



Marion County Building Department
 2710 East Silver Springs Boulevard
 Ocala, Florida 34470

Phone: (352) 438-2400 Fax: (352) 438-2401

Website: www.marioncountyfl.org/Building/building_default.aspx

Checklist

Hurricane Shutters / Awnings

Documents may be copied; signatures must be original

Office Use

	Permit Application	Completed and signed by: Owner - if submitting permit application as Owner/Builder Licensed Contractor - if contractor is submitting permit application Note: Signatures must be notarized if project cost is over \$2,500 (Building Department Service Representatives provide notary services)
	Recorded Warranty Deed	If property owner is new or recently changed, provide one (1) copy of a Recorded Warrant Deed. (Recorded deeds may be obtained at the Marion County Clerk of the Courts Office)
	Plans	Two (2) sets of plans showing location of shutters or awnings.
	Product Approval Specification Forms	Two (2) forms to include the manufacturer's product description and Florida Product Approval Numbers
	Construction Lien Law Affidavit	Signed by the owner of the real property or signed by an assigned member thru articles of incorporation.
	Notice of Commencement (NOC)	Projects over \$2,500 require a certified true copy of a NOC. The NOC must be submitted to the Building Department prior to the first inspection. The NOC must be signed by the property owner or an assigned member thru Articles of Incorporation. (www.sunbiz.org)
	Owner/Builder Affidavit	Required when an owner is submitting a permit application as Owner/Builder. This affidavit must be signed in the presence of a service representative.
	Notarized Authorization Letter / Lease Agreement	If applicant is not legal owner, provide a notarized authorization letter from the property owner or a lease agreement.

I certify that this application includes all of the required items listed above. I understand this packet will be rejected if any required documents are missing or incomplete.

Print Name of Applicant/Contractor

Signature of Applicant/Contractor

Date

For Office Use Only			
Reviewed By: _____	Date: _____	Accepted: ____	Rejected: ____