



Multi-Family – Dwelling Unit Remodel Building Permit

4

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

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): _____

Prime Contractor Information

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

Address/Email/Phone: _____

Job Representative Contact Info: _____

Description of Work

Addition/Alteration Data

Remodel Total Sf: _____

(excluding solely flooring, painting, and work performed under separate permits.)

Does the structure contain Fire Sprinklers: Fully Partial None

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

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 in pdf format consisting of the following:

- Detailed scope of work.
- Floor plan of the unit to be worked in (if not common area) with work area highlighted.
- If the layout is being modified in any way, an existing floor plan and a proposed floor plan indicating all proposed layout changes and work areas shall be required.
- Floor plan of condo building with work area and floor penetrations
- UL Listings for fire rated wall assemblies and floor penetrations.
- Location of electric panel and details of electrical changes.
- Engineer's plan affidavit, if scope includes disturbing the structure.
- If work is related to the common area, or affects more than one dwelling unit, use a commercial alteration 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. Required plan size is 24" x 36" or standard sized paper. Plans must be to scale with a minimum of 3/16"=1'.
4. A total floor plan must be submitted with any interior remodeling. Work areas will be clouded.

Job Information Address: _____ Permit #: _____

5. Check with the respective property owners association for deed restrictions on any exterior work.
6. Plans for structural components must be designed, signed and sealed by a Florida State Certified Design Professional.
7. One application must be filled out with the original signature of the qualifier who is pulling the permit.
8. If the work will be performed in more than one unit but not in all units, a separate permit will be required for each unit that has a unique Tax Id (Folio Number).
9. Fee for this permit is \$0.57 per square foot of the gross square footage of rooms being remodeled with work requiring a building permit. The associated electrical, plumbing and mechanical fees are each \$0.20 per square foot of the gross square footage of the structure, with a minimum of \$77.00. Fire review and fire prevention (inspection) fees are assessed at the current adopted rate.
10. A fee equal to 38% of the permit fee will be charged at the time an application for a permit is received for plan review. This fee is not refundable nor is it credited to any other fee.

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

Electric: _____

Plumbing: _____

Mechanical: _____

Fire: _____

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