



Electric Building Permit

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

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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

Commercial ☐ Single-Family ☐ **NOTE:** All commercial remodels, additions, and alterations require plan review.

Is this a like for like replacement/repair? Yes ☐ No ☐

Will a firewall be affected by this work? Yes ☐ No ☐

The existing electrical load is being increased by _____ Amps.

Square Footage (If Applicable): _____

☐ Temporary Pole ☐ Change of Service from _____ to _____ Amps.

☐ Other: _____

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:

☐ A set of plans if the scope of work is not a "like for like" replacement.

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. See FBC CH 2701.1 Scope. Provisions of this chapter shall govern the electrical systems employed in buildings and structures covered by this code. Electrical systems shall comply with the provisions of NFPA 70. Where provisions conflict, this code shall govern.
4. Plans indicating a service of more than 600 amps shall be prepared, signed with a raised seal by a Florida Registered Electrical Engineer
5. All electrical equipment shall be located at or above the required base flood elevation.
6. Owner-builders must sign an affidavit and supply homeowners' insurance (Single-Family only).
7. One application must be filled out with the original signature of the qualifier pulling the permit.
8. The fee for this permit is \$0.20 per square foot of the gross square footage of the structure. The minimum fee shall be \$75.00 except for water heater disconnect, which is \$40.00.
9. For permits requiring plans, a plan review fee of 38% of the building permit fee will be charged at the time of application. This fee is non-refundable, nor is it credited to any other fee.
10. The Electronic Data Conversion Surcharge, added to all permits, will equal 5% of the total permit cost, with a minimum charge of \$5.00 and a maximum charge of \$300.00. The fee is capped at \$100.00 if the documents are also submitted in electronic format.

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: _____

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