



# 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  
BuildingConstruction@CharlotteCountyFL.gov  
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number

20 \_\_\_\_\_

Application Date

CSR Initials \_\_\_\_\_

## AFFIDAVIT - FIRE HYDRANTS

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Number & Street Name

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.

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violation of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant 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; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

**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: \_\_\_\_\_

(Owner's signature if owner is acting as contractor. \*\*An Owner/Builder Affidavit will be required)

Contractor License Number: \_\_\_\_\_

**NOTICE:** All subcontractors must have a Charlotte County Certificate of Competency. 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.

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