



CITY OF FLAGLER BEACH 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

Before me the undersigned authority,
the above named owner duly executed
this document on this _____ day of

State of _____

State of _____

County of _____

County of _____

Notary Public
Notary Seal

Notary Public
Notary Seal