



**Community Development  
Zoning Division**

18400 Murdock Circle, Port Charlotte, FL 33948-1094  
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For Office Use Only

Permit Number  
20 \_\_\_\_\_  
Application Date  
\_\_\_\_\_  
Zoning Tech. Signature  
\_\_\_\_\_

**Demolition of Structures for Zoning Conformance**

**Property Owner or Contractor's Name:** \_\_\_\_\_  
(Circle One)

**Property Address:** \_\_\_\_\_  
(Street number & Name) (City & State) (Zip Code)

**Property Owner or Contractor's Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contractor's License Number** (if applicable): \_\_\_\_\_

**Residential** (Please check)?  Yes  No **Commercial** (Please check)?  Yes  No

**Scope of Work (what is proposed for demolition?)** \_\_\_\_\_

**Utility Disconnects to Make:** \_\_\_\_\_

**\*\*\*\*Note: A site plan/overview of the property is required**

**\*\*\*\*Hurricane Damage Only**

**Select the existing accessory structures on the property to remain**

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

I, \_\_\_\_\_, Property Owner or 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.

\_\_\_\_\_  
**Property Owner's or Contractor's Signature**

\_\_\_\_\_  
**Date**