



# SECONDARY STRUCTURE 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/>

**SECONDARY STRUCTURES ARE NOT PERMITTED PRIOR TO PRIMARY STRUCTURES.**

**Description of Development:**    SHED       POLEBARN       CARPORT

OTHER: \_\_\_\_\_

**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):** \_\_\_\_\_

**CONTRACT COST:** \_\_\_\_\_

**Owner/Contractor Signature**

**Date**

### OFFICE USE ONLY

FLOOD Panel #: \_\_\_\_\_ 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**



## SECONDARY STRUCTURE PERMIT 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
- \_\_\_\_\_ 2 Complete Sets of Building Plans
- \_\_\_\_\_ Contract/Proposal
- \_\_\_\_\_ Site Plan
- \_\_\_\_\_ Recorded Notice of Commencement (Contractors Only)
- \_\_\_\_\_ Owner Builder Affidavit (Only required for owners acting as the contractor)

### **ADDITIONAL REQUIREMENTS FOR FLOOD ZONES:**

\_\_\_\_\_ Enclosed secondary structures must meet base flood elevation or have flow thru vents with square inches equaling the total square footage of enclosure on opposing walls. Enclosed secondary structures are not allowed in a VE Zone.

### **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.

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**

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**NOTICE OF COMMENCEMENT**

<b>Space Reserved For Recording:</b>	
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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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[http://www.franklincountyflorida.com/planning\\_building.aspx](http://www.franklincountyflorida.com/planning_building.aspx)

## **FRANKLIN COUNTY PERMIT NUMBER**

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### **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](http://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:** \_\_\_\_\_