FLAGLER COUNTY
BUILDING DEPARTMENT

LONG SHORE AND HARBOR NOTICE:

Job Address: ________________________________________

PERMITS FOR DOCKS, SEAWALLS, BOATLIFTS OR ANY OTHER PERMITS WHERE IT MAY BE NECESSARY TO WORK ON, OVER OR ADJACENT TO NAVIGABLE WATER (SUCH AS BUT NOT LIMITED TO BARGES AND BOATS) MUST HAVE THE FOLLOWING NOTICE SIGNED AND DATED BY THE CONTRACTOR AND OWNER AT THE TIME THE PERMIT IS SUBMITTED FOR REVIEW.

IN REGARDS TO COVERAGE FOR WORKER’S COMPENSATION LIABILITY UNDER STATE LAW, SECTION 440.09(2) OF THE FLORIDA WORKER’S COMPENSATION STATUTES READS AS FOLLOWS:

Benefits are not payable in respect of the disability or death of any employee covered by the Federal Employer’s Liability Act, the Longshoreman’s and Harbor Worker’s Compensation Act, the Defense Base Act, or the Jones Act.

“FEDERAL LAW ENTITLES CERTAIN LAND BASED EMPLOYEES ENGAGED IN WORK ADJACENT TO NAVIGABLE WATERS, INCLUDING BUT NOT LIMITED TO CONSTRUCTION WORKERS ON DOCKS, TO COMPENSATION FOR WORK RELATED INJURIES. ACCORDINGLY, YOU MAY NEED TO OBTAIN INSURANCE COVERAGE UNDER THE LONGSHORE AND HARBOR WORKERS’ COMPENSATION ACT 33 U.S.C. 901, ET SEQ. IF IN DOUBT, OBTAIN LEGAL ADVICE BEFORE PROCEEDING WITH CONSTRUCTION.

I HAVE READ AND UNDERSTAND THE AFFOREMENTIONED NOTICE:

____________________________________
General Contractor’s Signature

____________________________________
Owner’s Signature

____________________________________
General Contractor’s Printed Name

____________________________________
Owner’s Printed Name

License Number

____________________________________
Before me the undersigned authority, the above named owner duly executed this document on this _______ day of _______ ____________, ________.

State of _______________
County of _______________

____________________________________
Notary Public

____________________________________
Notary Seal

____________________________________
Before me the undersigned authority, the above named owner duly executed this document on this _______ day of _______ ____________, ________.

State of _______________
County of _______________

____________________________________
Notary Public

____________________________________
Notary Seal

Revised 03/2015