

Franklin County Florida

Residential & Commercial Dock, Seawall, & Riprap Repair Permit Application

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 here)	
PROJECT DETAILS			
Description of repairs to be performed:			
CHECK LIST ITEMS			
<input type="checkbox"/> Completed Application		<input type="checkbox"/> Site Plan (Location of current structure to be repaired)	
<ul style="list-style-type: none"> 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. 			
Applicant/Owner Signature: _____		Date: _____	
Contractor Signature: _____		Date: _____	
FOR OFFICE USE ONLY			
PERMIT #	ISSUE DATE:	EXPIRE DATE:	ISSUED BY:
BUILDING OFFICIAL SIGNATURE:		ZONING ADMINISTRATOR SIGNATURE:	