



CITY OF  
**MARATHON**, FLORIDA  
 Building Department

**\*\*Code Violation\*\***

**After the Fact Building Application**

Rec'd by: \_\_\_\_\_

All Owner Builders Must Apply In Person (F.S.489.103 (7))

Project #: \_\_\_\_\_ RE: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Owner E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Owner (Notarized Permission Letter): \_\_\_\_\_

Land Owner's Mailing Address: \_\_\_\_\_

Street Address of Proposed Construction: \_\_\_\_\_

Accurate Description of Work In Detail:

General Remarks:

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

Structure Being Altered or Constructed (Square Feet): \_\_\_\_\_ % of Entire Structure: \_\_\_\_\_

Structure Being Altered or Constructed (Linear Feet): \_\_\_\_\_ Total Project Contract Cost: \$ \_\_\_\_\_

Construction Debris to be Removed By:     Applicant       Specialty Contractor    Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Architect/Engineer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subcontractors to be Used: \_\_\_\_\_ Estimated Job Cost Portion

Electrical: \_\_\_\_\_ Phone: \_\_\_\_\_ \$ \_\_\_\_\_

Plumbing: \_\_\_\_\_ Phone: \_\_\_\_\_ \$ \_\_\_\_\_

Mechanical: \_\_\_\_\_ Phone: \_\_\_\_\_ \$ \_\_\_\_\_

Roofing: \_\_\_\_\_ Phone: \_\_\_\_\_ \$ \_\_\_\_\_

### 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.

Owner:

Contractor:

Signature	Signature
Name (Please Print)	Name (Please Print)
Date	Date

Owner:

NOTARY STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appear \_\_\_\_\_

Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or  Produced ID: \_\_\_\_\_

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

\_\_\_\_\_  
My Commission Expires:

Contractor:

NOTARY STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appear \_\_\_\_\_

Who executed this foregoing instrument, and acknowledged before me that same was executed for the purposes therein expresses.

Personally Known or  Produced ID: \_\_\_\_\_

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

\_\_\_\_\_  
My Commission Expires:

Building Official:

Signature	Date
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### CITY OF MARATHON BUILDING DEPARTMENT

9805 Overseas Highway, Marathon, FL 33050

Phone (305) 289-5052 | [inspections@ci.marathon.fl.us](mailto:inspections@ci.marathon.fl.us) | [www.ci.marathon.fl.us/government/building/](http://www.ci.marathon.fl.us/government/building/)