

DEMOLITION PERMIT APPLICATION

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

<https://www4.citizenserve.com/Portal/PortalController>

Property Owner Information:

Property Owner: _____

Mailing Address: _____

Phone Number/ Email: _____

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 Demolition: _____

____ I agree to have a portable toilet on site for the duration of demolition, 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 check with my energy provider to ensure that all power has been disconnected and safe.

Owner/Contractor Signature

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.