



SITE PREP 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) **(NO FILL)**

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: _____

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

REQUIRED DOCUMENTS:

_____ Application