NEW RESIDENTIAL BUILDING PERMIT APPLICATION

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

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

https://www.franklincountyflorida.com/county-government/planning-building/

Property Owner Information:

Property Owner: _____

Mailing Address: _____

Phone Number: _____

Contractor Information:

Contractor Name: _____

Business Name: _____

State License Number: _____

Phone Number: _____

Email: _____

Property Information:

911 Address/Construction Location: _____

Parcel Identification Number: _____

Property is Zoned: R1 ☐R2 ☐R3 ☐R4 ☐ Other: _____

Near Water Body: _____

Gate Code (if located in Gated Community): _____

Description of Development:

☐New Single Family Residence ☐Other: _____

Heated Sq. Ft: _____ Un-heated Sq. Ft: _____ Total Sq. Ft: _____

Roof Material: _____ Foundation Type: _____ No. of Stories: _____

Enclosure Under Home Sq. Ft. (elevated homes): _____Contract Amount: _____

Septic Tank Permit # or Sewer District: _____

Water District or Private Well: _____

Owner/Contractor Signature **Date**

OFFICE USE ONLY

FLOOD Panel Number: Firm Zone: _____

Elevation Requirements: _____

Critical Shoreline District: ☐YES ☐ NO

Critical Habitat Zone: ☐YES ☐ NO

PERMIT NUMBER: _____

Permit Fee: $_____

Radon: $_____

Total FEE: $_____

_____ _____

FLOODPLAIN MANAGER DATE **BUILDING OFFICIAL DATE**

I, _____, hereby certify that the below listed requirements will be met. Please initial next to each:

____ I agree to have a portable toilet on site for the duration of construction, or I have made the following arrangements and attached a letter explaining.

____ I agree to provide an onsite dumpster/debris trailer and maintain a clean job site.

____ I agree to provide documentation that a COMPLETE TERMITE treatment was performed on this site according to the guidelines outlined in the Florida Building Code.

____ This structure will not exceed 47 feet from the natural grade.
Height of Structure: _____

____ This structure will not exceed 3 habitable stories. Number of Stories: _____

____ I agree to ensure that ALL REQUIRED SUPPLEMENTAL PERMITS ARE OBTAINED.

____ I agree to schedule all required inspections at the appropriate time.

____ I understand that a building under construction elevation certificate will be required when the first floor is established for any new structure being built in a flood zone (A, AE, VE ZONES). Construction should not go beyond this point until the elevation certificate has been provided and reviewed.

____ I understand that a final elevation certificate will be required at the completion of the structure for any new structure built in a flood zone (A, AE, VE ZONES)

____ I agree to adhere to the requirements of County Ordinance 2015-1 Lighting Ordinance for Marine Turtle Protection of Franklin County, Florida

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 DATE ISSUED.

Owner/Contractor Signature **Date**

FRANKLIN COUNTY BUILDING DEPARTMENT

STATEMENT FOR WATER

Site Address: _____

- ☐ Public Utilities Water is available and will be utilized for water to the structure. A letter from the public water utility company is attached to verify availability.
- ☐ Well: A working potable water well located on the site will be used to supply water to the structure.
- ☐ Public Utilities Sewer is available and will be utilized for sewer to the structure. A letter from the public sewer company is attached to verify availability.
- ☐ Septic Tank – A new or existing septic system located on this site will be used. A current septic permit or existing septic system letter from the Franklin County Health Department is attached to application.

Owner/Contractor Signature **Date**

NEW RESIDENTIAL BUILDING PERMIT CHECKLIST

THIS FORM MUST BE SIGNED AND SUBMITTED TO THE PERMIT CLERK. INCLOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PLEASE INITIAL INDICATING ALL REQUIRED DOCUMENTS ARE INCLUDED:

REQUIRED DOCUMENTS:

_____ Complete Application
(Pages 1-4)
_____ 2 Complete Sets of Building Plans
□ Wind Load Analysis □ Engineered
_____ Boundary Survey
_____ Site Plan
_____ Energy Code Form
_____ Water & Sewer letter
_____ Septic Tank Permit (if applicable)
_____ Recorded Notice of Commencement (Contractors Only)
_____ Owner Builder Affidavit (Only required for owners acting as the contractor)

ADDITIONAL FORMS REQUIRED FOR FLOOD ZONES:

_____ Topographical Survey
_____Non-Conversion Agreement (required if there are any enclosures below base flood elevation)
_____ V Zone Certification (If in a V Zone)

By signing below, I attest that all information in this permit application is accurate and complete. I have utilized the checklist on page four of this application to verify that I have included all required documentation. I understand that incomplete applications will not be accepted. I understand that the standard permit processing time is 7 - 10 business days and that a permit clerk will contact me when my permit is ready to be issued.

Owner/Contractor Signature **Date**