

**GULF COUNTY, FLORIDA
BUILDING DEPARTMENT**

1000 CECIL G. COSTIN, SR. BLVD • ROOM 400 • PORT ST. JOE, FLORIDA 32456 • PHONE (850) 229-8944

DATE: _____

ACCESSORY STRUCTURE PERMIT APPLICATION

OWNER'S Name:
Mailing Address:
Phone number:
Email:
CONSTRUCTION 911 Address:
Parcel ID#:
CONTRACTOR'S Name:
Mailing Address:
Phone Number:
Email:
Florida License #:

PLEASE CHECK BOX TO SELECT TYPE OF STRUCTURE:

☐	POLE BARN	SIZE:
☐	SHED	SIZE:
☐	GARAGE	SIZE:
☐	CARPORT	SIZE:
☐	SWIMMING POOL	SIZE: Surrounding: (materials & dimensions)
☐	OTHER	SIZE AND DESCRIPTION:

DECLARATION STATEMENT

I DO HEREBY AGREE TO COMPLY WITH ALL FLORIDA BUILDING CODES & GULF COUNTY LDR'S
RELATED TO CONSTRUCTING THE ABOVE-DESCRIBED STRUCTURES. UPON COMPLETION OF BUILDING THE
NOTED STRUCTURES. I WILL PROVIDE ANT DOCUMENTS REQUESTED BY THE GULF COUNTY
PLANNING/BUILDING DEPARTMENT IN ORDER TO ASSURE COMPLIANCE.

PRINTED NAME _____ SIGNATURE _____

ACCESSORY STRUCTURE PERMIT APPLICATION
CHECKLIST

PLANS WILL NOT BE ACCEPTED OR REVIEWED OF ANY OF THE BELOW REQUIRED
DOCUMENTS ARE MISSING PERTAINING TO THE REQUESTED APPLICATION

(A) _____ (2) SETS OF **11x17** SIZED SEALED CONSTRUCTION PLANS BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER.

*Plans must be sealed to meet the Florida Building Code 2023 8th Edition

*Plans must be sealed to meet **140 mph Wind Zone**

*If Construction is located in **D.E.P.** jurisdiction, provide **Notice to Proceed**, and D.E.P. approved site plan

(B) _____ 911 address certificate – apply Online at www.gulfcounty-fl.gov

Select: County Offices – E911 – Online form: fill out and Submit

(C) _____ If property is located in City of Wewahitchka, provide a Letter of Approval from the city manager

(D) _____ Detailed Site Plan showing proper setbacks including All existing structures (pools, driveways, ect)

*Property line side setback **up to 25ft in height is 7.5ft OR 25 ft to 50 ft in height is 9.5 ft**

*Roadside property line setback is a **min of 20ft for local roads** and **30ft for arterial**

***INCLUDE Driveway materials (gravel, pavers, concrete, ect)**

(E) _____ Provide copy of **Recorded Notice of Commencement** obtained at the Gulf County Clerks office

(F) _____ (if applicable) Provide a copy of Florida DOT driveway permit

(G) _____ (if applicable) Provide copy of Paid land clearing permit (Gulf County Planning)

ACCESSORY STRUCTURE PERMIT APPLICATION

NOTES:

- 1) Post construction survey **will be required** if property is **less than 1 acre**
*Unless required setbacks can be verified with string line to property lines
- 2) Pre-treat and Final Termite certificate will be required on all slab on grade construction.
- 3) Restroom facilities must be provided on each job site
- 4) Job sites must remain clean by hauling trash off daily or utilizing a trash dumpster
- 5) Per Gulf County ordinance 2019-03 All debris generated inside Gulf County must be taken to the Gulf County Transfer Station. All tickets **MUST** be provided before C/O
- 6) Permit box is required for each construction site. All permits are to be posted inside the box within an accessible area. Box is to bear the name of the Job site and Contractor information.
- 7) Requesting inspections must be called in a minimum of 24 hours prior to inspection date.
- 8) Due to the added structural requirements, we are requiring that a Strapping inspection, wall nail pattern, roof nail pattern, shear wall inspection be called in before covering up.
- 9) If located in Flood zone, must use pressure treated lumber
- 10) If power is needed, an Electrical shed permit is required, with Limited power
- 11) NO ACCESSORY STRUCTURE CAN BE USED AS HABITABLE SPACE

NON-HABITABLE SHED/STORAGE BUILDINGS

I understand that any and all Group S construction is not intended for habitable use under the Florida Building Code.

I understand that if I violate this code I can be subject to penalties from the Gulf County Code Enforcement.

I understand that if power is connected to this for the purpose of Habitable space my power service may be interrupted until the issue is resolved.

X_____

Before me this ____/____/____ by _____, who is personally known to me/who produced the following _____ as identification and who did take an oath.

State of Florida/County of Gulf Commission No. _____

Notary _____ Commission Expires _____