

2800 N. Horseshoe Dr. Naples, Fl. 34104

PRE-MOVING PERMIT APPLICATION

JOB INFORMATION

Tax Folio #:		Permit #:			
Property Owner:					
Job address:					
Owner's mailing address:					
Contractor:		Certificate #:		Phone #	
Contractors contracted cost \$:		E-mail address:		Fax #:	
BUILDING DATA					
Total Living Area: T	otal Non-Living Area:		Number of Be	edrooms:	
		Number of Stories:			
Number of Units: To					
Bldg. Depth:Ft. B					
Construction Type: I II III IV	-				
Description of Work:					
Type of Sewage Disposal: CC					
Type of Water Supply:					
Existing Meter: TYes TNo	Water Meter Size:				
LOT DATA					
Subdivision:Se	ection:Town	ship:	_Range:	Block:	
Lot/Parcel:Unit:	Tract:	Taz:	Floo	d Zone:	
Width: Ft. Depth:	Ft. Area:	Sf Zo	ning:		
FIRM PANEL#: F.F.E.:	Special Zoning:				
Bench Mark Elevation:	Location:	Break	away Walls	⊒Yes ⊒No	
OFFICE USE ONLY					
Setbacks: Front:	Rear: I	_eft Side:	R	ight Side:	
Comments					

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 four 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- ofway 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	e thisday 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