

CITY OF APALACHICOLA
Building Permit Application
FILL

DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE)

PHONE: _____

EMAIL: _____

FILL CONTRACTOR: _____

PHONE: _____

ADDRESS OF JOB: _____

PARCEL I.D. _____

DESCRIPTION OF WORK (MUST INCLUDE SITE PLAN)

FILL MATERIAL: _____

AMOUNT OF FILL: _____

PURPOSE OF FILL: _____

FLOOD ZONE: _____

EXISTING ELEVATION: _____

LOT SIZE: _____

NOTE: IF ADDITIONAL INFORMATION REQUESTED, APPLICANT HAS 30 DAYS FROM DATE OF REQUEST TO REPLY OR A NEW FILL PERMIT APPLICATION & FEES WILL APPLY.

NOTICE OF DEED RESTRICTIONS

The property for which this permit is requested might be subject to deed restrictions. As owner or authorized agent for the owner you are responsible for determining, prior to adding of fill, whether the addition of fill is a violation of deed restrictions.

APPROVED SITE PLAN MUST BE POSTED ON THE JOB SITE.

SITE PLAN TO SHOW THE FOLLOWING:

- AREA & DEPTH OF PROPOSED FILL
- ANY PROHIBITED DRAINAGE IMPROVEMENTS (SWALES, DEPRESSIONS, RAIN GARDENS, ETC.)
- EXISTING STRUCTURES WITH DIMENSIONS & PROPERTY LINE SET BACKS
- STREETS & ROADWAYS
- EASEMENTS (DO NOT ENCROACH INTO DRAINAGE EASEMENTS WITH NEW FILL)
- BODIES OF WATER
- TREES WITHIN FILL AREA
- ARROWS TO SHOW DIRECTION OF EXISTING AND/OR PROPOSED DRAINAGE FLOW.
- NORTH ARROW

(See City of Apalachicola Land Development Code Section 2020-03 for complete regulations)

OWNER/APPLICANT STATEMENT

I hereby certify, affirm, and swear that I am the owner or the authorized agent for the owner of the property for which this permit is requested. The information provided herein is true and correct to the best of my knowledge. I release the City of Apalachicola from all responsibility for damages incurred as a result of the fill activity.

Signature of Applicant

Date

Code Enforcement Officer

Date

Building Official

Date

(email to: gjenkins@cityofapalachicola.com or drop off in City drop box)