

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.

Reminders: **Refer to Florida Building Code Section 107.3.5**

1. The Department of Development and Planning is responsible for planning and land development procedures with the city. Including formulation and administration of plans and regulation including, but not limited to, the following:

Coastal Management, Conservation, Environmental Protection, Growth Management, Historic Preservation, Housing, Land Use, Urban Design, and Utility Planning.

Commercial projects may need a Development Order, Certification of Concurrency, and Final Order from development/planning, and should be submitted with your building permit application packet.

Development and Planning can be reached at: Phone: 850-248-0506 or Email: develop_plan@cityoflynnhaven.com

2. 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 (businessstax@cityoflynnhaven.com), Driver's License.
3. No more than one inspection will be provided without a Recorded Notice of Commencement. PRIVATE PROVIDER INSPECTIONS CANNOT BE ENTERED IN OUR SYSTEM WITHOUT THE RECORDED NOTICE OF COMMENCEMENT.
4. No final inspection will be scheduled until ALL required documentation 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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COMMERCIAL REQUIRED SUBMITTAL FORMS CHECKLIST

Provide all documents required, included but not limited to,
Florida Building Code SECTION 107.3.5

STEP 1: Contact development/planning email: develop_plan@cityoflynnhaven.com and request development order application. Once you receive the Development Order approval, Certification of Concurrency, and Final Order from development/planning - submit with this application and required documents listed below and in **Section 107.3.5**

. <https://codes.iccsafe.org/s/FLEBC2020P1/chapter-1-scope-and-administration-2/FLEBC2020P1-FLBC-Ch01-SubCh02-Sec107.3.5>

Include all your sub-contractors' applications, credentials, submittals, with your application. Sub applications can be printed from our website.

Only one inspection will be granted prior to receiving a recorded Notice of Commencement (NOC). If the scope of work only requires one inspection that inspection will not be conducted without our office having received the recorded NOC.

Please Provide All Applicable Items Listed Below and submit this checklist with your application and required documents:

1. **TWO COMPLETE SET OF PAPER PLANS**, drawn to scale & **ONE DIGITAL Copy** (Total of 3 complete sets) Plans must be executed and sealed by Florida Registered Design Professional and contain the following:
 - a. Site Plan (All Structures, water, dimensions, property lines, setbacks, adjacent areas, driveways, sidewalks, patios, swimming pool, impervious surfaces, site drainage, and proposed floor elevation).
 - b. Dimensioned Foundation and Footing Plans
 - c. Complete Floor Plans indicating all bearing walls (with additions, existing floor plan)
 - d. Wall Sections(s), foundation through roof. Include panel nailing schedules.
 - e. Architect Plans
 - f. Electrical, Plumbing, and Mechanical Plans (location of all smoke detectors)
 - g. Product Approval Specification Sheets
 - h. Method of compliance with wind-load. **LYNN HAVEN IS IN THE 140 MPH WIND ZONE**
 - i. Commercial Credentials to pull permits (including DBPR License, General Liability, Works Comp – or exemption, Sunbiz, Driver's License, Tax Receipt, Authorization Form (if needed))
2. Completed and Notarized Building Permit Packet including:
 - a. Signed A&V Flood Zone handout
 - b. Finished Floor Elevation affidavit
 - c. Signed Florida Product Approval Specification Sheet
 - d. Recorded Notice of Commencement

3. Florida Energy Form – if required
4. Drainage Plan – if not included in development order
5. Parcel ID#: _____, or Proof of Ownership
6. Temporary Power Affidavit
7. Water/Serwer/Irrigation Reclaimed Water Availability Request
8. Water & Sewer Impact Fee Worksheet
9. Stormwater Impact Fee Worksheet
10. Need Irrigation Meter: Yes _____ NO _____ (check one)
11. Roof Application
12. Subcontractor(s) Application(s) (complete with credentials)
13. Fire Suppression / Protection Form / Application
14. Contractor Authorization Form

****MUST HAVE TERMITE CERTIFICATE, BLOWER DOOR CERTIFICATE (IF APPLICABLE), SURVEY WITH FINISHED FLOOR ELEVATION OR ELEVATION CERTIFICATES (WHEN APPLICABLE MUST SUBMIT PRE-CONSTRUCTION, UNDER CONSTRUCTION, AND FINAL ELEVATION CERTIFICATE - DETERMINED BY FLOOD ZONE), BEFORE A CERTIFICATE OF OCCUPANCY CAN BE ISSUED.**

****PLEASE INCLUDE YOUR DEVELOPMENT ORDER APPROVAL, CERTIFICATE OF CONCURRENCY, AND FINAL ORDER FOR DEVELOPMENT/PLANNING**

Applicant's Signature _____

Contact# _____ E-Mail _____

**INCOMPLETE
APPLICATIONS WILL NOT
BE PROCESSED**

817 OHIO AVE., LYNN HAVEN, FL.

www.cityoflynnhaven.com

Email: buildingdepartment@cityoflynnhaven.com

COMMERCIAL PERMIT APPLICATION

Contractor's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell #: _____

FL License #: _____ Email Address: _____

Primary office contact information: _____

ADDRESS OF PROJECT: _____

Flood Elevation Certificate Attached: Yes or No Flood Zone: _____

Bonding Company: _____

Address: _____

Architect's/Engineers 's Name: _____

Address: _____

Mortgage Lender's Name: _____

Address: _____

Provide copies of general liability/workers comp certification, DBPR license, Tax receipt, Letter of Authorization, copy of driver's license, SunBiz.

Owner's Name: _____ Email: _____

Cell: _____ Primary Address: _____

Purpose of Commercial Building: Square Footage: _____

Residential 3 or more units (Multifamily) Additions Renovation

Other (please list and explain): _____

: Occupancy Type: _____

Cost of Construction \$ _____

Does the Renovation/Addition Exceed 50% Substantial Improvements: Yes or No.

Site Plans, Plat or Survey Attached: Yes or No

Please enter the measurements from Site Plans, Plat or Survey:

Distance from property line: Front Side _____ Street Side _____ Rear (Street) _____

Total Lot Size _____ Flood Zone _____ Lowest Floor Elev. _____

Total Area _____ Heated/Cooled (sq ft) _____ Number of Stories _____

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, Pools, Heaters, Air Conditioners, Roofs, etc.....

For improvements to real property with a construction cost of \$5,000 or more, a recorded copy of the Notice of Commencement is required and submitted to the Lynn Haven Building Department when application is made for a permit, or the applicant may submit a copy of the Notice of Commencement along with an affidavit attesting to this recording. A recorded copy of the Notice of Commencement must be provided to the Lynn Haven Building Department before the first can be performed and posted on the jobsite.

NOTICE: The Lynn Haven Building Department does not have the authority to enforce deed restrictions or covenants on properties. You are advised to check for any restrictions that may affect your property.

The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

IMPORTANT: The building permit is valid if there is substantial construction progress, and an approved inspection is recorded within each 180 days (6 months) period.

CONTRACTOR'S/OWNER'S AFFIDAVIT: 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.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by
(Name of person acknowledging.)

(Seal)

Signature of Notary Public

Personally known: _____
OR Produced Identification: _____
Type of Identification Produced: _____

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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: _____



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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

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 Systems			
J. Modified Bitumen			
K. Single Ply Roof Systems			

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 is issued.

Applicant Signature

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.

"A" AND "V" FLOOD ZONES

IMPORTANT INFORMATION FOR THOSE WHO BUILD ON PROPERTIES IN SPECIAL FLOOD HAZARD AREAS

A special flood hazard area is where FEMA has determined that there is a greater chance for flooding to occur. The effective FEMA map is dated June 16, 2009. When building in these areas, two additional documents will be needed for your file and certain procedures must be followed. Failure to follow them could result in substantial extra costs and delays.

A suggested first step when building in these areas is to obtain a licensed land surveyor. He or she will first determine the Base Flood Elevation (BFE) of the area. This is the expected highest level of the water during a flood. He or she then places a "benchmark" on the property, which is used to determine how high this flood water level will be on your property.

- **You must then build your floor above that flood water level.**
- **For manufactured homes approved by HUD, only a final elevation certificate is required.**
- **For site-built homes, THREE elevation certificates are required. (before construction, under construction, & final)**

In the City of Lynn Haven, your lowest floor (garage) must be **1 foot above the BFE or 1-foot above crown of roadway**. Immediately after your slab is poured (or joists and girders installed for framed floor systems), the surveyor must then prepare a document called an "Elevation Certificate" (EC) that will verify your building floor is in compliance.

- **Don't wait to get this first Elevation Certificate.**

It is important to get the *second EC* done soon after the floor is finished because, if for any reason, the floor is too low (below BFE), it will have to be raised to the proper level.

NOTE: Section 110.3 of the code requires the under-construction elevation certificate to be submitted to the building official prior to vertical framing.

The *third EC* is called for when the home and site (finished grade) are completed and nearing the final inspection. It again documents compliance of the floor and additionally documents other items like finished grade, equipment (such as air conditioning systems, these items must meet the elevation requirements also), flood venting if needed, etc.

- **NOTE: Per section 110.3 of the code, the final inspection and Certificate of Occupancy cannot be given until this *third EC (Finished Construction EC)* is provided for the file.**

For additions to existing homes located in flood zones, please make an appointment with staff to consider the applicable rules. "V" zones have wave action in addition to flooding hazards. They must meet all the above and they have unique foundation requirements that will need structural engineering. If you have questions, please call for assistance.

Why all the paperwork? FEMA provides low-cost flood insurance for communities that make sure their new homes and additions are safe from flooding, and it is the law. Need further information? For questions regarding your construction, call 850 - 265-7316 or call the CRS Coordinator, regarding the FEMA flood insurance program, or go to <http://www.fema.gov/about/program s/nfip/index.shtm>

I have read and understand the above _____ Date _____



**CITY OF LYNN HAVEN
BUILDING DEPARTMENT**

Phone: (850) 265-2121 x 2135

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FINISHED FLOOR ELEVATION AFFIDAVIT

I hereby verify that the finished floor elevation for all building structures, both habitable and non-habitable, on the parcel noted below, meet the requirements noted on the recorded plat, approved subdivision drainage plan, applicable deed restrictions, and the minimum requirements of the City of Lynn Haven Unified Land Development Code.

Minimum elevation of slab or floor. Per Lynn Haven Code of Ordinances / Subpart A – General Ordinances / Chapter 14 – Buildings and Building Regulations / Article II Building Standards / Sec 14-28:

No floor level for a building or structure shall be constructed that is not 12 inches higher than the crown of the roadway, existing road, street, or access to the property. The final elevation of the floor shall be established by transit reading at the highest elevation of the roadway crown that is adjacent to the property upon which the structure or building is to be located. (Code 1962, § 6-4)

The Florida Building Code, which was the code at time of permit, Sec. R309.3 requires garages to be:

- 1. Elevated to or above the design flood elevation as determined in accordance with [Section R322](#); or*
- 2. Located below the design flood elevation provided that the floors are at or above grade on not less than one side, are used solely for parking, building access or storage, meet the requirements of [Section R322](#) and are otherwise constructed in accordance with this code.*

The elevation must be verified by a surveyor, elevation of crown of road, garage, and finish floor elevation in Flood Zone X and an elevation certificate in all other flood zones as soon as the floor is established and prior to vertical framing.

- Absolutely no permit for construction shall be issued until this affidavit is signed and witnessed.**

I declare that I have read the foregoing page and understand the requirements as it relates to Finished Floor Elevations.

Date: _____ **Parcel ID #:** _____

Building Permit #: _____

Owner/Contractor Printed Name: _____

Signature: _____

Printed Name of Witness: _____

Signature: _____



TEMPORARY POWER AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BAY

City of Lynn Haven

Project Address: _____

Parcel Number: _____

I, the Contractor of Record, agree and accept all responsibility to have Temporary Power turned on at the above-listed project address. At any time prior to issuance of a Certificate of Occupancy, I authorize the City of Lynn Haven to have power disconnected from the building or premises noted above.

I acknowledge that authorization for Temporary Power is for a period of 90 days from the date permanent power is applied and an extension of 90 days may be granted if requested.

I affirm that this building, nor any portion thereof, shall not be occupied without the issuance of a Certificate of Occupancy. Violation of this will result in cancellation of Temporary Power.

Contractor

Date

CITY OF LYNN HAVEN WATER & SEWER IMPACT FEE WORKSHEET

TOTALS

Bathtub (with or without shower)		8		
Bed pan Washers		10		
Combination Sink and Tray		3		
Dental Unit		1		
Dental Lavatory		2		
Dishwasher	1/2"	4		
	3/4"	10		
Drinking Fountain	Cooler	1		
	Public	2		
Kitchen Sink	1/2"	4		
	3/4"	7		
Lavatory	3/8"	2		
	1/4"	4		
	1/2"	3		
	3/4"	7		
Shower Head (shower only)		4		
Service Sink	1/2" connection	3		
	3/4" connection	7		
Urinal	Pedestal Flush Valve	35		
	Wall or Stall	12		
	Trough (2"unit	2		
Wash Sink (each set of faucets)		4		
Water Closet	AUTO Flush Valve	35		
	Tank Type	3		
Washing Machine	1/2" connection	5		
	3/4" connection	12		
	1" connection	25		
TOTAL SEWER RELATED FIXTURES:				
NON-SEWER RELATED FIXTURES:				
Hose Bib	1/2"	6		
	3/4"	10		
Ice Maker		2		
TOTAL NON-SEWER RELATED FIXTURES:				
TOTAL SEWER/NON-SEWER FIXTURE VALUE:				

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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

Email: buildingdepartment@cityoflynnhaven.com

CITY OF LYNN HAVEN STORMWATER IMPACT FEE WORKSHEET

ADDRESS: _____

PARCEL NUMBER: _____

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----- SQUARE FEET

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



CITY OF LYNN HAVEN
**WATER/SEWER/IRRIGATION/RECLAIMED WATER
AVAILABILITY REQUEST**
PUBLIC UTILITIES

- *This form is to be used to determine the availability of the City Water, Sewer, Irrigation and Reclaimed Water services.*
- *Allow a ten (10) day response time from the receipt of this request.*
- *Please answer all questions to the site location as incomplete forms may result in delays.*
- *All backflow devices to be lead free and supplied by the contractor.*

Minor Subdivision/Lot Split Staff Member Requesting: _____

Name: _____ Date: ____/____/____

Phone: _____ Email: _____

Property Owner **Owner's Agent** **Other**

SITE LOCATION **Multiple Units**

Address: _____

Block Number: _____ LOT Number: _____

****Requestor is responsible for recognizing the location of utility services and plan accordingly****

******* TO BE FILLED BY ADMINISTRATION ONLY *******

Date Reported: _____ Reported By: _____

Water Available: Yes No

Irrigation Available: Yes No

Sewer Available: Yes No

Reclaimed Water Available: Yes No

COUNTY WATER **CITY WATER** **CAPACITY ANALYSIS NEEDED**

SPECIAL SITUATIONS

Water Location: _____ Sewer Location: _____

Additional Cost Breakdown

_____	\$ _____
_____	\$ _____
_____	\$ _____

Approved By: _____

**Not valid if not approved by Director
or Assistant Director of Public Works**

Worksheet for Commercial Construction Permits

Contractor _____ CID # _____

Owner _____ CID# _____

Address _____

Lot# _____ Subdivision _____

Parcel# _____

Construction (*Circle one*) F r a m e B l o c k M e t a l O t h e r

Roof (*Circle one*) S h i n g l e M e t a l Q'u i l e B u i l d - u p O t h e r

Flood Zone _____ Elevation _____

Occupancy Class _____ Bedrooms _____ Bathrooms _____ Stories _____

Gross SF (*UNDER ROOF: heat & cooled, garage, & porches only*) _____

Construction Cost (*locate manual: Gross Square Foot x \$110.29*) \$ _____

Net SF (*heated & cooled porches, & garages used for electrical cal.*) _____

Finished SF (*heated and cooled area only for mechanical cal.*) _____

Total Impervious (*worksheet for storm water calculation*) _____

Extra Piping Fee \$ _____ Extra Piping Supply Fee (*Basin*) \$ _____

Driveway (#feet) _____ Sewer Impact (*number of fixtures from worksheet*) _____

Water Meter Size _____ Water Impact (*number of fixtures from worksheet*) _____

County Water Y/N _____ Size _____ Reuse Water _____

Extra Charges for Irrigation Meter (*amount from locate form sent to UT Dept.*) \$ _____

Extra Charges for Water Tap (*amount from locate form sent to UT Dept.*) \$ _____

Extra Charges for Sewer Tap (*amount from locate form sent to UT Dept.*) \$ _____

Plumbing (*fixtures from water/sewer Worksheet*) _____

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

Sign: _____ Date: _____

Please print your full name: _____

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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: _____

CITY OF LYNN HAVEN
Building Department

Phone: (850) 265-2121 X 2135

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: _____



**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

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

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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

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(City of Lynn Haven Competency Card will expire the same date DBPR State License expiration date indicates)
-

Office Use Only: Customer #: _____ Date: _____



ROOFING APPLICATION

DATE _____

PROJECT ADDRESS _____

PARCEL ID NUMBER _____

OWNER'S NAME _____

(If Home Owner is completing job an Owner Affidavit Form must be completed and attached)

COMPANY NAME _____

CONTRACTOR'S NAME _____

LICENSE NUMBER _____

PHONE NUMBER _____

RE- ROOF _____ ROOF OVER _____

TYPE OF ROOFING MATERIAL:

SHINGLE _____ METAL _____ TILE _____ OTHER _____

NUMBER OF SQUARES _____ JOB COST \$ _____
(This includes labor, material, and equipment)

Improvements of \$5,000 or more a Notice of Commencement is required

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.

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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 THAN \$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: _____

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

Roof Inspection Affidavit

I _____, licensed as a (n) Contractor*/Engineer/Architect,

Please print name and circle License Type

FS 468 Building Inspector *

License Number: _____

On or about _____, I will personally inspect the Roof, Deck Nailing
and/or Secondary Water Barrier work at _____
Job Site Address

Parcel ID # _____

I will affirm the installation will be done according to the Hurricane Mitigation Retrofit
Manual (Based on 553.844 Florida Statue, State of Florida Building Codes, and City of Lynn
Haven building ordinance)

Signature Date

Notary Stamp

STATE OF FLORIDA, COUNTY OF _____

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

by: _____ (name of person making statement),
who is personally known to me or has produced this type of identification:

Notary Signature: _____ *Print, Type, or Stamp*
Commissioned Name of Notary Public

NOTICE OF COMMENCEMENT

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.

1. Description of property (legal description of property): _____
a) Street (job) Address: _____
2. General description of improvement(s): _____
3. Owner or Lessee information (Lessee as owner only if contracted for improvements)
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than owner): _____
4. Contractor Information
 - a. Name and address: _____
 - b. Phone number: _____ Fax No. (Opt.) _____
5. Surety Information
 - a. Name and address: _____
 - b. Amount of bond \$ _____
 - c. Phone number: _____ Fax No. (Opt.) _____
6. Lender
 - a. Name and address: _____
 - b. Phone number: _____
7. Persons within the State of Florida designated by Owner upon who notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____

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 1, 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 OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have - read the foregoing and that the facts in it are true to the best of my knowledge and belief.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by
(name of person acknowledging.)

(Seal)

Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally known: _____
OR Produced Identification: _____
Type of Identification Produced: _____

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

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

Email: buildingdepartment@cityoflynnhaven.com