

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 (businessstax@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



CITY OF LYNN HAVEN

Building Department

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buildingdepartment@cityoflynnhaven.com

RESIDENTIAL REQUIRED SUBMITTAL FORMS CHECKLIST

Include all your sub-contractors' applications, credentials, submittals, with your application. Sub applications / individual forms can be printed from our website, <https://www.cityoflynnhaven.com/215/Applications-for-Permits>

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. ONE COMPLETE SET OF PAPER PLANS, drawn to scale & ONE DIGITAL Copy (Total of 2 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). [approvals from development/planning if required]
 - 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. Electrical, Plumbing, and Mechanical Plans (location of all smoke detectors)
 - f. Product Approval Specification Sheets
 - g. Method of compliance with wind-load. **LYNN HAVEN IS IN THE 140 MPH WIND ZONE**
 - h. 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 (cannot impact neighboring properties)
5. Parcel ID#: _____, or Proof of Ownership
6. Temporary Power Affidavit (new single family)
7. Water/Serwer/Irrigation Reclaimed Water Availability Request (new single family)
8. Water & Sewer Impact Fee Worksheet (new single family)
9. Stormwater Impact Fee Worksheet
10. Need Irrigation Meter: Yes _____ NO _____ (check one)
11. Subcontractor(s) Application(s) (complete with credentials)
13. Contractor Authorization Form

Development/Planning: <https://www.cityoflynnhaven.com/199/Development-and-Planning>

****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.**

Reference Florida Building Code Section 107.3.5

Applicant's Signature _____

Contact# _____ E-Mail _____

Submit completed applications / credentials to: buildingdepartment@cityoflynnhaven.com

**INCOMPLETE
APPLICATIONS WILL NOT
BE PROCESSED**

817 OHIO AVE., LYNN HAVEN, FL.

www.cityoflynnhaven.com

Email: buildingdepartment@cityoflynnhaven.com

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RESIDENTIAL APPLICATION FOR BUILDING PERMIT

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

Owner's Name: _____ Primary Address: _____

Email: _____ Cell # _____

Contractor's Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell #: _____

FL License #: _____ Email Address: _____

ADDRESS OF PROJECT: _____

PARCEL ID #: _____

If the Application is for a Commercial Project, please list Name of the Business:

Bonding Company: _____

Address: _____

Architect's/Engineers 's Name: _____

Address: _____

Mortgage Lender's Name: _____

Address: _____

Purpose of Building:

Renovation Single Family/Townhouse Duplex Accessory Dwelling

Addition Other _____ Sq. Ft. _____

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

Cost of Construction \$ _____

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 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.

Signature of Owner

Date: _____

Signature of Contractor

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

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: _____

ADDITIONAL ITEMS MAY APPLY:

Improvements of \$5,000 or more require a Recorded Notice of Commencement.

Improvements less than \$15,000 requires a copy of the Contract.

Mechanical Permits over \$15,000 require a Recorded Notice of Commencement.

Mechanical Permits may require Energy Form (supplied by Contractor)

Concrete Permits require a Storm Water Form and must be approved by the Storm Water Department – Public Works. Also requires a drawn site plan indicating all hard surface impervious items on property.

Concrete Permits over 499 sq. ft. may require a Storm Water Department – Public Works, letter from an Engineer. Also requires a drawn site plan indicating all hard surface impervious items on property.

Driveways attaching to the street require a Culvert Pipe Permit Form and approval by Storm Water Department – Public Works. Also requires a drawn site plan indicating all hard surface impervious items on property.

(Public Works: [Public Works - Street, Stormwater, Sanitation | Lynn Haven, FL \(cityoflynnhaven.com\)](#) .

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.

CITY OF LYNN HAVEN

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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: _____



CITY OF LYNN HAVEN Building Department

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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



OWNER-BUILDER STATEMENT / AFFIDAVIT

FLORIDA STATUTE 489.103

Florida Statutes are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities.

Owners Must Personally Appear in The Building Safety Office To Sign This Document

BY SIGNING THIS STATEMENT, I ATTEST THAT: *(Initial to the left of each statement)*

	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specified that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is <u>NOT</u> hiring a licensed contractor to assume responsibility.
	I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her licenses numbers on all permits and contracts.
	I Understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or improved for sale or lease. If a building or residence that I have built or improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or improved it for sale or lease, which violates this exemption.
	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by city ordinance.
	I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
	I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my Direct Supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers compensation for the employee.</u> I understand that my failure to follow these laws my subject me to serious financial risk
	I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well ordinances, building codes, fire codes and zoning regulations.



**CITY OF LYNN HAVEN
BUILDING DEPARTMENT**

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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: _____

"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 this *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/programs/nfi/index.shtml>

I have read and understand the above _____ Dated _____

Worksheet for Commercial and Residential New Construction Permits

Contractor _____ CID # _____

Owner _____ CID # _____

Address _____

Lot # _____ Subdivision _____

Parcel # _____

Construction (Circle one) Frame Block Metal Other

Roof (Circle one) Shingle Metal Tile Build-up Other

Flood Zone _____ Elevation _____

Occupancy Class _____ Bedrooms _____ Bathrooms _____ Stories _____

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

Construction Cost (calculate 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: _____

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
**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**

1111 Ohio Ave. Lynn Haven, FL 32444 - 850-265-0087

****YOUR APPLICATION WILL NOT BE PROCESSED IF THIS IS INCOMPLETE****

CITY OF LYNN HAVEN STORMWATER IMPACT FEE WORKSHEET

ADDRESS: _____

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 AREA: _____ SQUARE FEET

TOTAL SQUARE FOOTAGE x .19 = \$ _____ TOTAL

TEMPORARY POWER AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BAY

City of Lynn Haven

Project Address:

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

CITY OF LYNN HAVEN WATER & SEWER IMPACT FEE WORKSHEET

TOTALS

			#	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:				