

# RENOVATION/REPAIR PERMIT APPLICATION

## FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

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

**Please note paper applications will have a longer processing time.**

**For a faster processing time please use the link above to apply via CitizenServe**

### Property Owner Information:

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number/ Email Address: \_\_\_\_\_

### 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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#### 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.**

## RENOVATION/REPAIR PERMIT APPLICATION

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

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**Owner/Contractor Signature**

**Date**

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## 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.

**\*\*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.

**Owner/Contractor Signature**

**Date**

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