Print Form

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
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

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. Yeild strength; .035 min. Thickness, hot dipped galvanized coating: 60 ounces per sq. ft., 1 ¼ 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 ½" x 18 ½ "	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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Date: ___/___/___

Address: _____ Permit #: _____

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 this _____day of _____20__,

By _____ who is personally known to me or presented

Florida Identification # _____to me.

SEAL

_____
Signature of Notary

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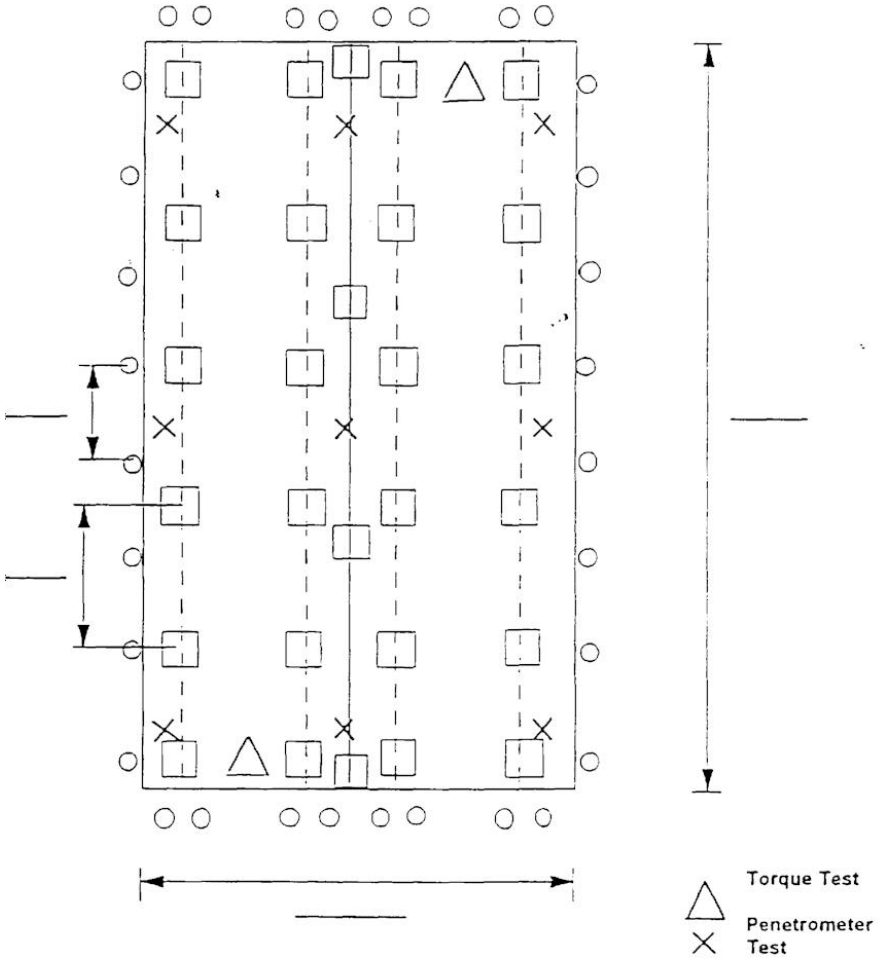

Additional unit width may require additional information

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 - Page: _____

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

Describe any other site prep method to be used _____ Page: _____

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Application for Construction Permit

Job Site Details

Description of work to be done _____

Address: _____ Unit # _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

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 lot but including labor) _____

☐ Model Home ☐ Corner Lot ☐ Inside Lot ☐ Waterfront

Owner Information

Name _____

Address _____

City _____ State _____

Phone No. _____ Fax No. _____

Email _____

Contractor Information

Name _____

Address _____
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

City _____ State _____

Phone _____ Fax No _____

Email _____

Contractors State Certification or Registration No. _____ Contractors Certificate of Competancy Number _____

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Application for Construction Permit (cont.)

Name of Fee Simple Titleholder (if not owner) _____
Street _____ City _____ State _____ Zip _____ Phone No _____

Bonding Company Name _____ Street _____ State _____ Zip _____

Architect/Engineer Name _____ Street _____ State _____ Zip _____

Mortgage Lender _____ Street _____ State _____ Zip _____

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.
The undersigned applicant for this permit does hereby certify that he/she 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 Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violation will invoke severe penalties.
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.
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE 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.

_____
OWNERS/AGENT SIGNATURE

State of Florida, County of _____
The foregoing instrument was acknowledged before me 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 or stamp

_____
CONTRACTOR'S SIGNATURE

State of Florida, County of _____
The foregoing instrument was acknowledged before me 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 or stamp

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Application for Construction Permit
Additional Information

(To be filled out with New Construction or Additions)

Owner Name: _____

Address: _____
Number & Street Name

Enclosed Living Area: _____ Other Area: _____

Height: _____ Number of Stories: _____

Total Rooms: _____ Bedrooms: _____ Bathrooms: _____

ZONING: SETBACKS: Front: _____ Rear: _____ Left: _____ Right: _____

LOT: Width: _____ Depth: _____

Walls (Exterior:) _____ Roof: _____ Walls (Interior): _____

MATERIALS:

Built-up: _____ Slope: _____ Tile: _____ # of Plumbing Fixtures _____

A/C (Tons): _____ Heat (kw): _____ Commercial A/C Contract Cost: _____

AMPS: _____ New Service: _____ Commercial Roofing Contract Cost: _____

Septic No.: _____ Sewer Company: _____

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Form 5 (b)

AFFIDAVIT

FIRE HYDRANTS

Owner's Name _____

Street Number _____ Street Name _____ Street Type _____ Unit # _____

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.

_____ _____
Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20 ____ by _____

Personally Known ☐ OR Produced Identification ☐ Type of Identification _____

Notary Name (Printed) _____

Notary Signature _____ Commission Number _____

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SEWER DISPOSAL / WATER AFFIDAVIT

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: When a low pressure sewer (LPS) system provides service to multiple dwelling units, the electrical service must be on a separate, dedicated electrical meter under the property owner's FPL account. 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**

_____ _____
Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

State of Florida, County of _____

The foregoing instrument was acknowledged before me 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

Printed Name of Notary

Commission Number

Seal

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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

Street Number _____ Street Name _____ Street Type _____ Unit # _____

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

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.

_____ _____
Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

Sworn to (or affirmed) and subscribed before me this ____ day of _____ 20 ____ by _____

Personally Known ☐ OR Produced Identification ☐ Type of Identification _____

Notary Name (Printed) _____

Notary Signature _____ Commission Number _____

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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

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

04/14/2016 jg

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TREE PERMIT APPLICATION

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

Job Address: _____

Parcel ID #_____ Lot: _____ Block: _____ Subdivision: _____

Property Type: Residential _____ Commercial _____

Check all that apply: Individual Trees _____ Lot Clearing _____ Other (specify) _____

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

Mailing Address: _____ Phone: _____

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 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**
***Required for all lot clearing applications**	
Residential Tree:**	**$ 70.00**
Commercial Tree:**	**$ 80.00**
****Plus total # of caliper inches removed _____ x $1.00:**	**$_____**
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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Tree Removal Fee Calculations

(You may use this worksheet or create your own)

Permit fee + $1.00 per caliper inch of tree(s) to be removed.
In the spaces below, list the tree(s) to be removed. This includes all trees with a diameter of 4 inches or greater, and all palms with 6 or more feet of clear trunk. Provide their species and their diameters, to the nearest inch. Using the formula above, this will be the amount paid to the Charlotte County Board of County Commissioners for tree removal authorization.

Species	Caliper	Species	Caliper
Total Caliper Inches:		Total Caliper Inches:	

GRAND TOTAL CALIPER INCHES: _____ X $ 1.00
+ $ 80.00 (Commercial / Multi-Family Residential)
+ $ 70.00 (Single Family)
Fee to be paid for tree removal = $ _____

Any additional comments:
_____
_____
_____
_____
_____

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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 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.

_____ _____
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 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.

_____ _____
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!**