			For Office Use Only		
CHARLOTT	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			Permit Number	
				20	
URING CONTROL				Application Date	
BuildingConstruction@CharlotteCountyFL.gov CharlotteCountyFL.gov				v	CSR Initials
		TION FOR RESIDEN brida Building Code 8th			RMIT
Job Site Details					
Description of work to be	done				
Address:					
Number & Street		Type:(St., Dr., Pkwy., Blvd., etc.)	City	State	Zip Code
Building No.:	Unit No.:	Parcel ID:		val proposed?: mit a tree permit a	Yes No
		Construct		uding lot but inclue	
				<b>J</b>	
		ND POOL PUMP, <u>OR</u> SUBCONTRACTOR FOI LED FOUNDATION FOR FUTURE POOL CA			
Permit application inclue	<b>des <u>also:</u> (If items</b> ;	are not checked but will be done, s	eparate permi	will be required)	
🗌 Solar Heat	🗌 Heat P	Pump 🛛 LP Gas Unit			
Owner Information					
Name:					
Address:					
Number & Street		Type:(St., Dr., Pkwy., Blvd., etc.)		City State	Zip
Email:				Phone No. :	
Contractor Information					
Name:					
Address: Number & Street		Tura (Ct. Dr. Diver, Divel ata)	City	Chata	Zin Cada
Email:		Type:(St., Dr., Pkwy., Blvd., etc.)	City	State Phone No. :	Zip Code
Contractor's License Num	ber:			Fax No.:	
commenced prior to issuance Owners Affidavit: I hereby corregulating construction and z	e of a permit and that ertify that all the fore coning.	do the work and installations as inc t all work will be performed to mee egoing information is accurate and	t the standard that all work w	s of all laws regulating ill be done in complia	g construction in this jurisdictior ance with all applicable laws
YOUR PROPERTY. A NOTICE	OF COMMENCEMEN	RD A NOTICE OF COMMENCEMEN NT MUST BE RECORDED AND POSTI WITH YOUR LENDER OR AN ATTOR	ED ON THE JOE	SITE BEFORE FIRST IN	ISPECTION.
records of this County, and th		rmit, there may be additional restri al permits required from other gov			
federal agencies. Under penalties of periury I	declare that I have	read the foregoing document ar	nd that facts s	ated are true. corre	ct and in compliance with the
applicable regulations. F.S.9					
Contractor/Owner Builde	r Signature:			Date:	
Print Name:					
	-	ctor. **An Owner-Builder Disclosure		-	
		ithin 180 days or does not receive an ap days. Starting work prior to issuance of			