

**FLAGLER COUNTY
BUILDING DEPARTMENT**

LONG SHORE AND HARBOR NOTICE:

PERMITS FOR DOCKS, SEAWALLS, BOATLIFTS OR ANY OTHER PERMITS WHERE IT MAY BE NECESSARY TO WORK ON, OVER, OR ADJACENT OT NAVIGABLE WATER (SUCK 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:

- (2) 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 LONG SHORE 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 AFOREMENTIONED NOTICE:

_____ Contractor's Name	_____ Home Owner's Name
_____ Contractor's Signature	_____ Home Owner's Signature
Notary as to Contractor's Signature: _____	Notary as to Home Owner's Signature: _____
Date: _____	Date: _____
SEAL	SEAL