



# 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.

## Job Information

Request Received on: \_\_\_\_\_

Original Permit#: \_\_\_\_\_ New Permit#: \_\_\_\_\_ Permit Type: \_\_\_\_\_

Job address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Tax/Folio #: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Legal Address: Unit \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

## Request Details

Original app. expired on: \_\_\_\_\_ Original permit expired on: \_\_\_\_\_

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 #: \_\_\_\_\_

Qualifier's name: \_\_\_\_\_ Job rep: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## The following must be included with this application

\_\_\_\_\_ If the scope of work has changed since the original permit was issued, submit two (2) copies of all appropriate plans for review. Submit three (3) copies for commercial. If the scope of work has not changed bring in 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 subcontractors for electric, plumbing or mechanical trades, submit a current Subcontractor Confirmation Form for each applicable trade.

## Regulations and Information

1. City of Marco Island Building Services is regulated by the 2007 Florida Building Code (w/ 2009 Supplements). 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 equal 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.

**RECORDED NOTICE OF COMMENCEMENT MUST BE POSTED IF THE PROJECT VALUATION EXCEEDS \$2,500.00 (\$7,500.00 FOR MECHANICAL PERMITS)  
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 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 105.4.1.1 of the Marco Island Administrative Construction Code for information regarding the permit expiration date.

\_\_\_\_\_  
Print Name of Qualifier

\_\_\_\_\_  
Signature of Qualifier

State of Florida

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.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary