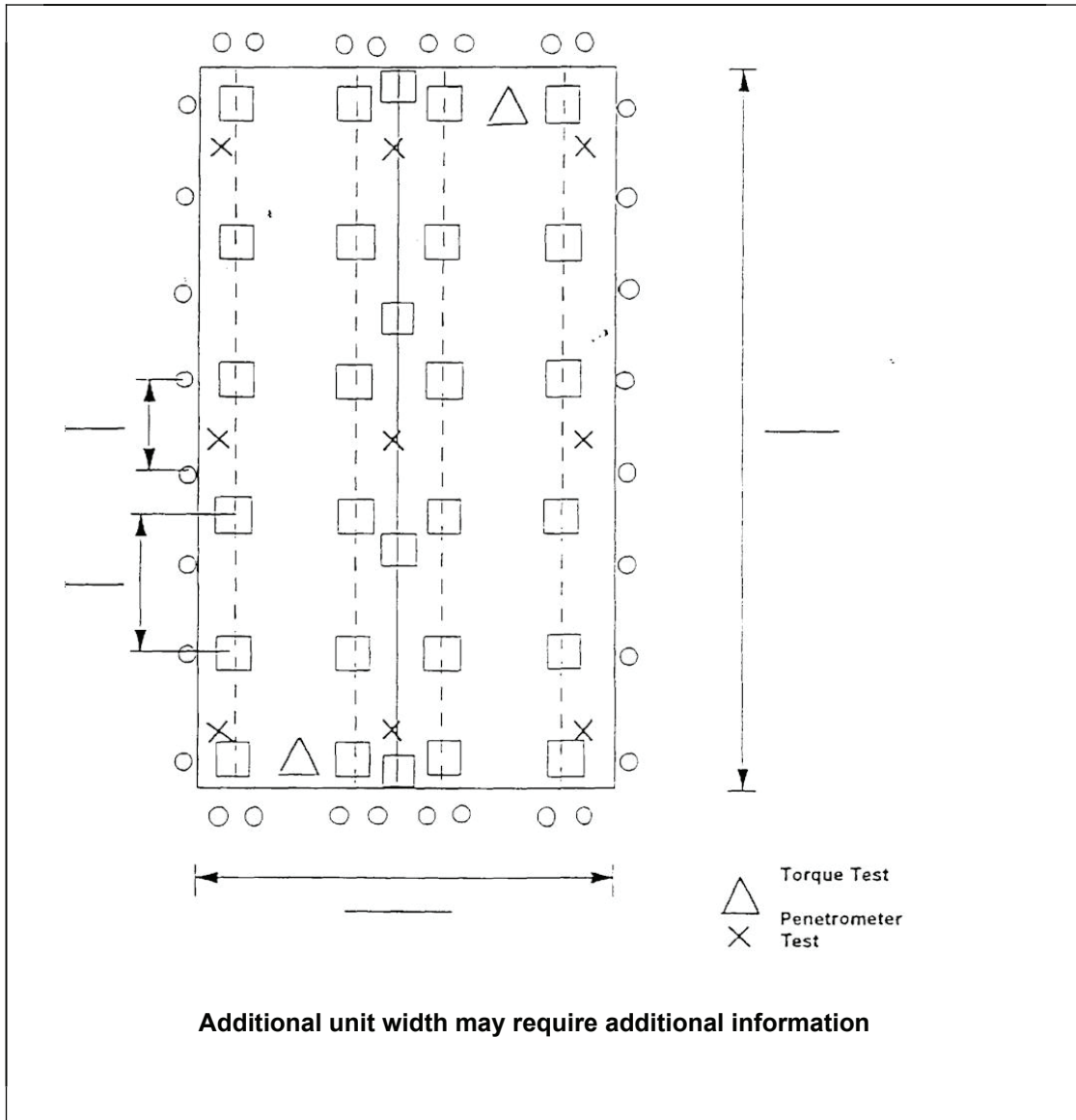
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NAME: _____
LOCATION: _____
UNIT SIZE: _____
FOUNDATION PAD SIZE & SPACING: _____
TORQUE TEST: ____ YES ____ NO
POCKET PENETROMETER TEST ____ YES ____ NO
ANCHOR TYPE II 60" @ 5'4" SPACING IF MANUFACTURERS SPECIFICATION ARE NOT SUBMITTED



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SITE PREPARATION

Site Graded and Fill Dirt compacted to 90% _____ - or -

Drain Tile and sump pump to be installed _____ - or -

Describe any other site prep method to be used _____

Page: _____

Page: _____

Page: _____



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Building Construction Division

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APPLICATION FOR CONSTRUCTION PERMIT Florida Building Code 7th Edition (2020)

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 _____

A/C (Tons): _____ Heat(kw): _____ Electrical Service (AMPS): _____ Water Service Source/Company: _____

Septic Permit #/Sewer Company : _____ Construction Cost (excluding lot but including labor): _____

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 INTEND 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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AFFIDAVIT - FIRE HYDRANTS

Owner's Name: _____

Address: _____ Building #: _____ Unit #: _____
Number & Street Name

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

I, the undersigned, being the legal owner of the above described property, investigated and determined the following:

1. Public Water Service: ☐ Is Available ☐ Is **NOT** Available

2. A Fire Hydrant: ☐ Is Within the Prescribed Distance ☐ Is **NOT** Within the Prescribed Distance

Hydrant distances are as follows:

- 1) Mobile Homes, Single Family, Duplexes and Triplexes - Maximum 500' from building
- 2) Commercial, Apartments and other high value - Maximum 300' from building
- 3) Heavy Industrial and Manufacturing - Maximum 300' from building

If public water is available and a fire hydrant is not within the prescribed distance as stated above, please contact the appropriate utility for a fire hydrant.

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

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: _____

(Owner's signature if owner is acting as contractor. **An Owner/Builder Affidavit will be required)

Contractor License Number: _____

NOTICE: 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 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.

A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.



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SEWER DISPOSAL / WATER AFFIDAVIT

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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: All multi-unit structures that will be served by CCU low pressure sewer (LPS) will have a non-tenant associated electric meter that will not be shut off if any unit is empty. 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**

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

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: _____

(Owner's signature if owner is acting as contractor. **An Owner/Builder Affidavit will be required)

Contractor License Number: _____

NOTICE: 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 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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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.

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 INTEND 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.



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Subcontractor Worksheet

This form is to be submitted at the time of Permit Application and must be completed with all information.
Changes in subcontractors are allowed by submitting a Change in Subcontractor form.

Permit Number _____

Address: _____ Building #: _____ Unit #: _____

Contractor Name _____ Contractor's Certification or Registration No. _____

Trade	Subcontractor Company Name	Subcontractor Telephone No.	Subcontractor License No.
A/C and Heating			
Electric			
Plumbing			
Roofing			

Contractor Signature

Date

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CHARLOTTE COUNTY TREE PERMIT APPLICATION

For Office Use Only

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Select from the following: ☐ Tree Preservation ☐ Tree Removal Authorization ☐ Memorandum of Exemption of Fees ☐ No Tree Affidavit

Job Address: _____ Parcel ID _____

Lot Number: _____ Property Type: Residential _____ Commercial _____ Check all that apply: Individual Trees _____ Lot Clearing _____

Contractor or Owner/Builder: _____ Contractor License #: _____

Mailing Address: _____ Phone: _____ Email: _____

1. Tree Preservation:

Will any trees be preserved on site? Yes _____ No _____

I certify that _____ (number) of trees on the above-described property are to be preserved/protected according to the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan.)

2. Tree Removal Authorization:

Will any trees be removed from the site? Yes _____ No _____

I request that _____ (number) trees on the above-described property and indicated on the attached site plan be removed utilizing the Tree Removal Authorization as provided in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

-----AND / OR-----

3. Memorandum of Exemption of Fees:

I certify that _____ (number) trees on the above-described property are exempt from Tree Removal Authorization and removal fees as provided by the tree protection requirements of Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

-----OR-----

4. No Tree Affidavit:

There are NO TREES currently located on site. (Use affidavit below)

Signature of Applicant

Printed Name of Applicant

State of Florida, County of _____

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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

Notary's Printed Name

Commission Number

I agree to assume full responsibility for the removal of said trees(s) and for compliance with all applicable County and State regulations regarding the proper disposal of brush and yard trimmings. Further, I will replace trees as required by the Charlotte County Code.

Environmental Inspection*:

\$ 55.00

*Please note site review is cursory, additional wildlife or environmental reviews may be required by state and federal agencies if protected species are found on site.

*Required for all lot clearing applications

For properties in which the total area to be cleared exceeds 1 acres, the submittal of a current protected species assessment and FLUCCS map will be required.

Residential Tree**:

\$ 70.00

Commercial Tree**:

\$ 80.00

**Plus total # of caliper inches removed _____ x \$1.00 (total from page 2):

\$ _____

Total Fee:

\$ _____

Applicant's Signature: _____

Date: _____

Authorized County Official: _____

Date: _____

An approved barricade inspection must be obtained in order to receive credit for tree preservation.

To request a barricade inspection, call (941) 743-1204 or (941) 743-1205.

A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions



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Affidavit of Applicant

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, 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 sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, and that if I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

State of _____, County of _____ The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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

Signature of Applicant (or Agent)

Printed Name of Notary

Commission Number

Property Owner's Consent

I, _____, property owner of _____
(print name)
do hereby give _____ permission to file this application to allow the use of
this property for: _____.

State of _____, County of _____ The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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

Signature of Owner

Printed Name of Notary

Commission Number

***This page does NOT need to be completed if submitting for a building permit!**



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EXAMPLE SITE PLAN

