

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: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a **separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.** (applications may be emailed to buildingdept@cityofapalachicola.com or dropped off at City Hall mailbox)

PURPOSE OF BUILDING:

Single Family Townhouse Commercial Industrial Shed
 Multi-Family Swimming Pool Roof Sign Pole Barn
 Temp Pole Demolition Other _____
 Addition, Alteration or Renovation to building. _____

Distance from property lines: Front _____ Rear _____ L. Side _____
 R. Side _____
 Cost of Construction \$ _____ Square Footage _____
 EPI _____ Flood Zone _____ Lowest Floor Elevation _____
 Area Heated/Cooled _____ # Of Stories _____ # Of Units _____
 Type of Roof _____ Type of Walls _____ Type of Floor _____
 Extreme Dimensions of: Length _____ Height _____ Width _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this Department when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.

NOTICE: City of Apalachicola Building Department does not have the authority to enforce DEED RESTRICTIONS or COVENANTS on properties.

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner _____ Date _____

Signature of Contractor _____ Date _____

Notary as to Owner _____
Date: _____

Notary as to Contractor _____
Date: _____

My Commission expires: _____

My Commission expires: _____

APPLICATION APPROVED BY: _____ **BUILDING OFFICIAL.**

(email to: buildingdept@cityofapalachicola.com or drop off in City drop box)
(make checks payable to City of Apalachicola)