



**City of Naples - Building Department**

295 Riverside Circle | Naples, Florida 34102

Phone: (239) 213-5020

www.naplesgov.com

**SITE WORK  
PERMIT APPLICATION**

Florida Building Codes, 7th Edition

**Job Information:**

Permit Application #: \_\_\_\_\_

Tax/Folio#: \_\_\_\_\_ Legal Description: \_\_\_\_\_

Job Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Est. Cost: \$ \_\_\_\_\_ Total Sq. Ft.: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

**Check permits needed:**

- Fountain     Lawn Sprinkler     Well     Pond     Deck     Phased Permit     Flagpole
- Excavate & fill vacant land     Sidewalks     Tank Removal     Resurface of Parking Lot

Test Piles,  
Piles,  
Foundation,

\*\*Irrigation systems installed within the reclaimed water distribution area are required to connect to the reclaimed water system.

Current Flood Zone: \_\_\_\_\_

\*\*If fill is proposed in a Special Flood Hazard Area Zone AE or AH then the following information will be required. Location, the amount, type and source of fill material, compaction specifications, and a description of the intended purposes of the fill areas.

\*\*If fill is proposed in a Coastal High Hazard Area Zone VE then the following applies:

- a) The use of fill for structural support is prohibited
- b) Non-structural fill shall be permitted only if an analysis prepared by a qualified registered design professional demonstrates no harmful diversion of floodwaters per code.

Description of Work: \_\_\_\_\_

\_\_\_\_\_

**Contractor Information:**

Contractor: \_\_\_\_\_ State Cert/CC Comp Card #: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City State Zip

*Sub-Contractor information must be supplied if other work will be performed*

Electrical: \_\_\_\_\_ State Cert/CC Comp Card #: \_\_\_\_\_

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

**The following must be included with the application:**

- \_\_\_ One copy of a site plan showing the property boundary, address and dimensions of the work area(s).  
(Plans not required for lawn sprinkler)

**Regulations and Information:**

- ~~1. Required plan size is 24" x 36" maximum. Plans must be to scale with a minimum of 3/16" = 1'~~
2. Owner-builders must sign an affidavit and supply homeowners insurance.
3. Check with the respective property owners association for deed restrictions.
4. Projects west of the Coastal Construction Control Line require a permit from the FL Department of Environmental Protection. Coastal Construction Variance from the Natural Resource Manager may also be required.
5. The fee for this permit is \$0.02 per square foot of the gross square footage of the structure/work area. The minimum fee shall be \$100.00. A plan review fee, equal to 20% of permit fee, will be due at time of application. If plan review fee is less than \$30.00, it will be collected at time permit is issued, or upon withdrawal. The plan review fee is not refundable, nor is it credited to any other fee. Initial Required Building & Fire Code Inspections: \$35.00 each inspection.

**Recorded Notice of Commencement must be posted if the project valuation exceeds \$2,500.00**  
**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 doubled if work is started without an approved permit.

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

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

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_physical presence or \_\_\_online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ by \_\_\_\_\_, who is \_\_\_personally known to me or\_\_\_ has produced \_\_\_\_\_ as identification.

(Seal)

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

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