

## **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
PermitResubmittal@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

For Office Use Only
Permit Number
20
Application Date
CSR

## **Application for Construction Permit**

Job Site Details								
Description of work to be done								
Address:			Unit #					
Number Name		Type:(St., Dr., Pkwy., B						
Tax Folio # Lot	Block		Subdivision					
Section Township Range	Wind Zone	Exposure	Flood Zone					
This building will be used as	Map Page							
Zoning Class Construction Cost (excluding	☐ Waterfront ☐ Model Home							
Corner Lot Inside Lot No Tree Removal Proposed Tree Removal Proposed - Attach a Tree Permit Application								
Owner Information								
Name								
Address								
City		State						
Phone No. Fax No.								
Email								
Contractor Information								
Name								
Address								
Number Name City		Type:(St., Dr., Pkw	y., Blvd., etc.) State					
Phone Fax	x No							
Email								
Contractors State Certification or Registration No.		ctors Certificate of etancy Number						



## **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
PermitResubmittal@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only					
Permit Number					
20					
Application Date					
CSR					

"To exceed expectations in the delivery of public services"

## **Application for Construction Permit (con't)**

Name of Fee Simple Titleholder	(if not owner)							
Street	City		State	Zip	Phon	Phone No		
Bonding Company Name		Stre	eet		State	Zip		
Architect/Engineer Name		Stre	eet		State	Zip		
Mortgage Lender		Stre	eet		State	Zip		
commenced prior to issuance of this jurisdiction. The undersigned applicant for the with the authorization granted usuability Insurance, the Social Serviolation will invoke severe pendowners Affidavit: I hereby cert applicable laws regulating const WARNING TO OWNER: YOUR FIMPROVEMENTS TO YOUR PROJECT INTERD TO OBTAIN FIN COMMENCEMENT. NOTICE: In addition to the requifound in the public records of the management districts, state, or for the supplication.	his permit does hunder this permicurity Act, the Fleeties. The tify that all the formation and zone in the contraction and zone in the contraction and zone in the contraction in the points of this points County, and the county is a county, and the county is county.	nereby certify that he tomply with the proorida Child Labor Law pregoing information ing.  ORD A NOTICE OF COUNTY WITH YOU LEN ermit, there may be here may be addition	e/she has or will ovisions of the Fws and all other is accurate and COMMENCEME	prior to the p Florida Worker applicable sat that all work NT MAY RESU TORNEY BEF	erformance of ar r's Compensation fety and labor law will be done in c JLT IN YOUR PA ORE RECORDING	ny work in connection of Act of Employers ws of the state.  ompliance with all or any of the state.  YING TWICE FOR OF OF CONTICE OF		
OWNER SIGNATURE			CONTRACTOR/AGENT SIGNATURE					
State of Florida, County of			State of Florida	a, County of				
The foregoing instrument was acknowledged before me this			The foregoing instrument was acknowledged before me this					
day of	20 I	оу	day of		20	by		
who is personally known to me or who			who is personally known to me or who					
has producedwho did/did not take an oath.	as	identification and	has produced who did/did no	ot take an oatl	າ.	as identification and		
Signature of Notary			Signature of	Notary				
Notary's Printed Name			Notary's Prir	nted Name —				
Commission Number			Commission Number					