



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: _____

Electrical	Mechanical	Plumbing
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		
Gas	Other	Roofing
New Service	Window Replacement	Shingle Squares
Generator	# replaced	Metal
Replacement	Door Replacement	Other
Water Heater	# replaced	
# of Outlets	Shutters	
Other		
Total Job Cost:		

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: _____

817 Ohio Ave. Lynn Haven, FL.
(850) 265-2121 x 2135
buildingdepartment@cityoflynnhaven.com

CITY OF LYNN HAVEN

Building Department

Phone: (850) 265-2121 X 2135

inspections@cityoflynnhaven.com

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)
-

Office Use Only: Customer #: _____ Date: _____

NOTICE OF COMMENCEMENT

Permit No. _____

Parcel No. _____

State of Florida
County of Bay

The undersigned hereby gives **Notice** that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this **Notice of Commencement**.

Description of property (legal description of the property, and street address if available): _____

General description of improvement: _____

Owner Name: _____

Address: _____

Owner's interest in site of the improvement: _____

Fee Simple Titleholder Name: _____

Address: _____

Contractor Name: _____

Address: _____ Phone Number: _____

Payment Bond Surety: _____

Address: _____

Phone Number: _____ Amount of Bond: \$ _____

Lender Name: _____

Address: _____ Phone Number: _____

Person within the State of Florida designated by Owner upon whom **Notices** or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes:

Name _____

Address _____ Phone Number: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's **Notice** as provided in Section 713.13(1) (b), Florida Statutes. Phone Number: _____

Expiration date of **Notice of Commencement** is one (1) year from date of recording unless a different date is specified _____.

Signature of Owner: _____

STATE OF _____
COUNTY OF _____

Sworn to, Subscribed and Acknowledged before me by means of (____) physical presence or (____) online notarization, on this _____ day of _____, 20____ by _____, who (____) is personally known to me or (____) produced identification _____.

Notary Public
NOTARY SEAL

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK ON RECORDING YOUR NOTICE OF COMMENCEMENT.

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute [553.842](#) and the [Florida Administrative Code](#), please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. Exterior Doors			
A. Swinging			
B. Sliding			
C. Sectional			
D. Roll-up			
E. Automatic			
F. Other			
2. Windows			
A. Single Hung			
B. Horizontal Slider			
C. Casement			
D. Double Hung			
E. Fixed			
F. Awning			
G. Pass Through			
H. Projected			
I. Mullion			
J. Wind Breaker			
K. Dual Action			
L. Other			
3. Panel Walls			
A. Siding			
B. Soffits			
C. EIFS			
D. Storefronts			
E. Curtain Walls			
F. Wall Louver			
G. Glass Block			
H. Membrane			
I. Greenhouse			
J. Other			
4. Roofing Products			
A. Asphalt Shingles			
B. Underlayments			
C. Roofing Fasteners			
D. Non-Structural Metal Roofing			
E. Wood Shingles and Shakes			
F. Roofing Tiles			
G. Roofing Insulation			
H. Waterproofing			
I. Built Up Roofing Roof Systems			
J. Modified Bitumen			
K.			

Category/Subcategory		Manufacturer	Product Description	Approval Number(s)
L.	Roofing Slate			
M.	Cements-Adhesives Coatings			
N.	Liquid Applied Roof Systems			
O.	Roof Tile Adhesive			
P.	Spray Applied Polyurethane Roof			
Q.	Other			
5.	Shutters			
A.	Accordion			
B.	Bahama			
C.	Storm Panels			
D.	Colonial			
E.	Roll-up			
F.	Equipment			
G.	Other			
6.	Skylights			
A.	Skylight			
B.	Other			
7.	Structural Components			
A.	Wood Connectors/ Anchors			
B.	Truss Plates			
C.	Engineered Lumber			
D.	Railing			
E.	Coolers-Freezers			
F.	Concrete Admixtures			
G.	Material			
H.	Insulation Forms			
I.	Plastics			
J.	Deck Roof			
K.	Wall			
L.	Sheds			
M.	Other			
8.	New Exterior Envelope Product			

The products manufacturer, description, and approval numbers can be obtained from the Florida Building Code information system on the web @ [Florida Building Code Online](#). I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval; 2) the performance characteristics which the product was tested and certified to comply with; and 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection. A completed copy of this Product Approval Specification Sheet will be returned to Lynn Haven Building Department before a Certificate of Occupancy will be issued.

Applicant Signature

Date