



CITY OF MARATHON
 9805 Overseas Highway, Marathon, Florida 33050
 Phone: 305-743-0033 Fax: 305-743-3667
APPLICATION FOR BUILDING PERMIT

Application Received by: _____
Deposit received \$: _____
Receipt Number: _____

Please fill out completely.

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

- Is Property Use:**
- A. **Residential**
1. ≤ 6 EDU
2. > 6 EDU – **Engineering Required**
3. Multiple Buildings-**DEP Permit Required†**
- B. **Commercial**
1. ≤ 6 EDU
2. > 6 EDU – **Engineering Required**
3. Multiple Buildings-**DEP Permit Required†**

† Is a Department of Environmental Protection permit required? NA ___ No ___ Yes ___ Permit Number: _____

Project #: _____ Application Date: _____

Property Owner's Name: _____

Phone #: _____

Property Owner's Mailing Address: _____

Owners E-Mail Address: _____

Owner of land if different than owner of improvement: _____

(Notarized permission letter required) Land Owner's Mailing Address: _____

Street Address of Proposed Construction: _____

RE#: _____

Accurate description of work: _____

General Remarks: _____

Is fill to be added to this property **Y** ___ **N** ___ List amount of material (in cubic yards) _____

All excavation /fill will be contained within the property lines _____ (owner and/or contractor must initial)

Square Feet of Structure being altered or constructed: _____ % of entire structure: _____

Lineal Footage of work being altered or constructed: _____ Total Project Contract Cost: \$ _____

Construction debris will be removed by Applicant or Specialty Contractor

Agents Name: _____ Phone: _____

Agents Address: _____ E-mail address: _____

Architect/Engineer's Name: _____ Phone: _____

A/E Address: _____ E-mail address: _____

Contractors Name: _____ Phone: _____

Address: _____ E-mail address: _____

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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 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 YOUR 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 (print): _____

Contractor (print): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If cost of work exceeds \$2500.00 the owner must co-sign and have notarized the application as well as the contractor of record.

NOTARY:
STATE OF FLORIDA
COUNTY OF MONROE

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.

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 as to Contractor

(Notary Stamp)

(Notary Stamp)

Signature of Notary Public

Signature of Notary Public

My Commission Expires: _____

My Commission Expires: _____

AUTHORITY HAVING JURISDICTION, APPROVED FOR ISSUANCE OF PERMIT

Initial: _____ Date: _____