

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

**COMMERCIAL FIRE SUPPRESSION PERMIT APPLICATION**

Date: \_\_\_\_\_

Project Owner: \_\_\_\_\_ Project Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Owner's Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ License #: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Fire Alarm (# of devices)	
Fire Hood System	
Fire Hydrant Flow	
Sprinkler System (# of heads)	
BDA Public Safety Radio Enhancement System	
BDA Signal Strength Test	
Other	

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**APPLICATION FOR FIRE PROTECTION PERMIT**

Date: \_\_\_\_\_ Blueprints Attached

Owner's Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

FL License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ADDRESS OF PROJECT:** \_\_\_\_\_

**PARCEL ID #:** \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_

Architect's/Engineers 's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Fire Protection:

Fire Sprinkler System - Number of Sprinkler Heads \_\_\_\_\_ Type of Sprinkler System: \_\_\_\_\_

Fire Alarm System - Number of Devices \_\_\_\_\_  Fire Pumps

Standpipes  Fire Hydrants

Other (Please list and explain): \_\_\_\_\_

**Cost of Construction \$** \_\_\_\_\_

# FIRE PROTECTION

**rlamarre@cityofflynnhaven.com**

- A. Detailed Fire Alarm and Fire Protection Plans
- a. all new commercial buildings and all new major renovation projects are required to install a KNOX Box, and that it should be reflected in the plans before submittal
  - b. all new fire sprinkler system F.D.C. connections are required to be equipped with KNOX Caps, and that it should be reflected in the plans before submittal
  - c. all new commercial buildings shall be marked with the light-frame truss warning signs as required by F.S. 633.027 and the F.A.C. 69A-60.0081, and this sign should be reflected in the plans before submittal. If this sign is not required, then the registered/licensed engineer, architect, or design professional shall provide this information (with justification) in the plans before submittal.

Plan requirements as they relate to Fire Sprinklers/Suppression/etc.:

1. Basic detailed plans for Civil, Structural, Architectural, Life Safety, etc.... for all plans
2. Fire Sprinkler System Plans or Fire Pump Plans (when required)  
These plans should include necessary information/documentation such as:
  - a. Fire Flow test results.
  - b. Hydraulic Calculations
  - c. Spec Sheets for all materials used for the project.
2. Fire Alarm System Plans. These plans should include necessary information/documentation such as:
  - a. Battery Calculations
  - b. Spec Sheets for all devices used for the project.
4. Fire Suppression Systems Plans
5. BDA System Plans shall include necessary information/documentation such as:
  - a. Battery Calculations
  - b. Spec Sheets for all devices used for the project.
  - c. An initial Radio Signal Survey Test results.
  - d. F.C.C. GROL license holder information

**Any questions regarding fire protections please contact**

**Ron Lamarre - rlararre@cityofflynnhaven.com**

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: \_\_\_\_\_

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[buildingdepartment@cityoflynnhaven.com](mailto:buildingdepartment@cityoflynnhaven.com)

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