



Shutter Permit
Building Permit
Florida Building Code 8th Edition (2023)
Florida Fire Prevention Code 8th Edition

18

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

Type of Location: Commercial Single Family

Will all the openings in this permit be impact rated? Yes No

If no, provide impact waiver form completed by the owner.

If no, indicate how many and which openings are not impact. _____

Type/Count of Shutters: _____

Number of shutters w/motors: _____ w/o motors: _____

Does the building have an existing fire sprinkler system? _____

Does this work qualify for Wind Mitigation Form Hurricane Protection? Yes No

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:

- Job Specific Design Pressures prepared by a design professional.
- A complete floor plan with opening locations, shutter types and design pressures for each opening clearly indicated.
- All Florida Product Approvals and Miami Dade Notice of Acceptance information must be provided in our [Florida Product Approval/Miami-Dade NOA - Index Sheet](#).

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 for more information about how to submit for permit.

Job Information Address: _____ Permit #: _____

3. If engineering for the structure and materials being used is not on file, the contractor is responsible for supplying to the building department, the drawings with an original signature and raised seal of the registered Florida Structural Engineer that is certifying the shutters.
4. If shutters are being installed on balconies in a building that is equipped with a fully automatic fire sprinkler system, the balcony must also be equipped with fire sprinklers.
5. Owner-builders must sign the Owner Builder Affidavit.
6. One application must be filled out with the original signature of the qualifier pulling the permit.
7. The fee for a shutter permit is \$104.00 for the first opening; \$17.00 for each additional opening, maximum \$150.00 per house or dwelling unit; or \$150.00 maximum per floor for common area work in condominium or commercial buildings. If Fire Review or inspection is required, then fees will be assessed per the current Fire Fees Ordinance. If structural work must be performed a fee of \$50.00 per inspection shall be required.
8. A plan check 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.

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

Electric: _____

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