CITY OF APALACHICOLA
192 COACH WAGONER BLVD.
APALACHICOLA, FL 32320
850-653-9319
FAX: 850-653-1529

QUASI-JUDICIAL SPECIAL EXCEPTION REQUEST

Applicant Name: ________________________________

Address: ______________________________________

______________________________________________

Telephone: _____________________________________

_____________________________________________________________________________________

Agent: ________________________________________

Address: ______________________________________

______________________________________________

Telephone: _____________________________________

_____________________________________________________________________________________

PROPERTY DESCRIPTION: Legal Description of Property

Subdivision: __________________________ Block(s): __________ Lot(s): __________

Parcel ID#: _________________________________

Address of Property: __________________________

_____________________________________________________________________________________

Current Zoning and Land Use: ______________________

_____________________________________________________________________________________

Corner Lot: ______ Yes ______ No   Waterfront Lot: ______ Yes ______ No

Historic District: ______ Yes ______ No

Important Message: Please state in writing the full nature of the use or structure for which the special exception is being sought. Submit application, statement and any/all supporting material in the consideration of the request.
AFFIDAVIT

We/1, ____________________________________________________________, being first duly sworn, depose and say that we/1 am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of my/our knowledge and belief. We/1 understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner(s) We/1 further authorize ___________________________________________________________ to act as our/any representative in any matters regarding this Petition.

____________________________________________  ______________________________________________
Signature of Property Owner                  Signature of Property Owner

____________________________________________  ______________________________________________
Typed or Printed Name of Owner               Typed or Printed Name of Owner

STATE OF FLORIDA
COUNTY OF ________________________________

The foregoing instrument was acknowledged before me this _______ day of ____________, 20____, by __________________, who is personally known to me or has produced __________________ as identification.

(NOTARIAL SEAL)                              _________________________________
NOTARY PUBLIC
Printed Name: ________________________________
Commission Number: ____________________________
Commission Expires: ____________________________
CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submitted requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel number(s), and legal description(s) is/are the true and proper identification of the area of this petition.

2. I/We authorize staff from the City of Apalachicola and the Permitting and Community and Economic Development Office to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.

3. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 10 days to process. I further understand that an incomplete application submitted may cause my application to be deferred to the next posted deadline date.

4. I/We understand that, for Board review cases, an agenda and staff report (if applicable) will be available on the City’s website approximately one week before the schedule Planning and Zoning Board Meeting.

5. I/We understand that the approval of this application by the Planning and Zoning Board or staff in no way constitutes approval of a Building Permit for construction from the City of Apalachicola Community and Economic Development Office.

6. I/We understand that all changes to the approved scope of work stated in a COA have to be approved by the PZB before work commences on those changes. There will be no change for the revision to a COA; Making changes that have not been approved can result in a Stop Work Order being placed on the entire project and additional fees/penalties.

7. I/We understand that any decision of the PZB may be appealed to the City Commission. Petitions to appeal shall be presented within thirty (30) days after the decision of the PZB; otherwise the decision of the PZB will be final.

8. I/We understand that a Certificate of Appropriateness is only valid for one year from issuance. They are renewable for six months without cause, and for an additional six months, upon showing of good cause by the applicant. The applicant must submit all requests for extensions in writing and provide appropriate support documentation, if needed.

9. I/We understand that the COA is hereby made to obtain a permit to do work and installation as indicated, I certify that all work will be performed to meet standards of all laws regulating construction in this jurisdiction.

10. I/We understand that separate permits are required for Electrical, Plumbing, Mechanical, and Roofing Work.

11. I/We understand that there will be no issuance of a COA without the property owner obtaining Homeowner’s Association approval (if required) prior to the PZB Meeting and/or before the beginning of any work and in no way authorizes work that is in violation of any association rule or regulation.

DATE

SIGNATURE OF APPLICANT
Describe The Proposed Project and Materials. Describe the proposed project in terms of size, affected architectural elements, materials, and relationship to the existing structure(s).

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<thead>
<tr>
<th>Project Scope</th>
<th>Manufacturer</th>
<th>Product Description</th>
<th>FL Product Approval #</th>
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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 #: __________________________

FIRE 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

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 DHBD 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 or Agent _______  Date _______

Signature of Contractor _______  Date _______

Notary as to Owner or Agent _______
Date: _______

My Commission expires: _______

Notary as to Contractor _______
Date: _______

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)