CITY OF LYNN HAVEN
Building Department

Phone: (850) 265-2121 X 2135
inspections@cityoflynnhaven.com
buildingdepartment@cityoflynnhaven.com

You will find a checklist indicating what is required to pull a building permit. To ensure there is no delay in your permit application being processed, please use the checklist to confirm your submittal is complete, as incomplete application submittals will not be processed until all lacking documentation is provided.

1. Make sure you submit all your credentials and subcontractor's credentials with your application/submittals. Consisting of: DBPR License, General Liability/Workers Comp, Sunbiz Proof (Sunbiz.org), Tax Receipt (businesstax@cityoflynnhaven.com), Driver's License.
2. No more than one inspection will be provided without a Recorded Notice of Commencement.
3. PRIVATE PROVIDER INSPECTIONS CANNOT BE ENTERED IN OUR SYSTEM WITHOUT THE RECORDED NOTICE OF COMMENCEMENT.
4. No final inspection will be scheduled until ALL the required documentation is received by our office.
5. You can confirm Flood Zone here: https://gis.baycountyfl.gov/lynnhaven2/
6. Make sure signatures are Notarized where required.
7. Email completed submittals to: buildingdepartment@cityoflynnhaven.com

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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:		

☐ **AFFIDAVIT**: Application is hereby made to obtain a permit to do work and installations as indicated. I certify that all 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 Florida Lien Law req., F.S. 713.135.

☐ **NOTICE:** FBC 2020 105.3.3. 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. Additional plan review approval may be required by other City departments. This property may be in a deed restricted community.

☐ **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 law's regulation construction and zoning. 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 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, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, ex.

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

☐ **FLORIDA PRODUCT APPROVAL AFFIDAVIT**

In complying with the 2020 edition of the Florida Building Code, I _____ as Contractor/Builder, attest the structure to be build or renovated at _____ will comply with the established standards for performance of products and materials set forth by the product approval guidelines as required by Florida Statute 553.842 and the Florida Administrative Code 9B-72.

Information and approval numbers of the building components will be available at the time of inspection of these products to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristic which the product was tested and certified to comply with and 3) copy of the applicable manufacture's installation requirements. Further, I understand these products may have to be revoked if approval cannot be demonstrated during inspection.

ADDITIONAL ITEMS MAY APPLY

- Improvements of $5,000 or more require a Notice of Commencement.
- Improvements less than $5,000 require a copy of the Contract.
- Mechanical Permits over $15,000 require a Notice of Commencement.
- Mechanical Permits may require Entergy form (supplied by Contractor)
- Concrete Permits require an SW Permit and must be approved by SW Department.
- Concrete Permits over 499 sq. ft. may require a SW letter from Engineer.
- Driveways attaching to street require a Culvert Pipe Permit Form and approval by SW Department.

_____	_____	_____
Applicant Print Name	Applicant Signature	Date
_____	_____	_____
Permit Technician	Notary	Date

(Stamp)

Applicant is personally known to me or produced _____ as identification.

DON'T FORGET TO REQUEST YOUR INSPECTIONS!
buildingdepartment@cityoflynnhaven.com

Approved by _____ Building Official

817 Ohio Avenue • Lynn Haven, FL 32444
(850) 265-2121 ext. 2135
www.cityoflynnhaven.com
Email:buildingdepartment@cityoflynnhaven.com

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CONTRACTOR AUTHORIZATION FORM

Contractor/Company Name: _____

Qualifier's Name: _____ Title: _____

License Number: _____

The following individuals are authorized to sign for permits, obtain permits, request inspections, and otherwise act on behalf of the license holder and the company identified above with activities and processes associated with building permits. I understand that it is my sole responsibility as the qualifying contractor to keep this information current and resubmit a new accurate authorization form each time a change needs to be made to the above list of individuals.

	Agent Name *(please print or type)*	**Agent Email**	**Agent Phone**
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Signature of Qualifier: _____ Date: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 ____,

by: _____ *(name of person making statement),*

Notary Signature: _____ _____

Print, Type, or Stamp Commissioned Name of Notary Public

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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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 IMPROVER 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