

Marine Improvements

PERMIT #	!		
DATE		CLERK	
Payment r	nethod:		

CONTRACTOR INFORMATION							
Contractor Business Name:	Li	icense Holder's Name:					
Mailing Address:	С	City License #:					
City: State: Zip:	S	State License #:					
Phone #: Fax #:	С	Contact Person:					
To Construct:	E	mail:					
PROPERTY INF	FORI	MATION					
Property Owner:	В	Block Lot Unit	[
Site Address:	S	Strap #:					
City: State: Zip:							
Phone #: Fax:							
Corner Lot: Canal Type: Existing Sq.	Ft:	Proposed Sq. Ft:					
Dock projection into Canal: Right Side:		Left Side:					
Is this property on the river or the Spreader Canal?							
Will rip-rap be used?		Valuation:					
Yes HAVE YOU CHANGED THE STATUS OF YOUR ALL			OR				
□ No TRANSFERENCE OF BOAT SLIP CREDITS OR CREDIT TO ANOTHER PARTY?							
☐ Yes DO YOU UNDERSTAND THAT THIS ACT OF TRA	Yes DO YOU UNDERSTAND THAT THIS ACT OF TRANSFERENCE IS PERPETUAL AND WILL APPLY TO ALL						
□ No FUTURE OWNERS BOAT SLIP RIGHTS?							
Yes DO YOU UNDERSTAND THAT IF YOU SELL, TRANSFER OR IN ANY WAY RELINQUISH YOUR							
	No OWNERSHIP TO THIS PROPERTY, THE NEW OWNER MUST BE INFORMED AS TO THE FACT AN EXTENT THAT THEIR ALLOWABLE BOAT SLIP RIGHTS HAVE BEEN COMPROMISED?						
EXTENT THAT THEIR ALLOWABLE BOAT SLIP RIC	эпіо	B HAVE BEEN COMPROMISED!					
Yes HAS YOUR PROJECT BEEN REVIEWED AND FOUND TO BE CONSISTENT WITH THE LEE COUNTY							
No MANATEE PROTECTION PLAN?							
Nee HAVE VOLLCOMBLETED THE LAW ENGODOEMEN	IT 841		COLINITY				
☐ Yes HAVE YOU COMPLETED THE LAW ENFORCEMENT MITIGATION REQUIRED UNDER THE LEE COUNTY ☐ No MANATEE PROTECTION PLAN?							

Prior to the start of construction, additional permits may be required through the U.S. Army Corps of Engineers (239-334-1975). Failure to obtain this authorization prior to construction may subject you to enforcement action by that agency. The City of Cape Coral hereby notifies permit holders that the improper operation of watercraft may pose risks or harm to the Florida manatee, a species listed as endangered under the Federal Endangered Species Act. For information on how to avoid causing harm to manatees and to obtain general information, please contact the Florida Wildlife and Conservation Commission at (888) 332-3692 www.floridaconservation.org or the U.S. Fish & Wildlife Service at (904) 232-2580 or www.fws.gov. This permit

does not authorize violation of any law or regulation. The permitee shall at all times comply with all applicable laws and regulations, including securing any and all necessary federal or state permits and complying with the Endangered Species Act and the Marine Mammal Protection Act. The City of Cape Coral accepts no liability for boating activities that may be in any way connected with the watercraft access facility authorized by this permit.

NOTE: Per Cape Coral Land Development Code Chapter 4, Section 5.4.2: For docks, wharves, mooring piles, and watercraft moorings, prior to the final inspection by the City, the owner shall submit a final signed and sealed survey showing that all construction is in compliance with the Cape Coral Land Development Code. An inspection hold will be palce on the permit until the final signed and sealed survey is received and reviewed by plan review staff in the City of Cape Coral Building Division.

PLOT PLAN MUST SHOW:

Property Lines
Distance from Structure to Property
Line Dock Projection into Canal
Label Ladders and Reflectors

Square Footage of Existing Structures Square Footage of Proposed Structures Drawn to Scale or Accurate Measurements Clearly Labeled



Building Approved by:

Zoning Approved by:

Fire Approved by:

Species Approved by:

Released by (Permit Tracker):

Issued by (Building Clerk):

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I further certify that I have entered into a contract with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in this application. I have also made the owner/agent aware of the provisions of the Homebuyers Protection Act. I certify that all the foregoing information is accurate, the city has been advised of all easements on the property and all work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the current Florida Building Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, AND IMPACT FEES. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc. NOTICE: In addition to the requirements of this permit, there may be additional restrictions to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I hereby acknowledge that I have read and understood the above affidavit on theof, 20						
APPLICANT NAME(TYPE OR PRINT)	SIGNATURE OF APPLICANT					
(SIGNATURE MUST BE NOTARIZED)						
STATE, COUNTY OF						
Sworn to (or affirmed) and subscribed before who is person as identification.	e me this day of, 20, by ally known or produced	_				
Signature of Notary Public: Printed name of Notary Public:						
	OR OFFICE USE ONLY					
PPROVALS:						

Permit #:

Date:

Date:

Date:

Date:

Date:

Issue Date:

Expiration Date: