



SOLAR PANEL 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: _____

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
- _____ Product Approval Codes
- _____ 2 Set of Schematic/Electrical Plans
- _____ Signed Contract of Contract Cost
- _____ Recorded Notice of Commencement

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: _____