



REPAIR/ADDITION PERMIT APPLICATION

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.aspx

PERMIT # _____

FEE: \$ _____

TOTAL: \$ _____

NOTE TO APPLICANTS AND PERMIT HOLDERS:

VIOLATIONS OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY WARRANT A STOP WORK ORDER OR REVOCATION OF THIS PERMIT. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. CONSTRUCTION MUST COMMENCE WITHIN SIX MONTHS OF THIS DATE.

APPLICATION MUST BE COMPLETE: (We will no longer accept incomplete applications)

Property Owner/s: _____

Contact Information: Home #: _____ Cell #: _____

Mailing Address: _____ City/State/Zip: _____

EMAIL Address: _____

Contractor Name: _____ Business Name: _____

Contact Information: Office #: _____ Cell #: _____

State License #: _____ County Registration #: _____

Mailing Address: _____ City/State/Zip: _____

EMAIL Address: _____

PROPERTY DESCRIPTION: 911 Address: _____

Lot/s: _____ Block: _____ Subdivision: _____ Unit: _____

Parcel Identification #: _____

JURISDICTION: Franklin County

Apalachicola Eastpoint St. George Island Carrabelle Dog Island Lanark/ St. James St. Teresa Alligator Point

DESCRIPTION OF DEVELOPMENT: _____

ZONING DISTRICT: _____ CONTRACT COST: _____

HEATED SQ FT: _____ UN-HEATED SQ FT: _____ TOTAL SQUARE FOOT: _____

ROOF MATERIAL: _____ FOUNDATION TYPE: _____ LOT DEMENSION: _____

NO. OF STORIES: _____ STORAGE SQ FOOTAGE: _____ GAS UTILITIES: _____

(Requires Building or General Contractor if over 3 habitable stories including mezzanines.) (VE Zones: 299 Sq. Foot or Less and MUST be certified breakaway construction by Engineer)

SEPTIC TANK PERMIT # _____ OR SEWER DISTRICT: _____

WATER DISTRICT: _____ OR PRIVATE WELL: _____

WATER BODY: _____

CRITICAL SHORELINE DISTRICT: YES OR NO CRITICAL HABITAT ZONE: YES OR NO

FLOOD ZONE INFORMATION: EFFECTIVE DATE: February 5, 2014

PANEL NUMBER: _____ **FIRM ZONE/S:** _____

ELEVATION REQUIREMENTS AS PER SURVEY: _____

Requires V-Zone Certification Requires Elevation Certificates Requires Smart Vents Requires Breakaway Walls

BUILDING OFFICIAL DATE FLOODPLAIN ADMIN. DATE OWNER/CONTRACTOR DATE

SUPPLEMENTAL APPLICATION

1- Proposed Alteration of the Land:

- Determination of COE & DEP Wetlands: _____
- Amount and location of Fill to be placed on property: _____
- Percentage of land to be placed in impervious surface: _____

2- Critical Shoreline Inspection:

- Construction to be a minimum of 50 feet from the mean high water or wetland: _____
(Must be indicated on submitted site plan)
- Construction within 50 feet of the mean high water or wetlands: _____
- Attach the Board of Adjustment Approval: Date of Approval: _____
(Expires One Year From Approval Date)

3- Elevation Requirements:

- FLOOD ZONE: _____ BASE FLOOD ELEVATION: _____
- LOWEST BASE FLOOD ELEVATION AT BUILDING SITE: _____
- A/AE/AH/AO ZONES: Elevation of bottom of the first floor: _____
- VE Zones: Elevation of the first floor horizontal support structure: _____

DEVELOPMENT APPLICATION CHECKLIST

RESIDENTIAL:

- _____ Application
- _____ Signed Contract Cost
- _____ Boundary Survey (Non-Flood Zones)
- _____ Site Plan
- _____ Septic Tank Permit
- _____ Water & Sewer Letter
- _____ Energy Code Form
- _____ 2 Complete Sets of Building Plans
- Wind Load Analysis Engineered
- _____ State Permits
- DEP Permits COE Permits FDOT Permits
- _____ Structure Height & Number of Stories Affidavit
- _____ Portable Toilet Agreement
- _____ Owner/Builder Affidavit
- _____ Dumpster Affidavit
- _____ Termite Affidavit
- _____ Turtle Light Affidavit (If Applicable)
- _____ Recorded Notice of Commencement

FORMS REQUIRED IN FLOOD ZONES: (Additional)

- _____ Topographical Survey
- _____ Flood Plain Management Review
- _____ V Zone Certification (If Applicable)
- _____ Smart Vent Certification (If Applicable)
- _____ Elevation Affidavit
- _____ Non Conversion Agreement

COMMERCIAL: (Additional to Residential)

- _____ P&Z Approval Notice
- _____ BOA Approval Notice
- _____ BCC Approval Notice
- _____ DEP Storm Water Permit/Exemption
- _____ DBPR Approval
- _____ Parking Plan
- _____ Flood Proofing Certification (If Applicable)

SUB-CONTRACTOR LIST

PLEASE BE ADVISED THAT ALL CONTRACTORS DOING WORK IN FRANKLIN COUNTY MUST BE REGISTERED IN FRANKLIN COUNTY PRIOR TO PERFORMING ANY WORK IN THIS COUNTY. ALL GENERAL, RESIDENTIAL & BUILDING, ELECTRICAL, PLUMBING, HVAC & ROOFING CONTRACTOR'S ARE REQUIRED TO PULL PERMITS ON ALL NEW, RENOVATIONS, REMODEL PROJECTS.

CONTRACTOR OR OWNER HAS CONTRACTED WITH THE FOLLOWING (OWNER/BUILDERS ARE NOT ALLOWED TO HIRE SPECIALTY FRAMING CONTRACTORS) ALL CONTRACTOR'S & SUBCONTRACTOR'S MUST BE REGISTERED WITH FRANKLIN COUNTY AND ALL APPLICABLE PERMITS MUST BE OBTAINED BEFORE COMMENCING WORK.

- | | | | |
|-------------------|-------------------------------------|-------------------|-------------------------------------|
| Contractor: _____ | <input type="checkbox"/> Registered | Insulation: _____ | <input type="checkbox"/> Registered |
| Electrical: _____ | <input type="checkbox"/> Registered | Painting: _____ | <input type="checkbox"/> Registered |
| Plumbing: _____ | <input type="checkbox"/> Registered | Framing: _____ | <input type="checkbox"/> Registered |
| HVAC: _____ | <input type="checkbox"/> Registered | Masonry: _____ | <input type="checkbox"/> Registered |
| Roofing: _____ | <input type="checkbox"/> Registered | Tile: _____ | <input type="checkbox"/> Registered |
| Propane: _____ | <input type="checkbox"/> Registered | Siding: _____ | <input type="checkbox"/> Registered |
| Concrete: _____ | <input type="checkbox"/> Registered | Other: _____ | <input type="checkbox"/> Registered |
| Piling: _____ | <input type="checkbox"/> Registered | Other: _____ | <input type="checkbox"/> Registered |



DUMPSTER AGREEMENT AFFIDAVIT

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DUMPSTER AGREEMENT AFFIDAVIT

I, _____, said Contractor/Owner, agree to have an on-site dumpster or some type of debris container to store debris material to contain all scrap building materials.

- Cubic Yard Dumpster
- Trailer Dumpster
- Dump Truck
- LIST: _____

 Contractor's Signature: Date

 Contractor's Printed Name:

 Owner's Signature: Date

 Owner's Printed Name:

State of Florida
County of Franklin

I, _____, who is personally known or provided the following identification _____, on this day ____ of _____, 20__ understand that I have read and understood the above statement and will comply or the Final Certificate of Occupancy will be held up until the above has been documented.

NOTARY: _____

SEAL:

 Printed Name



OWNER BUILDER AFFIDAVIT

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**FRANKLIN COUNTY
PERMIT NUMBER**

OWNER-BUILDER DISCLOSURE STATEMENT

Florida Statute 489.103(7) requires all owners of property acting as their own contractor to complete the following disclosure statement and **personally appear to sign for the building permit**. This is an affidavit for contractor exemption for owner/builder applying for building permits in the jurisdiction of the Franklin County Building Department.

NOTE: A PERSON WHO KNOWINGLY MAKES A FALSE WRITTEN DECLARATION MAY BE GUILTY OF THE CRIME OF PERJURY, A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED BY THE FLORIDA STATUTES 775.082 OR 775.084.

- 1- I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specified that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license. **INITIALS:** _____
- 2- I understand that building permits are not required to be signed by a property owner unless he/she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. **INITIALS:** _____
- 3- I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his/her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his/her license numbers on permits and contracts. **INITIALS:** _____
- 4- I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. **The building or residence must be for my own use or occupancy.** It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. **INITIALS:** _____
- 5- I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. **INITIALS:** _____
- 6- I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the license required by law and by county or municipal ordinance. **INITIALS:** _____
- 7- I understand it is a frequent practice of un-licensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or his own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his/her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. **INITIALS:** _____
- 8- I understand that I may not delegate the responsibility for supervising work to a contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means I must comply with laws requiring the withholding of federal income tax and social security contributions under federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. **INITIALS:** _____

- 9- I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. INITIALS: _____
- 10- I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or www.myfloridalicense.com for more information about licensed contractors. INITIALS: _____
- 11- I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

PROPERTY ADDRESS: _____

- 12- I agree to notify the Franklin County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

NOTE: Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage. Chapter 455.228 F.S.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. The property owner's driver's license or other type of identification acceptable for issuing the permitting agency is required to be provided for notarization when the permit is issued.

I have read the above and understand it and will comply with all rules and regulations and statutes.

SIGNATURE: _____ PRINT: _____
 Property Owner

SIGNATURE: _____ PRINT: _____
 Property Owner

Owner's Address: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
 By _____ who is personally known to me/who produced the following
 _____ as identification and who did take an oath.

STATE OF FLORIDA
 COUNTY OF FRANKLIN

NOTARY SIGNATURE: _____ SEAL:

Printed Name: _____



SITE PLAN

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

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http://www.franklincountyflorida.com/planning_building_services.aspx?sid=building

PERMIT

Large empty rectangular area for the site plan drawing.

SCALE: _____" = _____'

DATE: _____

ADDRESS:

DRAWN BY:



**TEMPORARY PERMANENT
POWER AFFIDAVIT**

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.aspx

DATE: _____

PERMIT # _____

FEE: **\$ 10.00**

Property Owner/s: _____

Contact Information: Home #: _____ Cell #: _____

Mailing Address: _____ City/State/Zip: _____

General Contractor: _____ Phone #: _____

Electrical Contractor: _____ Phone #: _____

PROPERTY DESCRIPTION: 911 Address: _____

Lot/s: _____ Block: _____ Subdivision: _____ Unit: _____

Parcel Identification #: _____

I, _____ the Electrical Contractor and _____, the General Contractor agree to accept all responsibility to have the temporary/permanent electrical power turned on at the above described property and approved permit as noted above. By signing this affidavit all electrical wires and systems be terminated in a safe manner approved by the Building Inspector or Official. At any time prior to the issuance of a Certificate of Occupancy, we authorize Franklin County Officials to disconnect the temporary/permanent electrical power to the residence/structure at the above noted site in order to mitigate and safety codes, rules, regulations or for any other authorized issue(s).

Owner or Contractor: _____ Date: _____

Before me personally appeared _____ (Owner or Contractor) who is personally known to me, or presented _____ identification. Sworn to and subscribed before me this _____ day of _____, 20_____.

SEAL:

State of Florida, Notary Public

Electrical Contractor Date

Before me personally appeared _____ (Owner or Contractor) who is personally known to me, or presented _____ identification. Sworn to and subscribed before me thi _____ day of _____, 20_____.

SEAL:

State of Florida, Notary Public

IMPORTANT NOTE:

- 1- AUTHORIZATION OF THIS TEMPORARY/PERMANENT ELECTRICAL POWER WILL BE ALLOWED FOR A PERIOD **NOT TO EXCEED NINETY (90) DAYS** FROM THE DATE THE TEMPORARY/PERMANENT ELECTRICAL POWER IS INSPECTED AND APPROVED BY THE FRANKLIN COUNTY BUILDING DEPARTMENT. IF THE CERTIFICATE OF OCCUPANCY HAS NOT BEEN ISSUED WITHIN THIS TIME PERIOD THE BUILDING DEPARTMENT WILL TERMINATE THE TEMPORARY/PERMANENT ELECTRICAL POWER AT THIS RESIDENCE/STRUCTURE.
- 2- THIS RESIDENCE/STRUCTURE **SHALL NOT** BE OCCUPIED WITHOUT THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY. VIOLATION OF THIS REQUIREMENT WILL RESULT IN THE IMMEDIATE CANCELLATION OF THE TEMPORARY/PERMANENT ELECTRICAL POWER AND MAY RESULT IN POTENTIAL CRIMINAL CHARGES BEING PURSUED AGAINST ALL OF THE ABOVE SIGNEES.

NOTES:

- 1- The electrical wiring to/in the residence/structure **must** be installed and inspected per approved Florida Building Codes.
- 2- All sub panels and disconnects **must** be installed and labeled with covers in place.
- 3- All breakers **must** be installed with wiring connected and labeled.
- 4- All switches and outlets **must** be installed or made safe.
- 5- Any other wiring **must** be made safe and secured in a junction box.
- 6- The correct address numbers, four (4) inches or larger, **must** be posted on the residence/structure in a conspicuous place.

NOTICE OF COMMENCEMENT

Space Reserved For Recording:	
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PERMIT # _____ **PARCEL ID #** _____

STATE OF FLORIDA, COUNTY OF FRANKLIN

The **UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, an in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

LEGAL DESCRIPTION OF PROPERTY: (Include Street Address)

General Description of Improvements: _____

Owner Information or Lessee Information Contracted For The Improvements:

Name: _____ **Phone Number:** _____

Address: _____

Owner's Interest In Site Of The Improvement: _____

Name & Address Of Fee Simple Titleholder: _____

(If Different From Owner Listed Above):

Contractor's Name: _____ **Phone Number:** _____

Address: _____

Surety: (If Applicable, A Copy Of The Payment Bond Is Attached): _____

Name & Address: _____ **Amount: \$** _____

Lender Name: _____ **Phone Number:** _____

Address: _____

PERSONS WITH IN THE STATE OF FLORIDA DESIGNATED BY THE OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED FOR BY FLORIDA STATUTE 713.13(1) (A) 7.

NAME: _____

ADDRESS: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES THE FOLLOWING PERSON(S) TO RECEIVE A COPY OF THE LEINOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1)(B) FLORIDA STATUTES:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE 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.

NOTARY SEAL:

Owner/Agent Signature: _____

Printed Name: _____

Sworn to me this _____ **day of** _____ **In the year of 20** _____

Notary Signature: _____

Printed Name: _____