



DEVELOPMENT 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: _____

Contract Cost: _____

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

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.