



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
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number: _____
20 _____
Application date: _____
CSR Initials _____

ONE & TWO FAMILY RESIDENTIAL PERMIT APPLICATION Florida Building Code 7th Edition (2020)

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 _____ Zoning Class: _____
A/C (Tons): _____ Heat(kw): _____ Electrical Service (AMPS): _____ Water Service Source/Company: _____
Septic Permit #/Sewer Company: _____ Construction Cost (excluding lot but including labor): _____

Permit application includes also: (if items are not checked but will be done, separate permit will be required)

Demolition Gas LP Tank Gas Piping

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.