



DOCK PERMIT APPLICATION

FRANKLIN COUNTY ZONING DEPARTMENT

34 Forbes Street, Suite 1. Apalachicola, FL 32320

PHONE: 850-653-9783 FAX: 850-653-9799

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

OFFICE USE ONLY

PERMIT # _____

FEE: \$ _____

BOARD APPROVAL: _____

COMMISSION APPROVAL: _____

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 THIS DATE:

ISSUANCE DATE: _____ EXPIRES: _____

OFFICE USE ONLY

EXISTING HOUSE: _____

DEP PERMIT: _____

ARMY COE PERMIT: _____

APPLICATION MUST BE COMPLETE

PROPERTY OWNER'S INFORMATION

PROPERTY OWNER(S): _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

CONTACT NUMBER: _____ EMAIL: _____

CONTRACTOR BUSINESS NAME: _____

CONTACT NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

PROPERTY DESCRIPTION

911 ADDRESS: _____ CITY/STATE/ZIP: _____

LOT(S): _____ BLOCK: _____ SUBDIVISION: _____ UNIT: _____

PARCEL IDENTIFICATION NUMBER: _____

JURISDICTION

___ APALACHICOLA ___ EASTPOINT ___ ST. GEORGE ISLAND ___ CARRABELLE ___ DOG ISLAND ___ LANARK ___ ST. JAMES

___ ST. THERESA ___ ALLIGATOR POINT

PROJECT DETAILS

___ SINGLE FAMILY DOCK/PIER ___ MULTI-FAMILY DOCK/PIER ___ COMMERCIAL DOCK/PIER

ZONING DISTRICT: _____ TOTAL SQUARE FOOT: _____ WATER BODY: _____

CRITICAL SHORELINE DISTRICT: Y/N _____ CRITICAL HABITAT ZONE: Y/N _____

BUILDING OFFICIAL / DATE

OWNER (REQUIRED) / DATE

CONTRACTOR (REQUIRED) / DATE

PLANNING & ZONING DOCK APPLICATION CHECKLIST

- Application
- DEP
- ARMY CORPS
- Dock Site Plan
- Lighting Plan
- Drawings (Approved by all entities)
- Approvals from local jurisdictions
- Dock Site Plan, Construction and Lighting Affidavit
- Recorded NOC



**DOCK SITE PLAN, CONSTRUCTION
AND LIGHTING AFFIDAVIT**

FRANKLIN COUNTY BUILDING DEPARTMENT
 34 Forbes Street, Suite 1, Apalachicola, Florida 32320
 Phone: 850-653-9783 Fax: 850-653-9799
http://www.franklincountyflorida.com/planning_building.aspx

PERMIT
 # _____

ORDINANCE
No. 2004-17
Dock Ordinance

DOCK CONSTRUCTION STANDARDS & LIGHTING AFFIDAVIT

APPLICATION MUST BE COMPLETE: (We will no longer accept incomplete applications)

Property Owner/s: _____
 Contact Information: Home #: _____ Cell #: _____
 Mailing Address: _____ City/State/Zip: _____
 EMAIL Address: _____

PROPERTY DESCRIPTION: 911 Address: _____
 Lot/s: _____ Block: _____ Subdivision: _____ Unit: _____
 Parcel Identification #: _____

JURISDICTION: Franklin County
 Apalachicola Eastpoint St. George Island Carrabelle Dog Island Lanark/ St. James St. Teresa Alligator Point

SITE PLAN & CONSTRUCTION STANDARDS:

- I understand that applications for dock or piers must contain a survey prepared by a professional surveyor which indicates riparian rights, unless the dock is built at least 25 feet from existing property lines. INITIAL: _____
- I understand that Docks built on canals are permitted to be no larger that 25% of the width of the canal including the boat mooring site. INTIAL: _____
- I understand that the lot must be large enough to accommodate a single-family dwelling; or be a lot separated from the single family dwelling by a right-of-way and owned by the same owner; or the lot may be eligible for a hardship variance from the Board of Adjustment. INITIAL: _____
- I understand that no dry dock facilities, gasoline or fuel pumps are allowed on a residential lot other than boat lifts connected to a dock. INITIAL: _____
- I understand that boat ramps may be allowed so long as the property contains adequate size for the parking of trailers on the property. No commercial boat docking or launching allowed. INITIAL: _____
- I understand that no parking of vehicles is allowed within the Critical Habitat Zone, which is the first 50 feet from mean high water. INITIAL: _____
- I understand that the lot must be kept in natural vegetation within the Critical Habitat Zone. INITIAL: _____
- I understand that I must comply with the permitting requirements for all other governmental agencies having jurisdiction over the project. (Evidence of an exemption from such compliance must be furnished by the homeowner before approval can be granted. INITIAL: _____
- I understand that the dock must be elevated a minimum of five (5) feet above mean high water, except that the terminal platform may be lower at the owner’s discretion. This requirement shall not apply to docks running parallel to the shoreline provided they extend no further than 25 feet from the edge of the water. (*This will allow pedestrians to cross under the dock at the water’s edge) INITIAL: _____

- I understand that the dock must be constructed on pilings set a minimum of eight (8) feet apart center to center. INITIAL: _____
- I understand that no dusk to dawn lights. Must be able to switch off or on by motion detector, or be activated by a 3-way switch. INITIAL: _____
- I understand that lights limited to one on the terminal platform and one on the landward end of the dock or pier, and one every 100 feet between the terminal platform and the landward end of the dock, except where a hardship exists. INITIAL: _____
- I understand that all lights must be downward directed and have adequate shielding to prevent light trespass and minimize light pollution from light scatter. INITIAL: _____
- I understand the type and location of fixtures must be included on a diagram of dock or pier and submitted with permit application. INITIAL: _____
- I understand that the dock must have amber colored night time reflectors set at a minimum of one at each side in the middle and one at each side of the terminal. INITIAL: _____

I have read and understood that construction and lighting standards of the Franklin County Dock Ordinance No. 2004-17 and will practice these standards.

Contractor/Owner Signature: Date

Contractor/Owner Printed Name:

**State of Florida
County of Franklin**

I, _____, who is personally known or provided the following identification _____, on this day ____ of _____, 20__ understand that I have read and understood the above statement and will comply or the Final Certificate of Occupancy will be held up until the above has been documented.

NOTARY: _____

SEAL:

Printed Name

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: _____