

## **PLANNING & ZONING DOCK APPLICATION CHECKLIST**

- Application
- DEP
- ARMY CORPS
- Dock Site Plan
- Lighting Plan
- Drawings (Approved by all entities)
- Approvals from local jurisdictions
- Dock Site Plan, Construction and Lighting Affidavit
- Recorded NOC



**DOCK PERMIT APPLICATION**

**FRANKLIN COUNTY ZONING DEPARTMENT**

34 Forbes Street, Suite 1. Apalachicola, FL 32320

PHONE: 850-653-5337 FAX: 850-653-9799

<https://www.franklincountyflorida.com/county-government/planning-building/planning-services/>

**OFFICE USE ONLY**

PERMIT # \_\_\_\_\_

FEE: \$ \_\_\_\_\_

BOARD APPROVAL: \_\_\_\_\_

COMMISSION APPROVAL: \_\_\_\_\_

**NOTE TO APPLICANTS AND PERMIT HOLDERS:**

**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:**

**ISSUANCE DATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_**

**OFFICE USE ONLY**

EXISTING HOUSE: \_\_\_\_\_

DEP PERMIT: \_\_\_\_\_

ARMY COE PERMIT: \_\_\_\_\_

**APPLICATION MUST BE COMPLETE**

**PROPERTY OWNER'S INFORMATION**

PROPERTY OWNER(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR BUSINESS NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

**PROPERTY DESCRIPTION**

911 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

LOT(S): \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ 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

DESCRIPTION OF PROJECT: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ TOTAL SQUARE FOOT: \_\_\_\_\_ WATER BODY: \_\_\_\_\_

CRITICAL SHORELINE DISTRICT: Y/N \_\_\_\_\_ CRITICAL HABITAT ZONE: Y/N \_\_\_\_\_

\_\_\_\_\_  
**BUILDING OFFICIAL / DATE**

\_\_\_\_\_  
**OWNER (REQUIRED) / DATE**

\_\_\_\_\_  
**CONTRACTOR (REQUIRED) / DATE**