



Awning/Shade Shutter Permit Building Permit

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

17

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 ☐

Proposed Use under Awning: _____

Total square footage: _____ Type of awning: _____ Number of awnings: _____

Actual setbacks (feet): Front: _____ Rear: _____ Lside: _____ Rside: _____

Commercial: Is this material fire retardant? Yes ☐ No ☐

Notice: *If the scope of work is to provide cover for restaurant or bar seating, or other commercial use, a Commercial Alteration permit will be required for the regulation of the use.*

The Following must be included with the application:

- ☐ An electronic set of plans showing the design, size and location of the awning/shade shutter to be installed.
- ☐ An electronic copy of the engineered or mastered drawings.
- ☐ Waiver of Hurricane Protection Affidavit for Shade Shutter application.
- ☐ For Commercial include Flame Spread Cert

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

Regulations and Information

1. All awnings or shade shutters must meet the requirements of the Florida Building Code 8th Edition (2023).
2. Visit www.cityofmarcoisland.com/CSS for more information about how to submit for permit.
3. If engineering for the structure and materials being used is not on file, the contractor is responsible for supplying the drawings with an original signature and the raised seal of a registered Florida architect or structural engineer to City of Marco Island Building Division.
4. If permit is for a shade shutter, a Waiver of Hurricane Protection Affidavit must be submitted with the permit application.

Job Information Address: _____ Permit #: _____

5. Any awning or canopy, which extends 4 feet or more from an attached sprinkled building, must be equipped with an automatic fire sprinkler system.
6. Awnings that meet all testing requirements of NFPA 102 & NFPA 701 will now be accepted without fire sprinklers installed under the awnings.
7. See the Land Development Code for Special Overlay Districts.
8. One application must be filled out with the original signature of the qualifier pulling the permit.
9. The fee for an awning is \$0.62 per square foot. The minimum fee shall be \$50.00 per required inspection.
10. The fee for a shade only shutter is the same as for shutters. \$104.00 for the first opening; \$17.00 for each additional opening; \$150.00 maximum per house or units, or \$150.00 maximum per floor for common area work in condominium or commercial buildings.
11. Related Electric or Fire fees will be charged at the regular rate or permitted separately.
12. A plan check fee of 38% of the building permit fee will be charged at the time of application. This fee is not refundable nor is it credited to any other fee.

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