

Community Development Department

Building Construction Division

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For Office Use Only						
	Permit Number					
20						
	Application Date					
CSR Initials						

APPLICATION FOR ROOF MODIFICATION PERMIT Florida Building Code 8th Edition (2023)

Job Site Details					,	
Description of work to be do	ne:					
Address:						
Number & Street Building No.:	Unit No.:	Type:(St., I Parce	Dr., Pkwy., Blvd., etc.) el ID:	City Roof Cove	State ering Material:	Zip Code
	Roof Replace	ment	Roof Re-Cover	 □Ro	of Repair	
Mean Roof Height : Roof Slope:		pe:	Current Building Use			:
Underlayment Product Approval :			Percentage to replace:			Year Building Built :
Roof Covering Product Approval:			# of Squares:			Construction Cost :
Owner Information						
Name:						
Address:						
Number & Street		Type:(St., D	r., Pkwy., Blvd., etc.)	City	State	Zip Code
Email:					Phone No. : 	
Contractor Information						
Name:						
Address:						
Number & Street		Type:(St., D	r., Pkwy., Blvd., etc.)	City	State	Zip Code
Email:					Phone No. : 	
Contractor's License No.:					Fax No.:	
commenced prior to issuance jurisdiction. Owners Affidavit: I hereby coregulating construction and zowarning to OWNER: YOUR TO YOUR PROPERTY. A NOTH IF YOU INTENT TO OBTAIN FIN OF COMMENCEMENT. NOTICE: In addition to the records of this County, and the federal agencies. Under penalties of perjury I capplicable regulations. F.S.92 Contractor/Owner Builder Print Name:	er of a permit and the forest oning. FAILURE TO RECORI CE OF COMMENCEME IANCING, CONSULT VIQUIREMENT of this permere may be additional declare that I have respect to the second of the	at all wor going info O A NOTIC ENT MUST VITH YOUF mit, there all permits	rk will be performer rmation is accurate TE OF COMMENCE BE RECORDED AND R LENDER OR AN AT may be additional required from othe regoing document	and that all water that and that all water that w	e standards of all la ork will be done in o ESULT IN YOUR PAY HE JOB SITE BEFORE RE COMMENCING W licable to this prope all entities such as was as stated are true, co	ORK OR RECORDING YOUR NOTICE rty that may be found in the public ster management districts, state, or rrect and in compliance with the
(Owner's signature only if own	er is acting as contract	or. **An O\	wner-Builder Disclos	ure Statement w	vill be required)	
NOTICE: Permit is void if constru	ction is not started withi	n 180 days	or does not receive an	approved inspe	ction within 180 days fi	om date of issue. An approved