CITY OF MARATHON, FLORIDA
Building Department

Date Stamp

Rec'd by:_____

Application for Building Permit

Please fill out completely and submit two (2) sets of drawings/documents

Note: ALL OWNER BUILDERS MUST APPLY IN PERSON (F.S.489.103 (7))

Project #: _____ PARCEL ID / RE # _____

Property Owner's Name: _____

Owner E-Mail: _____ Phone: _____

Land Owner (Notarized Permission Letter): _____

Street Address of Proposed Construction: _____

Accurate Description of Work In Detail:

CHAPTER 837.06 F.S FALSE OFFICIAL STATEMENTS-WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING AND WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE PUNISHABLE AS PROVIDED FOR IN S.775.082 OR S. 775.063

Application for NEW Development:

Type of Construction: _____ Exterior Wall/Finish: _____ Type of Roof: _____

Is fill to be added to this property? ☐ Y ☐ N Amount of Material (in Cubic Yards) _____

Structure Being Altered or Constructed (Square Feet): _____ **Total Project Contract Cost: $** _____

Construction Debris to be Removed By: ☐ Applicant ☐ Specialty Contractor

Agents Name and Address: _____ Phone: _____

Contractor's Name: _____ Phone: _____

Address: _____ Email: _____

Subcontractors to be Used: Estimated Job Cost Portion

Electrical: _____ Phone: _____ $ _____

Plumbing: _____ Phone: _____ $ _____

Mechanical: _____ Phone: _____ $ _____

Roofing: _____ Phone: _____ $ _____

NOA/Florida Product Approval Code to be Used:*

Doors _____ Shutters _____

Windows _____ ***Signature**** _____

***Signature Certifies That Owner/Contractor/Subcontractor Has Read And Agrees To Comply With The Product Installation As Set Forth In The Provided Product Approvals.**

Required Notifications

In addition to the requirements of this permit, there may be DEED RESTRICTIONS and/or additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies."

If asbestos is present Contractors / Owner Builders shall inform the Department of Environmental Protection at 305-289-2310 and comply with Florida Statute 469.003. For all renovation or demolition work an asbestos affidavit is required to be signed and notarized.

The following statement does not apply to a direct contract to repair or replace an existing heating or air-conditioning system in an amount less than $7,500. The applicant promises in good faith that the following statement will be delivered to the person whose property is subject to attachment.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND FILED IN THE CITY OF MARATHON BUILDING DEPARTMENT BEFORE THE FIRST INSPECTION.

Applicants Affidavit: I hereby certify that I have read and examined this application and know that same to be true and correct and that all work will be done in compliance with all applicable laws regulating construction and zoning. All provisions of laws and ordinances governing this type work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any local, state or federal laws regulating construction or the performance of construction.

Applicants

_____ _____

Owner (Please Print) Contractor (Please Print)

_____ _____

Signature Signature

Date: _____ Date: _____

NOTARY:
STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this_____

day of _____, 20____, by _____,

who is personally known or who produced_____

for identification.

NOTARY as to Owner

(Notary Stamp)

_____

Signature of Notary Public

My Commission Expires: _____

NOTARY:
STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this_____

day of _____, 20____, by _____,

who is personally known or who produced_____

for identification.

NOTARY as to Contractor

(Notary Stamp)

_____

Signature of Notary Public

My Commission Expires: _____

AUTHORITY HAVING JURISDICTION, APPROVED FOR ISSUANCE OF PERMIT

Initial: _____ Date: _____



