

**CITY OF LYNN HAVEN**  
**Building Department**  
Phone: (850) 265-2121 X 2135  
buildingdepartment@cityoflynnhaven.com

## Concrete / Stormwater / Driveway Application

Date \_\_\_\_\_ Address \_\_\_\_\_  
Parcel ID # \_\_\_\_\_  
Owner Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
Contractor Name \_\_\_\_\_ Company: \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Email : \_\_\_\_\_

**completed application, attach site plan or survey:**

**Include all structures**, dimensions, property lines, water, setbacks (if known), adjacent areas, driveways, sidewalks, patios, swimming pool, and any other impervious surface.

**Worksheet for Accessory Structures**

Total of New Impervious Square Footage: \_\_\_\_\_

**impervious surface:** not allowing fluid to pass through, to include area roofed over area,

Signature \_\_\_\_\_ Date \_\_\_\_\_

817 Ohio Avenue • Lynn Haven, FL 32444  
(850) 265-2121 EXT 2135

[www.cityoflynnhaven.com](http://www.cityoflynnhaven.com)

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**CONTRACTOR CREDENTIALS TO PULL PERMITS**

Business Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Preferred Office Contact Name: \_\_\_\_\_

Business Preferred Office Contact #: \_\_\_\_\_

**CERTIFIED STATE LICENSE HOLDERS**

1. Copy of Florida State License
2. Copy of Sunbiz Registration (Sunbiz.org)
3. Copy of Certificate Liability Insurance  
(Should state City of Lynn Haven 817 Ohio Ave., Lynn Haven, FL 32444-2351 as certificate holder)
4. Copy of Worker's Comp Insurance or Exemption Certificate  
(Should state City of Lynn Haven 817 Ohio Ave., Lynn Haven, FL 32444-2351 as certificate holder)
5. Business Tax Receipt / Occupational License
6. Need a Letter Signed and Notarized by State License Holder on Company Letterhead Naming the Persons who are Authorized to Pull Permits Under his/her License
7. Copy of Driver's License

**REGISTERED STATE LICENSED HOLDERS**

1. All Items Listed Above are Required in Addition to the Following
  2. Original \$5,000.00 Bond Made Payable to City of Lynn Haven
  3. Current Bay County Competency Card
  4. City of Lynn Haven Competency Card  
(City of Lynn Haven Competency Card will expire the same date DBPR State License expiration date indicates)
- 

Office Use Only:    Customer #: \_\_\_\_\_ Date: \_\_\_\_\_

CITY OF LYNN HAVEN BUILDING DEPARTMENT CONTRACTOR – OWNER AFFIDAVIT

**ALL WORK SHALL COMPLY WITH THE APPLICABLE FLORIDA BUILDING CODE**

**AFFIDAVIT:** Application is hereby made to obtain a permit to do work and installations as indicated. I certify that all the foregoing information is accurate and that all work will comply with all applicable codes. I understand these codes shall take precedence over all approved construction documents and issuance of this permit is verification that I will notify the property owner of § 713.135, Fla. Stat. (2024)

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**NOTICE:** § 105.3.3, FBC, A permit issued by a building official shall have on the face or attached to the permit the following statement.

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

§ 105.3.2, FBC, Permit applications have a time period of 180 days after the date of filing them. The building official has the authority of granting extensions of 90 days. The request must be made in writing and demonstrate justifiable cause for the expiration.

**OWNER/CONTRACTOR DISCLOSURE STATEMENT:** I hereby certify that the information contained in this Application is true and correct and that all work will be done in compliance with all applicable laws regulating construction and zoning regulations. Application is hereby made to obtain a permit to do the work and installations as indicated. I hereby certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc.

**ADDITIONAL ITEMS MAY APPLY: IMPROVEMENTS OF \$5,000.00 OR MORE REQUIRES A NOTICE OF COMMENCEMENT IMPROVEMENTS LESS THAT \$5,00.00 REQUIRES A COPY OF THE CONTRACT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SEAL

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of 20\_\_\_\_,

\_\_\_\_\_  
Name of person acknowledging

\_\_\_\_\_  
Signature of Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_ Type of ID: \_\_\_\_\_

**\*\*YOUR APPLICATION WILL NOT BE PROCESSED IF THIS IS INCOMPLETE\*\***

# CITY OF LYNN HAVEN STORMWATER IMPACT FEE WORKSHEET

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

SQUARE FOOTAGE ACCORDING TO PLANS

Structure Footprint	
Driveway/Parking Area	
Sidewalk/Walkway Area	
Decking	
Accessory Structures/Pads	
Roadway System	
Commercial Development	
Subdivision	

TOTAL IMPERVIOUS SURFACE AREA: \_\_\_\_\_ SQUARE FEET

TOTAL SQUARE FOOTAGE x .19 = \$ \_\_\_\_\_ TOTAL



## LYNN HAVEN BUILDING DEPARTMENT

### Worksheet for Accessory Structures Form

Parcel # \_\_\_\_\_ RE \_\_\_\_\_

Address \_\_\_\_\_

Impervious Surface Ratio (\_\_\_\_\_) \_\_\_\_\_ Lot Size \_\_\_\_\_

#### Current Impervious surface:

House \_\_\_\_\_

Driveway \_\_\_\_\_

Sidewalk \_\_\_\_\_

Patio/Porches \_\_\_\_\_

Other Impervious Surfaces \_\_\_\_\_

Total: \_\_\_\_\_

Impervious Surface: Proposed \_\_\_\_\_

Grand Total: \_\_\_\_\_

This form has been completed to the best of my abilities and I certify that the above information provided is accurate and complete.

Please print your full name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Staff Use Only

Setbacks Code

Rear \_\_\_\_\_

Side \_\_\_\_\_

Side adjacent to street \_\_\_\_\_

Setbacks Proposed

Rear \_\_\_\_\_

Side \_\_\_\_\_

Side adjacent to street \_\_\_\_\_

- Proposed plan and ISR meets ULDC code
- Proposed Plan and ISP does not meet ULDC code
- Recommended Building Official make on-site visit
- See Comments

Comments: \_\_\_\_\_  
\_\_\_\_\_

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