

SPECIALTY REGISTRATION 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/>

Name: _____

Business Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

SPECIALTY TYPE:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Dock and Pier | <input type="checkbox"/> Piling |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Finish Trim | <input type="checkbox"/> Site Prep |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Stucco |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Other: _____ |

Required Documents:

- Certificate of Liability Insurance with Franklin County as Certificate Holder expires: _____
- Worker's Compensation COI or WC Exemption Certificate expires: _____

Fees:

- \$50 per category for FRANKLIN COUNTY RESIDENTS \$50.00 x _____ = _____
- \$150 per category for EXISTING OUT-OF-COUNTY \$150.00 x _____ = _____

FRANKLIN COUNTY NO LONGER ACCEPTS NEW OUT-OF-COUNTY SPECIALTY REGISTRATIONS. OUT-OF-COUNTY APPLICANTS THAT MAINTAIN A CURRENT REGISTRATION STATUS MAY RENEW EXISTING REGISTRATION.

Please initial next to each of the following:

____ I have utilized the checklist to verify that I have included all required documentation.

____ I understand that incomplete applications WILL NOT be accepted.

By signing below, I attest that all information on this application is accurate and complete.

Signature: _____

Date: _____

OFFICE USE ONLY

20____ Specialty Registration

Fee: _____

Approved: _____ **Date:** _____