



**CITY OF LYNN HAVEN  
Building Department**

Phone: (850) 265-2121 X 2135

inspections@cityoflynnhaven.com

buildingdepartment@cityoflynnhaven.com

**SUBCONTRACTORS PERMIT APPLICATION**

Date: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Flood Elevation Certificate Attached: Yes or No

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

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

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

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

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

<b>Electrical</b>	<b>Mechanical</b>	<b>Plumbing</b>
New Service	New Install (requires energy form)	New Water Service
Service Upgrade	Replacement	New Piping
# of new circuits	Heat Pump (requires energy form)	Replace Piping
Service Repair	Exhaust Fans	Sewer Line
Temporary Pole	Split Unit	Water Heater
Smoke/CO Detector	Duct Only	# of Fixtures
Data/Comm	Other	
Other		
<b>Gas</b>	<b>Other</b>	<b>Roofing</b>
New Service	Window Replacement	Shingle Squares
Generator	# replaced	Metal
Replacement	Door Replacement	Other
Water Heater	# replaced	
# of Outlets	Shutters	
Other		
<b>Total Job Cost:</b>		