



RENOVATION/REPAIR 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: _____

Waterfront Property: Gulf Bay Other: _____

Gate Code (if located in Gated Community): _____

Description of Development: RENOVATION REPAIR

OTHER: _____

CONTRACT COST	Owner/Contractor Signature	Date
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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



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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 ensure that ALL REQUIRED SUPPLEMENTAL PERMITS ARE OBTAINED.

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

____ 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



RENOVATION/REPAIR PERMIT APPLICATION

CHECKLIST

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

PLEASE INITIAL INDICATING ALL REQUIRED DOCUMENTS ARE INCLUDED:

REQUIRED DOCUMENTS:

- _____ Complete Application
(Pages 1-3)
- _____ Recorded Notice of Commencement (Contractors Only)
- _____ Owner Builder Affidavit (Only required for owners acting as the contractor)
- _____ Itemized list of all work to be completed with total
- _____ Product approval documentation required if permit to include windows, roof, or solar.

****Additional documentation may be required depending on type of work to be completed and flood zone.**

By signing below, I attest that all information in this permit application is accurate and complete. I have utilized the checklist 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

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: _____



OWNER BUILDER AFFIDAVIT

FRANKLIN COUNTY BUILDING DEPARTMENT

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

http://www.franklincountyflorida.com/planning_building.aspx

FRANKLIN COUNTY PERMIT NUMBER

OWNER-BUILDER DISCLOSURE STATEMENT

Florida Statute 489.103(7) requires all owners of property acting as their own contractor to complete the following disclosure statement and **personally appear to sign for the building permit**. This is an affidavit for contractor exemption for owner/builder applying for building permits in the jurisdiction of the Franklin County Building Department.

NOTE: A PERSON WHO KNOWINGLY MAKES A FALSE WRITTEN DECLARATION MAY BE GUILTY OF THE CRIME OF PERJURY, A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED BY THE FLORIDA STATUTES 775.082 OR 775.084.

- 1- I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specified that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license. **INITIALS:** _____
- 2- I understand that building permits are not required to be signed by a property owner unless he/she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. **INITIALS:** _____
- 3- I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his/her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his/her license numbers on permits and contracts. **INITIALS:** _____
- 4- I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. **The building or residence must be for my own use or occupancy**. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. **INITIALS:** _____
- 5- I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. **INITIALS:** _____
- 6- I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the license required by law and by county or municipal ordinance. **INITIALS:** _____
- 7- I understand it is a frequent practice of un-licensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or his own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his/her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. **INITIALS:** _____
- 8- I understand that I may not delegate the responsibility for supervising work to a contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means I must comply with laws requiring the withholding of federal income tax and social security contributions under federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. **INITIALS:** _____

- 9- I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. **INITIALS:** _____
- 10- I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or www.myfloridalicense.com for more information about licensed contractors. **INITIALS:** _____
- 11- I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

PROPERTY ADDRESS: _____

- 12- I agree to notify the Franklin County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

NOTE: Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage. Chapter 455.228 F.S.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. The property owner's driver's license or other type of identification acceptable for issuing the permitting agency is required to be provided for notarization when the permit is issued.

I have read the above and understand it and will comply with all rules and regulations and statutes.

SIGNATURE: _____ **PRINT:** _____
 Property Owner

SIGNATURE: _____ **PRINT:** _____
 Property Owner

Owner's Address: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
 By _____ who is personally known to me/who produced the following
 _____ as identification and who did take an oath.

**STATE OF FLORIDA
 COUNTY OF FRANKLIN**

NOTARY SIGNATURE: _____ **SEAL:**

Printed Name: _____