



Community Development Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 Fax: 941.743.1598

www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services."

Affidavit for Accessory Structures Not Requiring a Zoning Inspection

This Space Reserved for Recording

Applicant's Name: _____

Street Address: _____ City, State, ZIP: _____

Note: all site plans, drawings or sketches must be drawn to scale and shall indicate all buildings, easements and setbacks. Real Estate Services may be contacted at 941.764.5588 for information regarding easements.

I, the undersigned applicant, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, contractor, 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 site plans, 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.

Any costs, expenses, liens, lawsuits and liabilities that arise from the issuance of this permit regarding building location are the sole responsibility of the contractor and property owner. ***It is also understood that the County does not verify the final location of structures or their setbacks and that all structures must be compliant with required setback regulations and that all permit and license requirements apply. Additionally, the structure covered by this affidavit shall be compliant with all county codes and regulations. If non-compliance is discovered, a code enforcement case may be opened and pursued.***

PLEASE CHECK THE APPLICABLE RESIDENTIAL ACCESSORY STRUCTURE BELOW:

- | | |
|--|--|
| <input type="checkbox"/> Boat Dock (Replacement ONLY) | <input type="checkbox"/> Carport in Mobile Home Park |
| <input type="checkbox"/> Boat Lift (Natural Body of Water or Replacement ONLY) | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Canopy/Boat Canopy | <input type="checkbox"/> Non-Structural Slab |
| | <input type="checkbox"/> Shed Under Carport |
| | <input type="checkbox"/> Shed under 250 Sq. Ft. |

State of _____, County of _____

The foregoing instrument was acknowledged before me this _____ day

of _____, _____
(Month) (Year)

by _____ who is personally known to me or has

produced _____ as identification and

☐ who did / ☐ did not take an oath.

Printed Name of Notary

Signature of Applicant (or Contractor)

Signature of Notary

Contractor License Number

Commission Number

Area Code

Phone Number

(Return completed form to the Permitting Office after recording with the Clerk of Court)