

The following pre-application fees must be paid at the time of application:

Single Family Residence - \$100 Commercial Interior Remodel > 1,000 sf - \$50 Commercial Building >10,000 sf - \$150
 Other Residential Permits - \$26 Commercial Interior Remodel < 1,000 sf - \$100 Commercial Building < 10,000 sf - \$250

Property Tax I.D. Number _____

**APPLICATION FOR BUILDING PERMIT
 CHARLOTTE COUNTY**

Permitting Office
 18500 Murdock Circle, Room 107
 Port Charlotte, FL 33948-1094
 Permitting Fax Zoning
 941/743-1201 743-1213 743-1240
 Toll Free from Englewood Area - 697-2919

Amount Paid X-Reference Permit No. Permit No. _____

Describe work to be done _____

Address of work to be done _____

This building will be used as: _____ Model Home? Yes No

Lot: _____ Block: _____ Sec.: _____ Twn.: _____ Rge.: _____ Subdiv.: _____

Zoning Class: _____ Corner Lot? Y - N Inside Lot? Y - N Waterfront? Y - N Ft.: _____

Flood Zone: _____ Map Page: _____ Notes: _____

Owner: _____ Contractor: _____

O-Address: _____ C-Address: _____

O-Phone No.: _____ C-Phone No.: _____

The undersigned applicant for this building 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 Workman's Compensation Act of Employer's Liability Insurance and Social Security Act, the Florida Child Labor Laws, and other safety and labor laws of the state. Violation will invoke severe penalties. I certify that I have read the foregoing and the things set forth there are true to the best of my knowledge.

Signature of Contractor or Owner/Builder: _____ Contractor Number: _____

Enclosed Living Area: _____ Other Area: _____ Height: _____ # of Stories: _____

For Commercial & Multi-Family, gross sq. Ft. per floor: _____

SET BACKS Front: _____ Rear: _____ Left: _____ Right: _____

Width: _____ Depth: _____ Total Rooms: _____ Bedrooms _____ Bathrooms: _____

A/C (Tons): _____ Heat (kw): _____ Septic #: _____ Sewer Company: _____

MATERIALS Walls (exterior): _____ Roof: _____ Walls (interior): _____

Built-up: _____ Slope: _____ Tile: _____ # of Plumb. Fixtures: _____

Commercial A/C Contract Cost: _____ AMPS: _____ New Service: _____

Construction Cost (excluding lot but including labor): \$ _____ (If \$2,500 or over, please see back.)

ALL SUBCONTRACTORS MUST HAVE A CHARLOTTE COUNTY CERTIFICATE OF COMPETENCY. Permit is VOID if construction is not started within six months and receives an approved inspection with six months from the date of issue. An approved inspection will extend this permit for an additional six months.

New residential, commercial and commercial additions requiring additional parking will be assessed an impact fee.

STARTING WORK PRIOR TO ISSUANCE OF A PERMIT WILL RESULT IN A PENALTY UP TO FOUR TIMES THE PERMIT FEE.

State Required Information

(Must be completed if valuation is \$2,500 or over)

A recorded Notice Of Commencement is required in the Permitting Office prior to issuance of the permit

Name of Fee Simple Titleholder (if not owner): _____

Street: _____ City: _____ State: _____ Zip Code: _____

Bonding Company Name: _____ Street: _____ State: _____ Zip Code: _____

Architect/Engineer Name: _____ Street: _____ State: _____ Zip Code: _____

Mortgage Lender Name: _____ Street: _____ State: _____ Zip Code: _____

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 the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

Owner's Affidavit: I 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 YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner's or *Agent's Signature
Date

Date

Contractor's Signature

State of Florida
County of _____

State of Florida
County of _____

The foregoing instrument was acknowledged before me this
me this

_____ day of _____, 19____

by _____ who is personally

known to me or who has produced _____

_____ as identification and who did/did not take an oath.

The foregoing instrument was acknowledged before

_____ day of _____, 19____

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 _____

Notary's printed name _____

Notary's printed name _____

Commission Number _____

Commission Number _____

*The contractor can sign as the agent if that contractor has a signed contract with the owner.