



Seawall Building Permit

31

Job Information Application Date: _____ Est. cost: _____ Permit #: _____
Parcel ID #: _____ Job Address: _____
Legal: Sub/Unit/Blk/Lot: _____
Owner's Name: _____
Owner's Mailing Address (if different): _____

Primary Contractor Information

Contractor: _____ State Cert/CC Comp Card #: _____
Address/Email/Phone: _____
Job Representative Contact Info: _____

Description of Work

☐ Seawall (Linear Ft. _____) ☐ Cap only (Linear Ft. _____) ☐ French Drain (Linear Ft. _____)

Location of materials, seawall pours and loading of equipment:

If the above items occur on a vacant lot a separate Temporary Use Permit is required.

If the above items occur on another property provide address _____

Will barges be used with this permit? Yes: _____ No: _____ If yes, indicate the dimensions of the barge: _____

The following must be included with the application

- _____ Scaled site plan indicating location of the seawall, distance of seawall, and distance between each side property line.
- _____ Survey or plat map with the subject lot highlighted or circled showing the width of the subject lot(s) and waterway.
- _____ Completed Design Professional Inspected Permit – Inspector's Pre-Permit Affidavit. (Available on the City website)

Regulations and Information

1. Visit www.cityofmarcoisland.com/CSS for more information about how to submit for permit.
2. Separate permit required for dock, lift, electric and plumbing. There will be a CO Hold on this permit until the dock permit is issued.
3. Staging activity shall comply with Marco Island Ordinance 13-03 where the work is being performed on a vacant lot or at a commercial lot.
4. One application must be filled out with the original signature of the qualifier pulling the permit.
5. A completed Seawall Manufacturing and/or Staging form for use of vacant Lots must be submitted to the Community Affairs Department.
6. Prior to permit issuance a pre-inspection fee of \$50.00 will be paid and the site will be inspected to verify the existing conditions of the principle and adjacent lots. If potential issues are identified the permit applicant will notified. If the applicant decides to cancel the application before permit issuance this fee will not be refunded.
7. The fees for seawall work are as follows:
8. \$4.00 per linear foot, minimum \$169.00;
9. \$0.87 per linear foot for shoring, rip-rap, or reinforcement work, minimum \$63.00;
10. \$0.62 per linear foot for minor repairs and maintenance, minimum \$83.00.
11. \$73.00 flat fee for dredging.

Job Information Address: _____ Permit #: _____

12. A plan review fee of 38% of the permit fee will be charged at the time of application. This fee is not refundable nor is it credited to any other fee.
13. The Electronic Data Conversion Surcharge, added to all permits, would equal 5% of the total permit cost, with a minimum charge of \$5.00 and a maximum charge of \$300.00. This fee is capped at \$100.00 if the permit documents are also submitted in electronic format.
14. The Engineer of Record must certify that the work was inspected and was performed in accordance with the approved plans, prior to issuance of Certificate of Completion.
15. A survey shall be provided showing the location of the new or repaired seawall in relation to the adjacent seawalls, platted boundary, or mean high water line, and showing the height of the new or repaired seawall in N.A.V.D. 88.

Design Professional Information (Enter Name, License Number, and Address.)

Architect: _____

Engineer: _____

Miscellaneous Information (Enter Company Name and Address.)

Fee Simple Title Holder: _____

Bonding Company: _____

Mortgage Lender: _____

Additional Portal Access Permission

I am authorizing the general contractor for this project _____, and/or permitting service _____, to have full access to this permit via the Citizens Self Service Portal. I acknowledge that I am solely responsible for managing any/all permits applied for under my license.

Voluntary Owner Contact Info

If the property owner for this project would like to be copied on City emails related to this permit add their email here.

Owner's Email Address: _____

Owner's Affidavit I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Print Name of Owner or Agent for Owner

Signature of Owner or Agent for Owner

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, who is ☐ personally known to me, or ☐ has produced _____ as
identification, by means of ☐ physical presence or ☐ online notarization.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary

Contractor's Affidavit

I certify that all the foregoing information is accurate and that all work must be done in compliance with all applicable laws regulating construction and zoning. I understand **THERE WILL BE A FINAL INSPECTION** of the work permitted herein. Compliance will be strictly enforced.

No work whatsoever will commence until the building permit has been issued.

- The permit fee will be quadrupled if work is started without an approved permit.
- The permittee further understands that only licensed contractors may be employed and that the structure shall not be used or occupied until a Certificate of Occupancy is issued.
- See Section 105.5 of the Marco Island Administrative Construction Code for information regarding the permit expiration date.
- I will provide the Florida DBPR - Florida Lien Law statement to the person whose property is subject to attachment.

Print Name of Licensed Contractor

Signature of Licensed Contractor

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, who is ☐ personally known to me, or ☐ has produced _____ as
identification, by means of ☐ physical presence or ☐ online notarization.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary