



# 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  
www.CharlotteCountyFL.gov

*"To exceed expectations in the delivery of public services"*

For Office Use Only

Permit Number

20 \_\_\_\_\_

Application Date

CSR \_\_\_\_\_

## Application for Trade Permit (Electrical, Mechanical, Plumbing)

Construction Cost (excluding lot but including labor): \_\_\_\_\_

**Notice of Commencement required for all jobs over \$2,500 (\$7500 for HVAC)**

Is the property located in the Charlotte Harbor CRA? If so, the project must meet the CRA Design and Community Standards. For more information, please call the Zoning Division at 941.743.1964.

**HVAC**     Residential     Commercial (Limited to 15 Tons or Less - Replacement System Only)  
 New System     Replacement System    Note: Plan review required for Commercial greater than 15 tons - Use Commercial form

If Replacement - size of existing unit      Check if you are making changes to the ductwork  
 Complete System     Air Handler Only     Condenser Only     Check if this is a package system

SEER     KW     Tons

**Heat Pump** (select one)    New     Change Out     Domestic     Pool

**PLUMBING**     Residential     Commercial    All Commercial remodels or additions require plan review.

Remodel     Addition    # of Fixtures \_\_\_\_\_    # of Floor Drains \_\_\_\_\_

Water Service     Backflow Device     Water Treatment System

Re-Pipe Water     Copper     Maniblock System     CPVC

Water Heater - electric     Additional     Same Location     New Location (with electric)  
 Replacement     Same Location     New Location (with electric)

Solar Heat     Domestic     Pool

Sewer Connection

Lawn Sprinkler     Well System     City Water     Other (Canal, Pond, Lake)    **PLEASE SPECIFY WATER SOURCE**

Other \_\_\_\_\_

**ELECTRICAL**     Residential     Commercial    All Commercial remodels or additions require plan review.

Additions/ Alterations     Interior Remodel

No Increase in Service     Change in service size    Amps

Wiring

HVAC     Split System     Package Unit     Condenser     Heat Pump

Well Pump     Sprinkler Pump     Mini Sewer

Water Heater     Gas     Electric     Tankless

Boat Lift or Dock only (to include branch circuit from panel)

Temporary Pole

Other \_\_\_\_\_



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## Application for Construction Permit

### Job Site Details

Description of work to be done \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_  
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

Tax Folio # \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Wind Zone \_\_\_\_\_ Exposure \_\_\_\_\_ Flood Zone \_\_\_\_\_

This building will be used as \_\_\_\_\_ Map Page \_\_\_\_\_

Zoning Class \_\_\_\_\_ Construction Cost (excluding lot but including labor) \_\_\_\_\_

Model Home  Corner Lot  Inside Lot  Waterfront

### Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

### Contractor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Number Name Type:(St., Dr., Pkwy., Blvd., etc.)

Phone \_\_\_\_\_ Fax No \_\_\_\_\_

Email \_\_\_\_\_

Contractors State Certification or Registration No. \_\_\_\_\_ Contractors Certificate of Competency Number \_\_\_\_\_



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**Application for Construction Permit (con't)**

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Permit Number

20 \_\_\_\_\_

Application Date

CSR \_\_\_\_\_

|   |              |             |           |                |
|---|--------------|-------------|-----------|----------------|
| Name of Fee Simple Titleholder (if not owner) _____ |              |             |           |                |
| Street _____  | City _____   | State _____ | Zip _____ | Phone No _____ |
| Bonding Company Name _____                          | Street _____ | State _____ | Zip _____ |                |
| Architect/Engineer Name _____                       | Street _____ | State _____ | Zip _____ |                |
| Mortgage Lender _____                               | Street _____ | State _____ | Zip _____ |                |

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.

The undersigned applicant for this 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 Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violation will invoke severe penalties.

**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.**

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE 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.

OWNER'S/AGENT SIGNATURE

CONTRACTOR'S SIGNATURE

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me 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.

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me 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 \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

Commission Number \_\_\_\_\_