



**Shed-Utility Permit  
Building Permit**  
Florida Building Code 8th Edition (2023)  
Florida Fire Prevention Code 8<sup>th</sup> Edition

14

**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**

\_\_\_\_\_

**Work being performed**

Location Type: Commercial ☐ Residential ☐

Square Footage: \_\_\_\_\_ Slab needed: \_\_\_\_\_

Setbacks (feet): Front: \_\_\_\_\_ Rear: \_\_\_\_\_ L Side: \_\_\_\_\_ R Side: \_\_\_\_\_

**Be advised that significant portions of the City of Marco Island are subject to deed restrictions. It is incumbent upon the property owner to research deed restrictions that may be applicable to their property. Questions regarding deed restrictions should be directed to the Marco Island Civic Association (MICA) at (239) 642-7778.**

**The following must be included with the application** An electronic set of plans consisting of at least the following:

- ☐ Engineered Drawings.
- ☐ Site Plan
- ☐ Impervious Surface Worksheet

**Regulations and Information**

1. City of Marco Island Building Services is regulated by the Florida Building Code 8th Edition (2023). For more information about the code or to purchase the code visit <http://www.floridabuilding.org>
2. Visit [www.cityofmarcoisland.com/CSS](http://www.cityofmarcoisland.com/CSS) for more information about how to submit for permit.
3. Definition: The term "Utility Building," means a building, which is not intended for human occupancy.
4. Location and Design:
  - a) Utility storage structures (sheds), located in Residential Single Family (RSF) zoned areas, shall be physically attached to, and architecturally integrated into the principal structure.
  - b) Utility buildings may be located in any single family, duplex, or multi-family dwelling areas.
  - c) The maximum distance between the floor and the bottom of the ceiling joist is to be 7' – 6".
  - d) The maximum floor area shall not exceed 100 square feet.
  - e) No side may be more than ten feet in length or less than three feet in length. The width may be three feet if the side length is reduced to a maximum of six feet.
  - f) An utility building must comply with the setbacks for the district in which it is erected.
5. Check with the respective property owner's association for deed restrictions.
6. Owner-builders must sign an affidavit and supply homeowner's insurance.
7. One application must be filled out with the original signature of the qualifier pulling the permit.
8. The fee for this permit is \$0.62 per sq ft. The minimum permit fee is \$220.00.
9. 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.

**Job Information** Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

**Sub-Contractor Information** (Enter Company Name, License Number, and Address.)

Electric: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Roofing: \_\_\_\_\_

**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: \_\_\_\_\_

**Job Information** Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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