



Extension / Re-Issuance

- ☐ **Apply to extend an application.** (Application is still active.)
- ☐ **Re-apply for an expired application.**
- ☐ **Apply to extend a permit.** (Permit is still active.)
- ☐ **Apply to Re-Issue an expired permit.**
- ☐ **Change of Primary Contractor.**

Job Information

Request Received on: _____

Original Permit #: _____ New Permit #: _____ Permit Type: _____

Parcel ID #: _____ Job Address: _____

Legal: Sub/Unit/Blk/Lot: _____

Owner's Name: _____

Owner's Mailing Address (if different): _____

Request Details

Original Application Expiration Date: _____ Original Permit Expiration Date: _____

Previous Extensions Granted: ☐ Yes ☐ No Inspections have been performed. ☐ Yes ☐ No

Proposed scope of work is the same as the original submittal? ☐ Yes ☐ No

Reason for Extension/Re-issuance: (attach additional documentation if necessary)

Contractor Information

Contractor: _____ State Cert/CC Comp Card #: _____

Address/Email/Phone: _____

Job Representative Contact Info: _____

The following must be included with this application

- ☐ If the scope of work has changed since the original permit was issued, submit all appropriate plans for review. If the scope of work has not changed, submit the original job site copy of plans.
- ☐ If there have been changes to the Building Code or local ordinances during any period while the permit or application was expired, submit revised plans showing how any new requirements have been met.
- ☐ If there are sub-contractors for electric, plumbing, mechanical, pool, and structural trades, submit a current sub-contractor confirmation form for each applicable trade.

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. For detailed information about application and permit timeframes please see Marco Island Code of Ordinances Ch 6-111 Sec 105. See MI Ord Ch 6-111 Sec 108 regarding fee schedules.
3. A building permit may be granted a maximum of two (2) ninety (90) day extensions by the Building Official. The extension cost shall be 50% of the original permit fee, with a maximum cost of \$500.00. Extensions may only be granted prior to expiration.
4. Permits may be reissued at a cost equal to the current permit fee for the work performed, not to exceed \$500.00.
5. If you require assistance with the Change of Contractor process, please contact permitdesk@cityofmarcoisland.com.

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.

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