



2800 N. Horseshoe Dr.
Naples, FL 34104

DOOR WINDOW OR SHUTTER PERMIT APPLICATION

JOB INFORMATION

SDP #: _____ Permit # _____
Tax Folio #: _____ Master permit # _____
Construction address: _____
Property Owner: _____ Owner's mailing address: _____
Architect/Engineer: _____ E-mail address: _____ Phone #: _____

CONTRACTOR INFORMATION (Must provide notarized statement if owner/builder)

Contractor: _____ Collier County Certificate #: _____
Qualifier's name: _____ State Cert #: _____
Address: _____ Job Rep: _____
City: _____ State: _____ Zip: _____ Phone #: _____
E-mail address: _____ Fax #: _____
Contracted Value \$: _____

WORK BEING PERFORMED

Description of work: _____
Number of Windows: _____ (impact – yes___ no___) Number of Doors: _____ Garage Door replacement: _____
Number of Manual Shutters: _____ Number of Motorized Shutters: _____
Is there an existing fire sprinkler system? Yes No Number of Stories: _____ Unit Number: _____
Will the shutters be enclosing a Lanai? Yes No Which floor does the scope of work take place? _____
 Commercial Single Family Multi-Family
 Private Provider Permit Permit by affidavit Code Case # _____

LOT DATA

Subdivision: _____ Section: _____ Township: _____ Range: _____
Block: _____ Lot/Parcel: _____ Unit: _____ Tract: _____
Taz: _____ Flood Zone: _____ Flood Panel # _____ Zoning: _____ Special Zoning: _____
Depth: _____ Ft. Width: _____ Ft. Area: _____ Ft. FIRM PANEL# _____ E.F.E. _____
Bench Mark Elevation: _____ Location: _____ Breakaway Walls: Yes No

1 & 2 Family- submit **two** (2) complete assembled sets of plans, a minimum of **two** (2) of these sets shall be signed and sealed as determined to be applicable, included but not limited to the following:
Multi-Family or Commercial- submit **three** (3) complete assembled sets of plans, a minimum of **two** (2) of these sets shall be signed and sealed as determined to be applicable, included but not limited to the following:

Applicant	In Take	Plan Reviewer	
Included	Verified	Verified	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. E-mail address, fax number, and phone number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Floor plan showing location of windows/door/shutters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Sealed engineering including design pressures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Highlight Product
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Window & door NOA or State of Florida product approval

I have read all requirements above and agree that the submission of these plans is correct.

(APPLICANT SIGNATURE) DATE

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.

The approved permit and/or permit application expires if not commenced within six (6) months from the date of issuance. The permit or application fee will be two times the amount of the permit fee, if work is started without an approved permit. The permittee further understands that only licensed contractors may be employed and that the structure will not be used or occupied until a certificate of occupancy is issued. By signing this permit application, I agree that I have been retained by the owner/permittee to provide contracting services for the trade for which I am listed. Furthermore, it is my responsibility to notify the Customer Service section of the Building Review and Permitting Department should I no longer be the contractor responsible for providing said contracting services. I further agree that I understand that the review and issuing of this permit does not exempt me from complying with all County Codes and Ordinances. It is further understood that the property owner/permittee is the owner of the permit.

WARNING OF POSSIBLE DEED RESTRICTIONS

THE LAND SUBJECT TO THIS PERMIT MAY BE SUBJECT TO DEED, AND OTHER RESTRICTIONS THAT MAY LIMIT OR IMPAIR THE LANDOWNER'S RIGHTS. COLLIER COUNTY IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THESE RESTRICTIONS, NOR ARE COLLIER COUNTY EMPLOYEES AUTHORIZED TO PROVIDE LEGAL OR BUSINESS ADVICE TO THE PUBLIC RELATIVE TO THESE RESTRICTIONS. THE LANDOWNER OR ANY APPLICANT ACTING ON BEHALF OF THE LANDOWNER IS CAUTIONED TO SEE PROFESSIONAL ADVICE.

WARNING ON WORK IN COUNTY RIGHT-OF-WAYS

This permit does not authorize construction or installation of any structure or utility, above or below ground, within any right-of-way or easement reserved for access, drainage or utility purposes. This restriction specifically prohibits fencing, sprinkler systems, landscaping other than sod, signs, water, sewer, cable and drainage work therein. If such improvements are necessary, a separate permit for that purpose must be obtained from Transportation/ROW Permits and Inspections (239) 252-5767.

NOTICE: In addition to the requirements of this permit, there may be 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 governmental entities such as water management district, state agencies, or federal agencies.

Print Name of Qualifier

Signature of Qualifier

STATE REGISTRATION NUMBER: _____

COUNTY CERTIFICATE # _____

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.

(SEAL)

Signature, Notary Public-State of Florida

Printed, Typed, or Stamped Name of Notary