

# Franklin County Florida

## Residential & Commercial Dock Permit Application

Application Fee \$125.00

PROPERTY OWNER INFORMATION			
Property Owner(s):			
Mailing Address:		City/State/Zip:	
Phone #:		Email Address:	
CONTRACTOR INFORMATION			
Contractor Business Name:			
Mailing Address:		City/State/Zip:	
Phone #:		Email Address:	
PROPERTY INFORMATION			
Property Address:		City/State/Zip:	
Parcel ID #:		Property Zone: (Check your property zone <a href="#">here</a> )	
PROJECT DETAILS			
Description of Project:			
Total Proposed Square footage:	Covered/Uncovered:	Boat Lift(s)/Boat Slips:	Water Body:
CHECK LIST ITEMS			
<input type="checkbox"/> Completed Application		<input type="checkbox"/> Site Plan (Location of current structure to be repaired)	
<input type="checkbox"/> FDEP Permit		<input type="checkbox"/> Army CORPS Permit	
<input type="checkbox"/> Lighting Plan (if applicable)		<input type="checkbox"/> Lighting Affidavit (if applicable)	
<input type="checkbox"/> Boundary Survey		<input type="checkbox"/> Recorded NOC	
<ul style="list-style-type: none"> <li>• <b>Violations of the terms and conditions of this permit may warrant a STOP WORK ORDER or REVOCATION of this permit. This permit is valid for one year from the date of issuance. Construction must commence within six months of this date.</b></li> </ul>			
Applicant/Owner Signature: _____		Date: _____	
Contractor Signature: _____		Date: _____	
FOR OFFICE USE ONLY			
PERMIT #	ISSUE DATE:	EXPIRE DATE:	ISSUED BY:
BUILDING OFFICIAL SIGNATURE:		ZONING ADMINISTRATOR SIGNATURE:	



**TURTLE LIGHTING AFFIDAVIT**  
**FRANKLIN COUNTY BUILDING DEPARTMENT**  
 34 Forbes Street, Suite 1, Apalachicola, Florida 32320  
 Phone: 850-653-9783 Fax: 850-653-9799  
[http://www.franklincountyflorida.com/planning\\_building.aspx](http://www.franklincountyflorida.com/planning_building.aspx)

**PERMIT**  
 # \_\_\_\_\_  
**ORDINANCE**  
**No. 2015-1 Turtle Lighting**

**TURTLE LIGHTING AFFIDAVIT**

**I/We, the property owners and/or contractor of record, acknowledge that construction permitted by the attached application must adhere to the requirements of County Ordinance 2015-1 LIGHTING ORDINANCE FOR MARINE TURTLE PROTECTION OF FRANKLIN COUNTY, FLORIDA.**

**I have received a copy of this ordinance and understand the requirements for exterior lighting and window/door tinting.**

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**PHYSICAL ADDRESS OF NEW CONSTRUCTION:**

**Property Owner Signature:** \_\_\_\_\_

**Contractor of Record Signature:** \_\_\_\_\_

\_\_\_\_\_  
 Contractor's Signature:                      Date

\_\_\_\_\_  
 Contractor's Printed Name:

\_\_\_\_\_  
 Owner's Signature:                      Date

\_\_\_\_\_  
 Owner's Printed Name:

**State of Florida**  
**County of Franklin**

I, \_\_\_\_\_, who is personally known or provided the following identification \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_ understand that I have read and understood the above statement and will comply or the Final Certificate of Occupancy will be held up until the above has been documented.

**NOTARY:** \_\_\_\_\_

**SEAL:**

\_\_\_\_\_  
 Printed Name

**NOTICE OF COMMENCEMENT**

<b>Space Reserved For Recording:</b>	
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**PERMIT #** \_\_\_\_\_ **PARCEL ID #** \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF FRANKLIN**

The **UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, an in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

**LEGAL DESCRIPTION OF PROPERTY:** (Include Street Address)

\_\_\_\_\_

\_\_\_\_\_

**General Description of Improvements:** \_\_\_\_\_

**Owner Information or Lessee Information Contracted For The Improvements:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Owner's Interest In Site Of The Improvement:** \_\_\_\_\_

**Name & Address Of Fee Simple Titleholder:** \_\_\_\_\_

(If Different From Owner Listed Above):

**Contractor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Surety: (If Applicable, A Copy Of The Payment Bond Is Attached):** \_\_\_\_\_

**Name & Address:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Lender Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PERSONS WITH IN THE STATE OF FLORIDA DESIGNATED BY THE OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED FOR BY FLORIDA STATUTE 713.13(1) (A) 7.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES THE FOLLOWING PERSON(S) TO RECEIVE A COPY OF THE LEINOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1)(B) FLORIDA STATUTES:**

\_\_\_\_\_

**EXPIRATION DATE OF NOTICE OF COMMENCEMENT (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DAT OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED.)** \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**NOTARY SEAL:**

**Owner/Agent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **In the year of 20** \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_