



# Miscellaneous Permit Building Permit

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

# 11

**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

**Notice:** This permit form is for scopes of work that do not easily fit into other forms. You will find there is no permit type called Miscellaneous Permit. When you are applying in the portal, you should apply for the permit type that most closely covers your scope of work. You may contact [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com) for more information.

**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 copy in pdf format of all appropriate plans.

## 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](http://www.cityofmarcoisland.com/CSS) for more information about how to submit for permit.
3. Plans size should be 24" x 36" or smaller. Plans must be to scale.
4. If engineering for the structure and materials being used is not on file, the contractor is responsible for supplying to the Building Department, drawings with the original signature and raised seal of the registered Florida Structural Engineer who is certifying the structure.
5. Contact the City of Marco Island Building Department for a list of current engineering on file.
6. Check with the respective property owners association for deed restrictions.
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 this permit depends on the scope of work. Visit the Resources page of the Building Services website.
10. A plan review 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.

**Job Information** Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

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

Electric: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Roofing: \_\_\_\_\_

**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