

**OFC USE**  
**FEES:**  
 Application Fee: \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Total: \_\_\_\_\_ \$ \_\_\_\_\_  
 Paid: \_\_\_\_\_



**OFC USE**  
 Approved by Building Official: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Permit # \_\_\_\_\_

**City of Apalachicola**  
**BUILDING PERMIT APPLICATION**

Owner's Name: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Fee Simple Title Holder (If other than Owner): \_\_\_\_\_  
 Contractor's Name: \_\_\_\_\_ Ph# \_\_\_\_\_  
 Address: \_\_\_\_\_ Ph# \_\_\_\_\_  
 State License #: \_\_\_\_\_ COA # \_\_\_\_\_  
 Address of Project: \_\_\_\_\_  
 Purpose of Permit: \_\_\_\_\_  
 Property/Parcel ID# & Legal description: \_\_\_\_\_  
 Will the Structure be located at least 30 feet from any body of water? \_\_\_\_\_

**If the application is for a Commercial Project please list the Name of the Business:**

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Bonding Company: \_\_\_\_\_ Ph# \_\_\_\_\_  
 Architect's/Engineer Name: \_\_\_\_\_ Ph# \_\_\_\_\_  
 Mortgage Lender's Name: \_\_\_\_\_ Ph# \_\_\_\_\_  
 Water System Provider: \_\_\_\_\_ Sewer System Provider: \_\_\_\_\_  
 Private Water Well: \_\_\_\_\_ Septic Tank Permit # \_\_\_\_\_

**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 attorney BEFORE recording your Notice of Commencement.**

**For improvements to real property with a construction cost of \$2,500.00 or more, a certified copy of the Notice of Commencement is required to be submitted to the Building 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 the Building Department BEFORE the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, fax, or hand-delivery.**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has been 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 Ron Nippe, Building Permit Clerk, [rnippe@cityofapalachicola.com](mailto:rnippe@cityofapalachicola.com) or [buildingdept.@cityofapalachicola.com](mailto:buildingdept.@cityofapalachicola.com) or dropped off at City Hall, 192 Coach Wagoner Blvd., Apalachicola, FL 32320

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 of building: \_\_\_\_\_

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

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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.

\_\_\_\_\_  
Owner Date Contractor Date

\_\_\_\_\_  
Notary as to Owner Date Notary as to Contractor Date

My Commission Expires: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_