

Amount Paid

X-Reference Permit No.

Permit No.

**APPLICATION FOR BUILDING PERMIT
CHARLOTTE COUNTY**

Permitting Office
18400 Murdock Circle
Port Charlotte, FL 33948-1094
Permitting Fax
941-743-1264 941-764-4905
Toll Free From Englewood Area -- 697-2919

**UTILITY
PERMIT ONLY**

\$ 140.00 Fee Paid at Permit

Description of Work To Be Performed

Address Where Work Will Be Performed

Subdivision/MH/RV Park

Section

Block

Lot or Unit #

Property Owner: _____

Contractor: _____

Address: _____

Address: _____

Fax #: _____

Telephone #: _____

Telephone #: _____

The undersigned applicant for this building 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 Employer's Liability Insurance and Social Security Act, the Florida Child Labor Laws, and other safety and labor laws of the state. Violation will invoke severe penalties. I certify that I have read the foregoing and the things set forth there are true to the best of my knowledge.

Signature of Contractor or Owner/Builder: _____ Contractor Number: _____

Must Provide:

(In order to be a complete application)

1. Are any Roads to be dedicated to Charlotte County
YES ___ NO ___
2. Copies of all DRC approvals. (Per CC Code 3-9-5.1)
3. 3 copies of site plans.
4. 3 copies of the M.O.T.