



Growth Management
Community Development Department

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Spot Survey Waiver

For sheds 200 sq ft or less

STATE OF FLORIDA
COUNTY OF COLLIER

Permit #: _____

I, _____, do hereby affirm that the work performed at address: _____, shall conform to the applicable setback(s), elevation, and easement requirement(s) established by the Collier County Land Development Code and/or any other applicable agency.

If an encroachment does occur, I hereby agree to relocate this structure to conform to such setbacks.

(Select one):

- OWNER-BUILDER CONTRACTOR DESIGN PROFESSIONAL

Signed: _____ Printed Name: _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this: _____ day of _____, 20_____, by (printed name of owner or qualifier) _____

Such person(s) Notary Public must check applicable box:

- Are personally known to me
 Has produced a current driver's license _____
 Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial

Notary