# PLANNING & ZONING ADJUSTMENT BOARD CRITICAL SHORELINE APPLICATION CHECKLIST

☐ Application	
☐ Boundary Survey (If not located in a Flood Zone) / located in a Flood Zone)	Topographical Survey (If
☐ Site Plan (Site plan must depict proposed project and	d distance from each setback)
☐ DEP Permit/Exemption	
☐ Army CORPS Permit/Exemption	
DISCLOSURE AGREE	MENT
I understand that this is not a permit application and permit application to the Building Department after i	
I also understand that any major site plan changes I r in resubmittal and reapproval by the Planning & Zon Franklin County Board of County Commission.	
I	, understand and agree to
the statements listed above.	
	/
Signature	Date



## PLANNING & ZONING ADJUSTMENT BOARD APPLICATION

#### FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1. Apalachicola, FL 32320 PHONE: 850-653-9783 FAX: 850-653-9799

 $\underline{https://www.franklincountyflorida.com/county-government/planning-building/planning-services/}$ 

## PLANNING & ZONING CRITICAL SHORELINE APPLICATION

## THIS IS NOT A PERMIT APPLICATION

After approval by the Board, you will still be required to submit a permit application to the Building Department. Return completed application and required paperwork to the following address (see page 2 for details):

Franklin County Building Department 34 Forbes Street, Suite 1 Apalachicola, FL 32320 OR

Email to: cortnib@franklincountyflorida.com

The deadline to turn in a completed application for the Planning & Zoning Adjustment Board is always the  $2^{nd}$  Tuesday of each month at 12:00pm Noon (NO EXCEPTIONS)

## PROPERTY OWNER'S INFORMATION PROPERTY OWNER'S NAME: MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_ CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_ AGENT'S NAME: CONTACT NUMBER: EMAIL: PROPERTY DESCRIPTION 911 ADDRESS: CITY/STATE/ZIP: LOT(S): \_\_\_\_\_\_ BLOCK: \_\_\_\_\_ UNIT: \_\_\_\_\_ PARCEL IDENTIFICATION NUMBER: **JURISDICTION** \_ APALACHICOLA \_\_\_ EASTPOINT \_\_\_ ST. GEORGE ISLAND \_\_\_ CARRABELLE \_\_\_ DOG ISLAND \_\_\_ LANARK \_\_\_ ST. JAMES \_\_\_ST. THERESA \_\_\_ ALLIGATOR POINT **PROJECT DETAILS** SINGLE FAMILY DOCK/PIER MULTI-FAMILY DOCK/PIER COMMERCIAL DOCK/PIER SEAWALL/ RETAINING WALL PROJECT DESCRIPTION: ZONING DISTRICT: \_\_\_\_\_ CRITICAL SHORELINE DISTRICT: Y/N \_\_\_\_\_ VACANT LOT? Y/N: \_\_\_\_\_ **OFFICE USE ONLY** ADJUSTMENT BOARD MEETING DATE: APPROVED/DENIED/TABLED: BOARD OF COUNTY COMMISSION DATE: APPROVED/DENIED/TABLED: THIS REQUEST WILL EXPIRE ONE YEAR FROM DATE OF APPROVAL BY THE FRANKLIN COUNTY BOARD OF COUNTY COMMISSION. EXPIRATION DATE: