



Community Development Zoning Section

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www.charlottecountyfl.gov

Delivering Exceptional Service

Permit #: _____

Property Address: _____

Re: Letter of Compatibility for Accessory Structures

This letter is to certify that the accessory structure applied for will be compatible in appearance to the primary residence prior to completion of the final inspection, per Charlotte County Zoning Code; Sections 3-9-32, 33, 34, 35, 37 (c) (1) a, b, c: "All roofs must be pitched and include overhangs and eaves which meet current building codes. Rounded corners are prohibited. These structures are allowed with metal siding in the same color as the primary structure. If an exact color match is not possible a complimentary and not contrasting color may be allowed."

Primary Residence: Color _____; Roof _____; Wall height; _____

Select one of the following exterior wall materials, stucco, wood, aluminum siding, vinyl other _____.

Accessory Structure: Color _____; Roof _____; Wall height; _____

Select one of the following exterior wall materials, stucco, wood, aluminum siding, vinyl other _____.

Please complete the following

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 (or Contractor)

Printed Name of Notary

Contractor License Number

Commission Number

Area Code/Phone Number