Community Development Department

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
BuildingSvcs@CharlotteCountyFL.gov
www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

Print Form

For Office Use Only
Permit Number
2 00 _____
Application Date
_____
CSR _____

Trade Permit

Fire & Gas Permit

Construction Cost (excluding lot but including labor) _____

Notice of Commencement required for all jobs over $2,500 ($7500 for HVAC)

Is property located in the Charlotte Harbor CRA. If so, the project must meet the CRA Design and Community Standards. For more information call Zoning at 941.743.1964.

Scope of Work:

☐ LP Tanks and Piping	Tank Size: _____	
☐ LP or Fuel - Piping only	◯ Commercial / Multifamily	◯ Single Family (No plan review)
☐ Fuel Tank and Piping (Per tank and Piping)	◯ Installation	◯ Removal
☐ LP or Fuel Tank only		
☐ Fire Alarm		
☐ Fire Sprinkler System		
☐ Fire Sprinkler Line Underground		
☐ Commercial Kitchen Hood		
☐ Suppression System		
☐ Spray Booth		
☐ Tents	Size (Sq. Ft.) _____	

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

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Application for Construction Permit

Form 1(i)

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.)

For Office Use Only
Permit Number
2 0 _____
Application Date
_____
CSR _____

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 penelties.

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

_____
CONTRACTORS 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

_____
Notaries Printed Name

_____
Commission Number

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

_____
Notaries Printed Name

_____
Commission Number

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