



Print Form

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
PermitResubmittal@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"Delivering Exceptional Service"

INSPECTION AFFIDAVIT

For Office Use Only

Permit Number

2 0 _____

Application Date

CSR _____

Permit Number _____

Street Number _____ Street Name _____ Street Type _____ Unit # _____

Contractor Name _____ Contractor Phone # _____

Engineer/Architect Firm _____

Engineer/Architect Name _____

Engineer/Architect Address _____

Telephone # _____ Fax # _____ E-mail _____

Florida Registration or License Number _____

I hereby certify that to the best of my knowledge and belief, the building components and site improvements outlined herein and inspected under my authority have been completed in conformance with the approved plans and the applicable codes by the following affiant, who is duly authorized to perform inspections pursuant to Florida Building Code, Sections 105.14 and 107.6

I certify that the construction was inspected as outlined by the Charlotte County Building Construction Services inspection requirements and take fully responsibility for the inspections listed below:

Inspection: _____ Inspection: _____ Inspection: _____

Inspection: _____ Inspection: _____ Inspection: _____

Inspection: _____ Inspection: _____ Inspection: _____

Inspection: _____ Inspection: _____ Inspection: _____

If additional inspections, please provide them in a separate form

I, the undersigned, have read the above statement and agree to abide by it.

Seal required below

Engineer/Architect Signature

Date _____