





# Community Development Department

## Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094

Phone: 941.743.1964 | Fax: 941.743.1598

[Zoning@CharlotteCountyFL.gov](mailto:Zoning@CharlotteCountyFL.gov)

[CharlotteCountyFL.gov](http://CharlotteCountyFL.gov)

## Residential Fence Permit - Application

### 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

\_\_\_\_\_  
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



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**"Delivering Exceptional Service"**

### Affidavit for Accessory Structures

Property Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_

I, the undersigned applicant, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, contractor, 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 site plans, 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. Any costs, expenses, liens, lawsuits and liabilities that arise from the issuance of this permit regarding building location is the sole responsibility of the contractor and property owner. It is also understood that the County does not verify the final location of structures or their setbacks and that all structures must be located in compliance with required setback regulations, and that all permit and license requirements apply. Additionally, the structure covered by this affidavit shall be compliant with all county codes and regulations. If non-compliance is discovered, a code enforcement case may be opened and pursued. 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

Please initial below where applicable:

*Initials* \_\_\_\_\_  
Where a property survey is not available, all site plans, drawings or sketches must be drawn to scale and shall include all buildings, easements and setbacks. **Note: Real Estate Services may be contacted at 941-764-5588 for information regarding easements.**

*Initials* \_\_\_\_\_  
The above-described property does not require the removal of any trees (four caliper inch or greater and/or installed for tree points) for the proposed accessory structure construction on occupied residential lots. **Note: If tree(s) need to be removed and/or lot clearing is required, please complete and submit a Tree Permit Application.**

*Initials* \_\_\_\_\_  
Structures that do not require a zoning inspection, please check the applicable accessory structure below:

Accessory structure under 250 sqft	Carport in Mobile Home Park
Boat Dock (Replacement ONLY)	Fence
Boat Lift (Natural Body of Water or Replacement ONLY)	Non-Structural Slab/Driveway
Canopy/Boat Canopy	Shed Under Carport



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### **Some Requirements for Residential Fences**

Chain Link and Wood Fences must be six feet (6'), or less, in height.

Height is measured from natural grade (Masonry fences are considered Walls and require a Building Permit).

All fences and walls shall be installed with the finished side facing the adjacent property or the public right-of-way. All fence posts must be located on the inside of the fence facing the property on which the fence is located unless the fence is designed and constructed to look the same on both sides. No element of fences and walls shall encroach on an adjacent lot or right-of-way.

Gates, columns, posts, and finials may exceed the maximum height of the fence by no more than one foot. Pergolas or arches associated with a gate or entrance may be permitted up to ten feet in height.

If the property abuts a waterbody, no fence or wall greater than four feet in height shall be permitted closer than 10 feet to the Mean High Water line, seawall, or the property line, whichever is more restrictive.

In all residential districts except Residential Estate (RE), side and rear setback requirements shall not apply to fences and walls six feet high or less behind the minimum front setback line, except for a corner lot where a side property line abuts a road, the setback shall be a minimum of 7.5 feet of the property line.

Front setback requirements shall not apply to opaque fences or walls three (3) feet high or less or non-opaque fences or walls four (4) feet high or less.

Properties located within the Charlotte Harbor CRA and Manasota Key Overlay will need additional review for compliance. See zoning counter for details.

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# Charlotte County, Florida

## Charlotte County Easement Encroachment Agreement (For a Residential Fence ONLY)

I, \_\_\_\_\_ as owner of the  
(print name of property owner)  
\_\_\_\_\_ located at \_\_\_\_\_ agree,  
(specify type of easement) (property address)  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, that I will move or replace  
said equipment at my own expense in the event that Charlotte County or  
the easement holder ever deems it necessary to utilize the easement at the  
above premises. I also agree to release and hold harmless the easement  
holder. This agreement shall run with the land.

Said property is located at the following address:

\_\_\_\_\_  
(Street Address) (City/Town) (Zip Code)

Owner's signature: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, by means of  
physical presence or online notarization, on 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.

Notary Signature \_\_\_\_\_ Notary Stamp:

**NOTE: This agreement must be recorded by the property owner with the Clerk of the Circuit Court prior to issuance of a residential fence permit, or placing the equipment in the easement, or obtain a Certificate of Occupancy, as may be applicable.**

**NOTICE OF COMMENCEMENT**

State of Florida

Permit Number: \_\_\_\_\_

County of Charlotte

Tax Folio or Parcel Number: \_\_\_\_\_

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of Property** (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available):

\_\_\_\_\_

2. **General Description of Improvement:** \_\_\_\_\_

3. **Owner Information:**

a. **Name:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Interest in Property:** \_\_\_\_\_

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above): \_\_\_\_\_

4. **Contractor Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

5. **Surety Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Bond Amount:** \$ \_\_\_\_\_

6. **Lender Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

7. **Persons within the State of Florida Designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:**

**Name/Address/Phone Number:** \_\_\_\_\_

8. **In addition to himself/herself, Owner designates the following to receive a copy of Lienor’s Notice as provided in Section 713.13(1)(b) Florida Statutes:**

**Name/Address/Phone Number:** \_\_\_\_\_

9. **Expiration Date of Notice of Commencement** (the expiration date is one year from the recording date unless a different date is specified here):

\_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).**

\_\_\_\_\_  
Signature of Owner or Lessee, or Owner’s or Lessee’s Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name and Title

State of \_\_\_\_\_, County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me, by means of

physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_, (name of person making statement)

personally known, or  produced identification with type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or Stamped Commissioned Name of Notary Public