

CITY OF APALACHICOLA
BUILDING DEPT.
192 Coach Wagoner Blvd. 850-653-1522
APPLICATION FOR BUILDING PERMIT

DATE: _____ Permit Issued: _____ Permit Fee _____

OWNER'S NAME: _____ Email: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: _____ Email: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

STATE LICENSE NUMBER: _____ COMPETENCY CARD # _____

ADDRESS OF PROJECT: _____

PURPOSE OF PERMIT: _____

WILL THE STRUCTURE BE LOCATED AT LEAST 30 FEET FROM ANY BODY OF WATER?
___ YES ___ NO

PROPERTY PARCEL ID # _____

LEGAL DESCRIPTION OF PROPERTY: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

BONDING COMPANY: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ARCHITECT'S/ENGINEER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

WATER SYSTEM PROVIDER: _____ SEWER SYSTEM PROVIDER: _____

PRIVATE WATER WELL: _____ SEPTIC TANK PERMIT NUMBER: _____
