

Community Development Department

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
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only					
	Permit Number				
20					
	Application Date				
CSR Initials					

SEWER DISPOSAL / WATER AFFIDAVIT

701.2 Sewer required. Every building in which p sewer, where available, or an approved private s						
Owner Name:	A	ddress:				
		Number & Str	eet Name	City Zip Code		
Parcel ID # Buildin	ng #: Unit #:	Lot	_ Block	Subdivision		
Contractor Name	Phone #	Fax #	Licer	nse #		
Person making affidavit: Owner(s) Owner(s) Agent Owner(s) Contractor						
<u>SEW</u>	AGE DISPOSAL - Please	select one of the fo	ollowing:			
Public Sewer Available: I, the undersigned the utility company is other than Charlotte letter from the utility company on their let	County Utilities or Babcoc	k Town & Country, plea	ase provide proof of ava			
NOTE: All multi-unit structures that will b meter that will not be shut off if any unit i Standard Specifications and Drawing Det	s empty. I acknowledge t	hat I have read and u	nderstand all Charlott			
Name of Utility Company:						
Onsite Sewage Disposal System: I, to approved Onsite Sewage Disposal System: Charlotte Co. Health Dept. Permit Number	tem.	erified and confirmed	l that the address liste	ed above will have an		
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 or Babcock Town & Country, 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						
The undersigned applicant agrees to comply with the any applicable code may result in a stop work order be building permit does hereby certify that Applicant has comply with the provisions of the: Florida Workman's Requirements; and all other applicable Federal, State	eing issued and a cessation of a or will, prior to the performan Compensation Act; Social Secu	Il work until such violation ce of any work in connection rity Act; Florida Child Labo	has been remedied. The un on with the authorization g r Laws; Contractor's/Emplo	ndersigned applicant for this granted under this permit,		
Under penalties of perjury I declare that I I with the applicable regulations. F.S.92.525	have read the foregoing	document and that f	acts stated are true, o	correct and in compliance		
Contractor/Owner Builder Signature:		Date:				
(Owner's signature if owner is acting as contractor. *	*An Owner/Builder Affidavit w	vill be required)				
Contractor License Number:						
NOTICE: All subcontractors must have a Ch 180 days or does not receive an approved i						

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.