



ELECTRICAL UPRGRADE/RE-WIRING 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: \$100.00

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