



**CITY OF MARATHON**  
9805 Overseas Highway, Marathon, Florida 33050  
Phone: 305-743-0033 Fax: 305-743-3667

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

**CODE VIOLATION**  
**\*\*AFTER THE FACT BUILDING APPLICATION\*\***

Please fill out completely.

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

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) \_\_\_\_\_

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

(Specialty Contractor Name): \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

| Subcontractors to be used: | Estimated Job Cost Portion |
|----------------------------|----------------------------|
| Electrical: _____          | \$ _____                   |
| Plumbing: _____            | \$ _____                   |
| Mechanical: _____          | \$ _____                   |
| Roofing: _____             | \$ _____                   |

**CODE VIOLATION - AFTER THE FACT BUILDING APPLICATION**

**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 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 (or in the case of replacement mechanical work the cost of work exceeds \$5000.00) the owner must co-sign the application;

NOTARY:  
STATE OF FLORIDA  
COUNTY OF MONROE

NOTARY:  
STATE OF FLORIDA  
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

who is personally known or who produced \_\_\_\_\_

who is personally known or who produced \_\_\_\_\_

for identification.

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: \_\_\_\_\_