



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
CharlotteCountyFL.gov

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

Application for Fire and Gas Permit

Job Site Details

Description of work to be done _____

Address: _____

Number & Street

Type:(St., Dr., Pkwy., Blvd., etc.)

City

State

Zip

Parcel ID: _____

Building #:

Unit #: _____

This building will be used as _____

Construction Cost (excluding lot but including labor): _____

Notice of Commencement required for all jobs over \$5,000 (\$7500 for HVAC)

Owner Information

Name: _____

Address: _____

Number & Street

Type:(St., Dr., Pkwy., Blvd., etc.)

City

State

Zip

Email: _____ Phone No. : _____

Contractor Information

Name: _____

Address: _____

Number & Street

Type:(St., Dr., Pkwy., Blvd., etc.)

City

State

Zip Code

Email: _____ Phone No. : _____

Contractor's License No.: _____ Fax No.: _____

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.

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. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE FIRST INSPECTION.

IF YOU INTENT TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR 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.

Under penalties of perjury I declare that I have read the foregoing document and that facts stated are true, correct and in compliance with the applicable regulations. F.S.92.525

Contractor/Owner Builder Signature: Date:

Print Name: _____

(Owner's signature only if owner is acting as contractor. **An Owner-Builder Disclosure Statement will be required)

NOTICE: Permit is void if construction is not started within 180 days or does not receive an approved inspection within 180 days from date of issue. An approved inspection will extend the permit for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.



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

Scope of work:

<input type="checkbox"/> LP Tanks and Piping	Tank Size: _____
<input type="checkbox"/> LP or Fuel- Piping Only	<input type="radio"/> Commercial/Multifamily <input type="radio"/> Single Family (No plans review)
<input type="checkbox"/> Fuel Tank and Piping (per tank and piping)	<input type="radio"/> Installation <input type="radio"/> Removal
<input type="checkbox"/> LP or Fuel Tank only	_____
<input type="checkbox"/> Fire Alarm	_____
<input type="checkbox"/> Fire Sprinkler System	_____
<input type="checkbox"/> Fire Sprinkler Line Underground	_____
<input type="checkbox"/> Commercial Kitchen Hood	_____
<input type="checkbox"/> Suppression System	_____
<input type="checkbox"/> Spray Booth	_____
<input type="checkbox"/> Tents	Size (Sq.Ft) _____