



CITY OF LYNN HAVEN

Building Department

Phone: (850) 265-2121 X 2135

inspections@cityoflynnhaven.com

buildingdepartment@cityoflynnhaven.com

APPLICATION FOR ACCESSORY STRUCTURE PERMIT

Please submit two (2) complete sets of drawing, site plan and scope of work
1 paper copy for plans review, 1 digital copy to be attached to file

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

Owner's Name _____ Primary Address: _____

Email: _____ Cell #: _____

Company Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell #: _____

FL License #: _____ Email: _____

ADDRESS OF PROJECT: _____

PARCEL ID #: _____ **Square Feet of Proposed Structure:** _____

Type of Structure: Shed/Pergola Deck Detached Garage Open Cover/Carport

NOTE: Structural Loads must be designed by Florida Registered Design Professional and must meet the Wind Speed of 140 mph.

Other (Please specify): _____

Land Use District: LDR MDR HDR MU IND C P/I

R/OS CON TN

Cost of Construction: \$ _____

August 2024

817 Ohio Avenue • Lynn Haven, FL 32444

(850) 265-2121 EXT 2135

www.cityoflynnhaven.com

Email: buildingdepartment@cityoflynnhaven.com

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 (sqft) _____ 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 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 construction progress, and an approved inspection is recorded within each 90 days (3 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.

Signature of Owner

Signature of Contractor

Date: _____

Date: _____

Notary to Owner

Notary to Contractor

Application approved by: _____
Building Official

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

Worksheet for Non-Habitable Accessory Structures Form 1 of 2

Contractor _____ CID # _____

Owner _____ CID # _____

Address _____

Lot # _____ Subdivision _____

Parcel # _____

Construction
Flood Zone _____ Elevation _____

Occupancy Class _____

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

Construction Cost \$ _____
(Calculate manual: (Storage: GSF x \$42.48)

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)

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: _____

Worksheet/Stormwater for Accessory Structures Form

Parcel # _____ RE _____

Address _____

Land Use _____ ISR (_____) _____

Lot Size _____

Current ISR:

House _____

Driveway _____

Sidewalk _____

Patio/Porches _____

Other Impervious Surfaces _____

Total: _____

ISR Calculations:

Proposed _____

Grand Total: _____

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: _____

Staff use only

Set Backs Code

Set Backs Proposed

Rear

Rear

Side

Side

Side adjacent to street

Side adjacent to street

Proposed plan and ISR meets ULDC code

Proposed Plan and ISP does not meet ULDC code

Recommended Building Official make on-site visit

See Comments

Comments _____

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: _____