



**Community Development
Zoning Division**

18400 Murdock Circle, Port Charlotte, FL 33948-1094

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For Office Use Only

Permit Number

20

Application Date

Zoning Tech. Signature

Demolition of Structures for Zoning Conformance

Property Owner or Contractor's Name: _____

(Circle One)

Property Address: _____

(Street number & Name)

(City & State)

(Zip Code)

Property Owner or Contractor's Phone Number: _____

Email Address: _____

Contractor's License Number (if applicable): _____

Residential (Please check)? ☐ Yes ☐ No **Commercial** (Please check)? ☐ Yes ☐ No

Scope of Work (what is proposed for demolition?) _____

Utility Disconnects to Make: _____

******Note: A site plan/overview of the property is required**

******Hurricane Damage Only**

Select the existing accessory structures on the property to remain

☐ Driveway

☐ Slab

☐ Footings

☐ Foundation

☐ Pool

☐ Shed

☐ Detached Garage

☐ Septic Tank

☐ Well

☐ Other (please state): _____

I, _____, Property Owner or Contractor for the demolition, hereby acknowledge that if the primary structure is to be demolished, then all accessory structures checked on this form must also be demolished. In addition, I acknowledge that I must return the property to its prior natural state and that I will seed or sod all land disturbed areas.

Property Owner's or Contractor's Signature

Date