

**EPCI**  
**Apalachicola Building Department**  
**MECHANICAL \_ ELECTRICAL \_ PLUMBING \_**

<b>Office Use Only</b>	
PERMIT #: _____ / _____ / _____ - _____	PERMIT FEE: \$ _____

DATE: \_\_\_\_\_ FBC # \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

CITY, STATE & ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

CITY, STATE & ZIP CODE: \_\_\_\_\_ PHONE # \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_ COMPETENCY CARD # \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

PROPOSED USE OF SITE: \_\_\_\_\_

PROPERTY PARCEL ID # \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

**IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:** \_\_\_\_\_

**PURPOSE OF BUILDING:**  Single Family  Multi-Family  Commercial  Storage  Sign  
 Other  Addition, Alteration or Renovation to building.

Cost of Construction \$ \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Flood Zone \_\_\_\_\_ Lowest Floor Elevation \_\_\_\_\_

Area Heated/Cooled \_\_\_\_\_ # Of Stories \_\_\_\_\_ # Of Units \_\_\_\_\_

**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 AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to this 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 to this Department before the second or any subsequent inspection can be performed. Filing of the documents that have been certified may be done by mail, facsimile or hand delivery.**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Signature of Contractor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION APPROVED BY: \_\_\_\_\_ BUILDING OFFICIAL.**

(cityofapalachicola@gmail.com / 850.653.1522)