

# STORAGE LOT PERMIT CHECKLIST

This page must be completed by the applicant before any  
**STORAGE LOT PERMIT APPLICATION**  
can be accepted at the counter

Your Storage Lot Permit application can not be accepted at the counter unless this page is completed. Please review the package you are submitting for the specific requirements listed below. Check off each box to indicate that the required items, *in the quantities required*, have been included in your package. Completion of this page does not mean the package is "sufficient" – it simply means that the application can be accepted at the counter for later review by staff. If you do not have the following, your application will be turned away:

## REQUIRED INFORMATION FOR STORAGE LOT PERMIT APPLICATION

- ZONING OFFICIAL LETTER OF DETERMINATION (NOTE: The storage lot may need a SPECIAL EXCEPTION and / or SITE PLAN REVIEW APPROVAL)**
- TREE PERMIT APPLICATION together with FOUR (4) COPIES of the TREE REMOVAL or PRESERVATION PLAN**
- LANDSCAPE PLAN – Signed & Sealed (Minimum 4 copies)**
- COUNTY STORMWATER APPROVAL LETTER**
- SWFWMD / SFWMD ENVIRONMENTAL RESOURCE PERMIT OR WRITTEN EXEMPTION LETTER FROM THE APPLICABLE DISTRICT**
- ALL APPLICABLE STATE AND FEDERAL PERMITS**
- R-O-W SITE PLAN / STORMWATER or DRAINAGE PLAN (Minimum 2 copies)**
- FENCE OUTLINE AND DETAIL (Minimum 2 copies)**
- SURVEY / less than one year old (Minimum 2 copies)**

This page was completed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

# STORAGE LOT PERMIT APPLICATION

## REQUIRED FOR APPLICATION

ZONING OFFICIAL LETTER OF DETERMINATION (NOTE: The storage lot may need a SPECIAL EXCEPTION and / or SITE PLAN REVIEW APPROVAL)  
TREE PERMIT APPLICATION with FOUR (4) COPIES of TREE REMOVAL or PRESERVATION PLAN  
LANDSCAPE PLAN – FOUR (4) COPIES  
COUNTY STORMWATER APPROVAL LETTER  
SWFWMD / SFWMD ENVIRONMENTAL RESOURCE PERMIT OR WRITTEN EXEMPTION LETTER FROM THE APPLICABLE DISTRICT  
ALL APPLICABLE STATE AND FEDERAL PERMITS  
ROW SITE PLAN / STORMWATER or DRAINAGE PLAN Min. (2) COPIES  
FENCE OUTLINE Min. (2) COPIES  
SURVEY / less than year old Min. (2) COPIES

## PLANS REVIEWS

ZONING  
PD - ENVIRONMENTAL  
TREE  
ROW / STORMWATER  
LANDSCAPE  
BUILDING/ FENCE  
FIRE

## INSPECTIONS

BUILDING FINAL/ fence  
ELECTRICAL FINAL  
FIRE  
ZONING  
TREE  
LANDSCAPE  
LINE & GRADE  
PIPE  
ROW FINAL  
STORMWATER



# Building Construction Services

18400 Murdock Circle, Port Charlotte, FL 33948  
Phone: (941) 743-1201 FAX: (941) 743-1213  
Zoning (941) 743-1964  
Toll Free from Englewood (697-2919)  
www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

For Office Use Only

Permit Number

2 0 \_\_\_\_\_

Application Date

CSR \_\_\_\_\_

Print Form

## Application for Storage Lot Permit

### Form 14

#### 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 property will be used as \_\_\_\_\_ Map Page \_\_\_\_\_

Zoning Class \_\_\_\_\_ Construction Cost (excluding lot but including labor) \_\_\_\_\_

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 Competency Number \_\_\_\_\_



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

Print Form  
Form 1(ii)

## Application for Construction Permit (cont.)

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 penalties.

**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 _____	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 _____		Signature of Notary _____	
Notaries Printed Name _____		Notaries Printed Name _____	
Commission Number _____		Commission Number _____	