



Community Development
Zoning Division

18400 Murdock Circle, Port Charlotte, FL 33948-1094
Building Phone: 941.743.1201 | Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Fax: 941.743.1593
www.Zoning@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number
20
Application Date
Zoning Tech. Signature

CHARLOTTE COUNTY MULCHING PERMIT APPLICATION

Job Address:

Parcel ID #: Lot: Property Type: Residential Commercial

Owner(s) Name:

Owner(s) Mailing Address:

Contractor Name:

Contractor Mailing Address:

Phone Number: Email Address:

Only the Owner or Contractor information is required above. If Contractor is applying, Property Owner's Consent is required.

- I certify that ALL native trees over 4" caliper on the above -described property are to remain preserved/protected according to the methods set forth in the Charlotte County Buffers, Landscaping, Tree Requirements, Section 3-9-100.
I certify that ONLY underbrush, exotics, and trees under 4" caliper will be mulched on the above-described property, no trees over 4" caliper will be removed, and no soil excavation, clearing or filling will occur.
I understand that no work shall commence until an approved permit has been issued.

Please initial: Yes No **

**Removal of any tree(s) over 4" caliper requires a separate tree removal permit. See Section 3-9-100 (d)(4) below.

Per Section 3-9-100: Buffers, Landscaping, and Tree Requirements (d) Tree removal (4) Absolutely no speculative clearing is allowed. Applicant must have either a building permit or final site plan approval prior to County staff authorizing any clearing or tree removal activities.

I agree to assume full responsibility for the mulching of said vegetation and for compliance with all applicable County, State, and Federal regulations. Please initial:

Environmental Inspection Fee: \$55.00

- Please note site review is cursory, additional wildlife or environmental reviews may be required by state and federal agencies if protected species are found onsite (i.e. must avoid gopher tortoise burrows by 25' if found during mulching activity).
For properties in which the total area to be mulched exceeds 1 acre, the submittal of a current protected species assessment and FLUCCS map will be required.
Please note permit will expire six (6) months after issuance. Growth of woody vegetation will require an evaluation from staff and potentially a new permit for review.

Applicant's Signature: Date:

Authorized County Official: Date:

A final inspection may be conducted by staff to ensure compliance with all of the applicable permit conditions.



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Affidavit of Applicant

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owners of the majority of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matters attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application may be considered, and that if I am not the owner of the property, I have attached a notarized authorization from the owner(s) to submit with this application.

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, 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

Signature of Applicant

Printed Name of Notary

Commission Number

Property Owner's Consent

I, _____(print name), property owner of _____ do hereby give _____ permission to file this application to allow the use of this property for: _____.

State of _____, County of _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, 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

Signature of Applicant

Printed Name of Notary

Commission Number