



Window/Door Permit
Building Permit
Florida Building Code 8th Edition (2023)
Florida Fire Prevention Code 8th Edition

19

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: Of the openings being replaced indicate:

Commercial Multi-Family Dwelling Unit Single-Family

Number of openings w/impact rating: _____

Number of openings using impact shutters for impact protection: _____

Are all openings being replaced: Yes No Are all openings being replaced size for size? Yes No

Construction Type per Table 601 FBC (select one): IA IB IIA IIB IIIA IIIB IV VA VB

Does the structure contain Fire Sprinklers: Fully Partial None

Does the structure contain a Fire Alarm System: Fully Partial None

Single Family:

If replaced openings are not impact rated complete items (a) and (b) below:

(a) Total area of glazed openings of entire house: _____

(b) Total area of glazed openings being replaced: _____

Commercial / Multi Family:

What actions are being taken to insure egress and Fire Department access? _____

Notice: An alteration permit is required, instead of this permit, when an opening size is being modified, an opening is being added, an opening is being filled in, or a porch is being enclosed with air-conditioned space.

The following must be included with the application

- Job Specific Design Pressures prepared by a design professional. (Three for Commercial)
- The complete floor plan with openings locations, window 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](#).

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.

Job Information Address: _____ Permit #: _____

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.
3. Information about Wind Loads can be found in Section 1609 of the Florida Building Code 8th Edition (2023).
4. The basic wind speed for a Risk Category II = 170 mph, Category III = 185 mph & IV = 190 mph
5. See FBC Existing Building regarding replacement of windows
6. See FBC 705.8.5 regarding the required vertical separation of openings.
Openings in exterior walls in adjacent stories shall be separated vertically to protect against fire spread on the exterior of the buildings where the openings are within 5 feet (1524 mm) of each other horizontally and the opening in the lower story is not a protected opening with a fire protection rating of not less than 3/4 hour. Such openings shall be separated vertically at least 3 feet (914 mm) by spandrel girders, exterior walls or other similar assemblies that have a fire-resistance rating of at least 1 hour or by flame barriers that extend horizontally at least 30 inches (762 mm) beyond the exterior wall. Flame barriers shall also have a fire-resistance rating of at least 1 hour. The unexposed surface temperature limitations specified in ASTM E 119 or UL 263 shall not apply to the flame barriers or vertical separation unless otherwise required by the provisions of this code.
Exceptions:
 1. This section shall not apply to buildings that are three stories or less above grade plane.
 2. This section shall not apply to buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2.
 3. Open Parking Garages.
7. Owner-builders must sign an affidavit and supply homeowners insurance.
8. One application must be filled out with the original signature of the qualifier pulling the permit.
9. The fee for a window/door replacement permit is \$104.00 for the first opening; \$17.00 for each additional opening, \$150.00 maximum per house or dwelling unit; or \$150.00 maximum per floor for common area work in condominium or commercial buildings.
10. If Fire Review or inspection is required, then fees will be assessed per the current Fire Fees Ordinance.
11. If structural work must be performed a fee of \$50.00 per inspection shall be required.
12. 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.
13. If the contractor or owner plans to apply for the opening protection insurance discount, all openings must be impact resistant, that is all windows, doors and garage doors.

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