



Community Development Department

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.743.1213
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingConstruction@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"Delivering Exceptional Service"

For Office Use Only
Permit Number
20
Application Date
CSR Initials:

Manufactured Home & Recreational Vehicle Permit Application Information

(Revised 09/2025)

Please submit the following for tie-down permits:

1. **Survey**, signed and sealed by a Florida registered Land Surveyor (note: not required in Mobile Home Parks).
2. **Site Drainage Plan** indicating the existing and proposed grade elevations at the corners of the structure and along the property lines. Indicate that the drainage will flow to an approved drainage facility and away from the structure.
3. **Foundation**: Homes set in Flood Zones will require Engineered Foundations. An Elevation Certificate and an As-Built Survey indicating the finished grades will also be required prior to final inspections.
4. **Floor Plan**: Provide a copy of the floor plan of the Manufactured Home or R. V. unit.
5. **Used Manufactured Home**: Submit a copy of state registration or title for a used mobile home.
6. **Wind Zone III Verification**: Provide proof the Manufactured Home or R.V./P.M.R.V. is designed/constructed for Zone III Wind Loads.
7. **Worksheets**: Submit any additional information necessary to show compliance with Florida Administrative Rule 15-C or other applicable Codes.
8. **Confirmation of Utilities**: Provide verification of water and sewer availability from the park or any provider other than CCU. If existing septic, provide contingency letter from Health Department (DOH). If proposed septic, please provide a complete copy of the DOH approved septic permit.



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Reviewer: _____ Date: _____ Permit #: _____

Address: _____ Approved: _____ Disapproved: _____

Contractor: _____ License: _____

WIND ZONE III ONLY	YEAR BUILT & MANUFACTURE MODEL OR ITEM	WIDTH X LENGTH
R. V. PARK MODEL		

Check Correct Value

GROUND ANCHOR TYPE I _____ Manufacturers set-up spec. Must be submitted to use 48" anchors or unit built prior to July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 276-350	Manufacturer: _____ Model: _____
GROUND ANCHOR TYPE II _____ 60 " anchors must be used when manufacturer set-up specs are not available and unit was built after July 13, 1994, max. spacing 5'4"	Soil class 4(a) loose to medium dense sands _____ Torque value between 175-275	Manufacturer: _____ Model: _____

STABILIZER PLATE

STABILIZER PLATE	180 sq. in. Hot Dip Galvanized (2 ounces per sq. ft.)	Manufacturer: _____ Model: _____
STEEL STRAP FRAME TIE With approved pivoting clamp and radius clip	Type 1, Finish "B" , Grade "1", 109,000 min. Yield strength; .035 min. Thickness, hot dipped galvanized coating: 60 ounces per sq. ft., 1 ¼ width, ASTM Spec D3953-91	Manufacturer: _____ Model: _____
LONGITUDINAL ANCHORS With approved bolt type clamp and radius clip and stabilizer plate	Shall be installed at the end of each I-beam at both ends of all units, minimum of 8 anchors for a single wide unit.	Manufacturer: _____ Model: _____
CONCRETE SLAB ANCHORS	Tensioning devices for use in concrete slab shall be tested and approved. Instructions from manufacturer must be included with permit application.	Manufacturer: _____ Model: _____

Foundation bearing capacity based on pocket penetrometer test at six locations, certification attachment required.

Load bearing capacity	16" x 16"	18 ½" x 18 ½ "	20" x 20"	26" x 26"
1000 psf _____	3' spacing	4' spacing	5' spacing	8' spacing
1500 psf _____	4' 6" spacing	6' spacing	7' spacing	8' spacing
2000 psf _____	6' spacing	8' spacing	8' spacing	8' spacing



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Address: _____

Permit #: _____

Contractor: _____

License #: _____

Torque Tests

This will certify the completion of two (2) Soil Probe Tests on the above described site:

TEST	LOCATION	TEST VALUE
A	FRONT OF HOME	
B	REAR OF HOME	

POCKET PENETRO METER TEST

NO.1		NO.2		NO.3	
NO.4		NO.5		NO.6	
NO.7		NO.8		NO.9	

Signature of Tester: _____

Date: ___/___/___

Notary:

STATE OF FLORIDA

COUNTY OF CHARLOTTE

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

SEAL

Signature of Notary



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The diagram shows a rectangular foundation layout with a grid of units. The units are represented by squares, some of which are marked with an 'X' (Penetrometer Test) or a triangle (Torque Test). The layout is defined by dashed lines and includes dimension lines for width and height. A legend indicates that a triangle represents a Torque Test and an 'X' represents a Penetrometer Test. Below the diagram, the text reads: "Additional unit width may require additional information".

NAME: _____
LOCATION: _____
UNIT SIZE: _____
FOUNDATION PAD SIZE & SPACING: _____
TORQUE TEST: ____ YES ____ NO
POCKET PENETROMETER TEST ____ YES ____ NO
ANCHOR TYPE II 60" @ 5'4" SPACING IF MANUFACTURERS SPECIFICATION ARE NOT SUBMITTED



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SITE PREPARATION

Site Graded and Fill Dirt compacted to 90% _____ - or -

Drain Tile and sump pump to be installed _____ - or -

Describe any other site prep method to be used _____

Page: _____

Page: _____

Page: _____



Community Development Department

Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948
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Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
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CharlotteCountyFL.gov

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

APPLICATION FOR CONSTRUCTION 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

Parcel ID: _____ Building #: _____ Unit #: _____

This building will be used as _____

A/C (Tons): _____ Heat(kw): _____ Electrical Service (AMPS): _____ Water Service Source/Company: _____

Septic Permit #/Sewer Company : _____ Construction Cost (excluding lot but including labor): _____

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 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 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.



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Form 5 (b)

AFFIDAVIT

FIRE HYDRANTS

Owner's Name

Street Number

Street Name

Street Type

Unit #

Tax Folio #

Lot

Block

Subdivision

I, the undersigned, being the legal owner of the above described property, investigated and determined the following:-

1. Public Water service - ☐ is available ☒ is **NOT** available
2. A fire hydrant - ☐ is within the prescribed distance ☐ is **NOT** within the prescribed distance

Hydrant distances are as follows:-

- 1) Mobile Homes, Single Family, Duplexes and Triplexes - Maximum 500' from building
- 2) Commercial, Apartments and other high value - Maximum 300' from building
- 3) Heavy Industrial and Manufacturing - Maximum 300' from building

If public water is available and a fire hydrant is not within the prescribed distance as stated above, please contact the appropriate utility for a fire hydrant.

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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 Name (Printed)

Notary Signature

Commission Number



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SEWER DISPOSAL / WATER AFFIDAVIT

701.2 Sewer required. Every building in which plumbing fixtures are installed and all premises having drainage piping shall be connected to a public sewer, where available, or an approved private sewage disposal system in accordance with the International Private Sewage Disposal Code.

Owner Name: _____ Address: _____
Number & Street Name City Zip Code
Parcel ID # _____ Building #: _____ Unit #: _____ Lot _____ Block _____ Subdivision _____
Contractor Name _____ Phone # _____ Fax # _____ License # _____

Person making affidavit: ☐ Owner(s) ☐ Owner(s) Agent ☐ Owner(s) Contractor

SEWAGE DISPOSAL - Please select one of the following:

☐ **Public Sewer Available:** I, the undersigned, have verified and confirmed that the address listed above does have Public Sewer available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

NOTE: When a low pressure sewer (LPS) system provides service to multiple dwelling units, the electrical service must be on a separate, dedicated electrical meter under the property owner's FPL account. I acknowledge that I have read and understand all Charlotte County Utilities' Standard Specifications and Drawing Details related to LPS installation (CCU 941.764.4300, Ext. 3).

Name of Utility Company: _____

☐ **Onsite Sewage Disposal System:** I, the undersigned, have verified and confirmed that the address listed above will have an approved Onsite Sewage Disposal System.

Charlotte Co. Health Dept. Permit Number: _____

WATER AVAILABILITY - Please select one of the following:

☐ **Public Water Available** - I, the undersigned, have verified and confirmed that the address listed above does have Public Water available. If the utility company is other than Charlotte County Utilities, please provide proof of availability in the form of a letter from the utility company on their letterhead. The permit WILL NOT be issued without proof of availability.

Name of Utility Company _____

☐ **Well Water**

Signature of Owner/Agent/Contractor

Printed Name of Owner/Agent/ Contractor

State of Florida, County of _____

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

Printed Name of Notary _____

Commission Number _____

Seal

P:\Online Forms



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AFFIDAVIT

STATEMENT THAT THE BUILDING SITE CONTAINS NO COUNTY OR PUBLIC UTILITY STRUCTURES

Name of person making statement _____

☐ Owner(s) ☐ Owner(s) Agent ☐ Owner(s) Contractor

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

Tax Folio # _____ Lot _____ Block _____ Subdivision _____

I, the undersigned, hereby certify that I have inspected , or caused to be inspected by a qualified person or firm, the property proposed as the building site for which I am applying for a building permit. I have determined that the proposed site does not contain any County or Public Utility structures above, on or under the proposed building site, whether within or without any easements, except as noted below.

I understand that should any County or Public utility structure not disclosed above be discovered on the proposed building site, the County will not be responsible for any expenses related to moving, abandoning or taking any other action related to any such structure, or the proposed building or structure, on the building site.

Signature of Owner/Agent/Contractor Printed Name of Owner/Agent/ Contractor

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, 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 Name (Printed) _____

Notary Signature _____ Commission Number _____



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Subcontractor Worksheet

This form is to be submitted at the time of Permit Application and must be completed with all information.
Changes in subcontractors are allowed by submitting a Change in Subcontractor form.

Permit Number _____

Address: _____ Building #: _____ Unit #: _____

Contractor Name _____ Contractor's Certification or Registration No. _____

Trade

Subcontractor Company Name

Subcontractor
Telephone No.

Subcontractor
License No.

A/C and Heating			
Electric			
Plumbing			
Roofing			

Contractor Signature

Date

A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.

07/18/2022 ED



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CHARLOTTE COUNTY TREE PERMIT APPLICATION

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Application Date

CSR Initials:

Select from the following: ☐ Tree Preservation ☐ Tree Removal Authorization ☐ Memorandum of Exemption of Fees ☐ No Tree Affidavit

Job Address: _____ Parcel ID _____

Lot Number: _____ Property Type: Residential ☐ Commercial ☐ Check all that apply: Individual Trees ☐ Lot Clearing ☐

Contractor or Owner/Builder: _____ Contractor License #: _____

Mailing Address: _____ Phone: _____ Email: _____

1. Tree Preservation:

Will any trees be preserved on site? Yes _____ No _____

I certify that _____ (number) of trees on the above-described property are to be preserved/protected according to the methods set forth in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan.)

2. Tree Removal Authorization:

Will any trees be removed from the site? Yes _____ No _____

I request that _____ (number) trees on the above-described property and indicated on the attached site plan be removed utilizing the Tree Removal Authorization as provided in Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

----- AND / OR -----

3. Memorandum of Exemption of Fees:

I certify that _____ (number) trees on the above-described property are exempt from Tree Removal Authorization and removal fees as provided by the tree protection requirements of Charlotte County Buffers, Landscaping, and Tree Requirements, Section 3-9-100. (Provide one (1) site plan) Indicate reason for removal:

----- OR -----

4. No Tree Affidavit:

There are NO TREES currently located on site. (Use affidavit below)

Signature of Applicant

Printed Name of Applicant

State of Florida, County of _____

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

Notary's Printed Name

Commission Number

I agree to assume full responsibility for the removal of said trees(s) and for compliance with all applicable County and State regulations regarding the proper disposal of brush and yard trimmings. Further, I will replace trees as required by the Charlotte County Code.

Environmental Inspection*:

\$ 55.00

*Please note site review is cursory, additional wildlife or environmental reviews may be required by state and federal agencies if protected species are found on site.

*Required for all lot clearing applications

For properties in which the total area to be cleared exceeds 1 acres, the submittal of a current protected species assessment and FLUCCS map will be required.

Residential Tree**:

\$ 70.00

Commercial Tree**:

\$ 80.00

**Plus total # of caliper inches removed _____ x \$1.00 (total from page 2):

\$ _____

Total Fee:

\$ _____

Applicant's Signature: _____

Date: _____

Authorized County Official: _____

Date: _____

An approved barricade inspection must be obtained in order to receive credit for tree preservation.

To request a barricade inspection, call (941) 743-1204 or (941) 743-1205.

A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions



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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, by means of ☐ physical presence or ☐ online notarization, 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 Applicant (or Agent)

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, by means of ☐ physical presence or ☐ online notarization, 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 Owner

Printed Name of Notary

Commission Number

***This page does NOT need to be completed if submitting for a building permit!**



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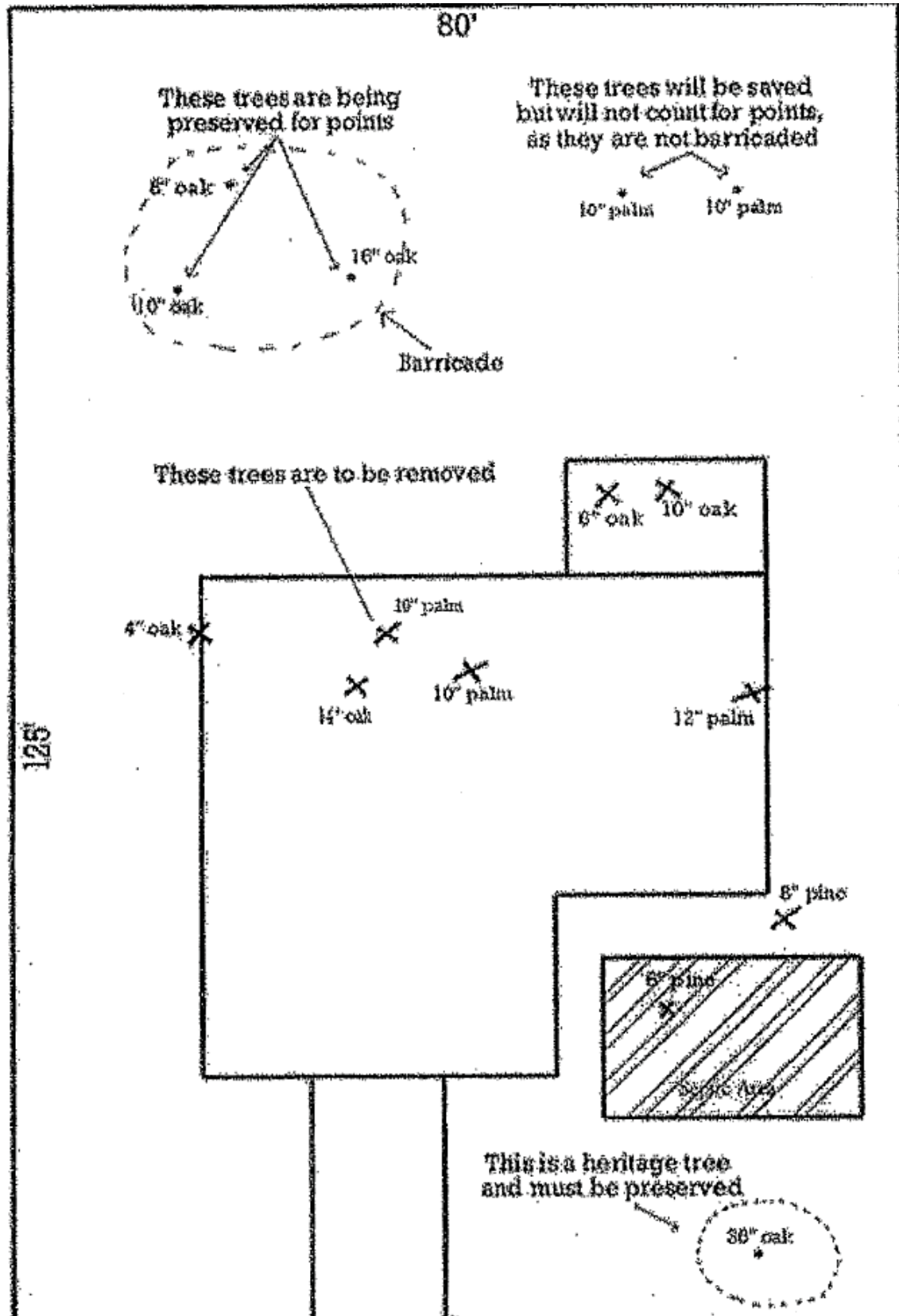
Permit Number

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EXAMPLE SITE PLAN



New Residential Utility Service Application

Charlotte County Utilities

Email: administrative.assistants@charlottecountyfl.gov or
Sherri.Sartino@charlottecountyfl.gov - Fax to 941.764.4319

Forms-CCU-Eng-F003

Effective Date: 03/05/13

Page 1 of 1

Name: _____ Property Owner: _____

Mailing Address: _____

Phone Number: _____ Street _____ Fax Number: _____ City _____ Email Address: _____ Zipcode _____

Legal Description: The Complete Short Legal

Lot: _____ Block: _____ Section: _____
(Only One Lot Per Form) (Must Include 3-Letter Identifier)

Address of Property: _____

City, County, Zip Code: _____

*******PLEASE PROVIDE A COPY OF SITE PLAN*******

SERVICE AGREEMENT: Utility will provide service upon payment of these fees and charges in accordance with Utility's Uniform Extension Policy approved by the Board of County Commissioners. The policy provides for plant allocation of 225 gallons per day per equivalent residential connection (ERC for water service, and 190 gallons per day per ERC for sewer service, as defined in the policy). Utility will not be obligated to provide capacity of service in excess and may required consumers to curtail use which exceeds such allocated capacity. Where payment of connection fees has been made prior to the availability of utility service, Utility agrees to make service available upon completion of construction and certification that lines are ready to serve. In areas where utility service is not available and connection fees have ben paid, billing of the monthly Base Facility Charge(s) will begin thirty (30) days after certification of service availability and applicant agrees to pay such charges as rendered.

Customer Signature _____

Date _____

<<<< FOR OFFICE USE>>>>

<<<< FOR OFFICE USE>>>>

<<<< FOR OFFICE USE>>>>

		WATER	SEWER	TOTAL
PLANT CAPACITY (A)	WPLT	_____ SPLT	_____	
TRANSMISSION (A)	WTRN	_____ STRN	_____	
DISTRIBUTION (A)	WDST	_____	XXXXX	
COLLECTION (A)		XXXXX SCOL	_____	
SUBTOTAL CONNECTION FEES			W + S	_____ (A)
LOW PRESSURE INSTALL (B)		XXXXX STNK	_____	
WATER METER INSTALL (B)	MIXX	_____	XXXXX	
AGRF* (See chart on pg. 2) (B)	WAGF	_____ SAGF	_____	
SUBTOTAL OTHER FEES			W + S	_____ (B)
TOTAL W/S CONNECTION FEES		=====	=====	

ESCROW CREDIT: YES NO IF YES, CHECK WILL BE SENT TO PROPERTY OWNER

*PRICES IN EFFECT UNTIL _____ AND SUBJECT TO CHANGE.

(A) PAYCODE: CFCH (CASH) CFCK (CHECK) (B) USE REGULAR PAYCODES

APPLICATION RECEIVED

NOTES:

Serv. Type: DI S L

TOTAL CONNECTION FEES: \$ _____

PAYMENT: \$ _____ DATE: _____

BALANCE TO FINANCE: \$ _____ MONTHS TO FINANCE (MAX): _____

RECEIVED BY: _____ APPROVED BY: _____

PREMISE NO: _____ CUSTOMER NO: _____