ET HABLOTTE HERE	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 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		
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): He	at(kw): Electrical Service (AMPS): Water Service Source/Comp	pany:
Septic Permit #/Sewer Cor	npany : Construction Cost (excluding lot but including la	abor):
Owner Information Name:		
Address:		
Number & Street	Type:(St., Dr., Pkwy., Blvd., etc.) City State Phone No. :	Zip
Contractor Information		
Name:		
Address:		
Number & Street	Type:(St., Dr., Pkwy., Blvd., etc.) City State Phone No. :	Zip Code
Contractor's License No.:	Fax No.:	
	e to obtain a permit to do the work and installations as indicated. I certify that te of a permit and that all work will be performed to meet the standards of all laws re	
Owners Affidavit: I hereby o	ertify that all the foregoing information is accurate and that all work will be done in comp	liance with all applicable laws
regulating construction and z WARNING TO OWNER: YOUR	ioning. FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING	TWICE FOR IMPROVEMENTS
TO YOUR PROPERTY. A NOT	ICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE FIRST NANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK	INSPECTION.
OF COMMENCEMENT.		
	equirement of this permit, there may be additional restrictions applicable to this property the here may be additional permits required from other governmental entities such as water n	
	declare that I have read the foregoing document and that facts stated are true, correct	t and in compliance with the
applicable regulations. F.S.9]
Contractor/Owner Builde	r Signature: Date:	
Print Name:		
(Owner's signature only if own	er is acting as contractor. **An Owner-Builder Disclosure Statement will be required)	
	uction is not started within 180 days or does not receive an approved inspection within 180 days from d it for an additional 180 days. Starting work prior to issuance of a permit may result in a penalty fee of up	