



# Community Development Department Building Construction Division

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CharlotteCountyFL.gov

### For Office Use Only

Permit Number

20 \_\_\_\_\_

Application Date

CSR Initials \_\_\_\_\_

## APPLICATION FOR WINDOWS, DOORS AND HURRICANE SHUTTERS PERMIT Florida Building Code 8th Edition (2023)

### Job Site Details

Description of work to be done: \_\_\_\_\_

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

Number & Street

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

City

State

Zip Code

Building No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ Electrical work under this permit?:  Yes  No

Provide percentage of glass replaced ONLY if applying for shutters exception under Existing Building Code 707.4 (25% rule for one and two family dwellings constructed under codes different than the Florida Building Code.

Total Glass Area (Sq.Ft.): \_\_\_\_\_ Glass Area to be Replaced (Sq.Ft.): \_\_\_\_\_ Percentage to replace: \_\_\_\_\_ Year Building Built : \_\_\_\_\_

Shutters permit No. (if under separate): \_\_\_\_\_ Current Building Use: \_\_\_\_\_ Construction Cost : \_\_\_\_\_

### Owner Information

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

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

Number & Street

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

City

State

Zip Code

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 INTEND 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 six months or does not receive an approved inspection within six months from date of issue. An approved inspection will extend the permit for an additional six months. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.