



Charlotte County Government

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Demolition of Structures for Zoning Conformance

Permit Number: _____

Property Owner Name: _____

Property Address: _____
(street name & number) (city & state) (zip code)

Property Owner Phone: _____ Email: _____

Contractor Name: _____ License Number: _____

Residential (please check)? Yes No Commercial (please check)? Yes No

Scope of Work (what is proposed for demolition?) _____

Utility Disconnects to be Made: _____

****Note: A sketch site plan indicating existing improvements is required****

****Below, please select the existing accessory structures on the property****

- Driveway Slab Footings Foundation
- Pool Shed Detached Garage Septic Tank
- Well Other (please state): _____

I, _____, contractor for the demolition, hereby acknowledge that if the primary structure is to be demolished, then all accessory structures checked on this form must also be demolished. In addition, I acknowledge that I must return the property to its prior natural state and that I will seed or sod all land disturbed areas.

Contractor Signature Date Owner Signature Date

COMMUNITY DEVELOPMENT DEPARTMENT

Planning & Zoning Division
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