



# **PAINTER'S SCOPE OF WORK**

## **FRANKLIN COUNTY BUILDING DEPARTMENT**

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

Phone: 850-653-9783 Fax: 850-653-9799

[http://www.franklincountyflorida.com/planning\\_building\\_services.aspx?sid=building](http://www.franklincountyflorida.com/planning_building_services.aspx?sid=building)

20\_\_\_\_  
**REGISTRATION**

# \_\_\_\_\_

**FEE:** \$ \_\_\_\_\_

### **PAINTING SUBCONTRACTOR'S ARE PERMITTED TO:**

- **Paint Entire Buildings.**
- **Minor Repairs that do not involve the structural stability of the structure and involve less than 25% of the structure.**
- **Includes doors and windows of the same size. (REQUIRES PERMITS)**
- **Replacement of damaged or rotting wood on existing porches and/or decks involving less than 25% of the replacement that is not structural.**

### **PAINTING SUBCONTRACTOR'S CANNOT PERFORM THE FOLLOWING:**

- **New Construction**
- **Electrical**
- **Plumbing**
- **HVAC**
- **Roofing**

I, \_\_\_\_\_, have read and have understood that if I am working out of the scope of work the State of Florida could fine for doing unlicensed work. I also understand that any work that I contract over \$1,000 will require a permit from the Building Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name:

### **STATE OF FLORIDA** **COUNTY OF FRANKLIN**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known/or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY:

\_\_\_\_\_  
Notary's Printed Name:

\_\_\_\_\_  
My Commission Expires: