



BAY COUNTY BUILDERS' SERVICES DIVISION

COMMERCIAL

**MANUFACTURED BUILDING PLAN REVIEW SUBMITTAL FORM
NOT FOR HUD APPROVED DWELLING UNITS**

AVOID PROCESSING DELAYS

Please provide all applicable items listed below. This form is **Not** for Planning Division submittals.

1. _____ Two sets of scaled site plans showing: dimensions of property, all buildings and structures, distances from property lines and between structures, etc.
2. _____ Two sets of plans per section 428 FBC. See section [553 Florida Statutes](#) . .
3. _____ Two sets of foundation plans **sealed by a design professional**
4. _____ Two sets of detailed plans for required decks/stairs/handicap ramps
5. _____ Approval from appropriate Planning Department or City (Development Order)
6. _____ Receipt from water utility or signed Statement of Water (Form B09)
7. _____ Legal description of property – Parcel Number: _____
8. _____ Complete, notarized Application for Modular Permit(*Form B49*)
9. _____ Signed *Wind-Borne Debris Protection Affidavit and Notice (Form B23)* (if applicable)
10. Power Company: Gulf Power _____ REA-Southport _____ REA-Wewa _____

Important note concerning the building's occupancy classifications: Residential Design manufactured buildings cannot be used for commercial use. The design occupancy must match intended use.

Applicant's Signature _____ Phone # _____ E-mail _____
Cell # _____

For additional information see [Manufactured Buildings](#)

.....DO NOT WRITE BELOW DOTTED LINE.....

INFORMATION	VALUATION	COUNTY IMPACT FEES	FEES
Stories	Type of Construction	Library \$	Permit \$
Units	Flood Zone	Parks \$	
Square Footage	County Area	Fire \$	Total County Impact Fees \$
		Roads B/A EB PC S/S \$	TOTAL COUNTY FEES \$
		Wholesale Water \$	City Impact Fees (if applicable) \$
Notes:			Total County & City Fees \$

NOTICE: 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 government entities such as water management districts, state agencies, or federal agencies.



APPLICATION FOR MANUFACTURED BUILDING

Bay County Builders' Services Division

840 W. 11th Street, Panama City, FL 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES AND WILL HAVE TO BE REPURCHASED

Date: _____ Permit Number: _____

OWNER'S NAME: _____ Phone #: _____

Address: _____ City, State & Zip Code: _____

CONTRACTOR'S NAME: _____ Phone #: _____

Address: _____ City, State & Zip Code: _____

State License #: _____ Competency Card: _____

ADDRESS OF PROPOSED SITE: _____

Parcel ID Number (Required): _____

Florida Tracking No. from DBPR web site for Manufactured Buildings: _____

If Construction/Job Site Trailer - STOP HERE - Sign Owner/Agent or Contractor Affidavit below

DESCRIPTION of DCA MODULAR (check one):

Commercial: _____ Residential: _____ Construction/Job Site Trailer: _____

Cost of foundation \$ _____

State cost of all decks, stairs, and handicap ramps \$ _____

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 laws regulating construction and zoning. 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.

Owner or Agent Affidavit

(Print Owner or Agent Name)

(Signature of Owner or Agent)

STATE OF FLORIDA
COUNTY OF BAY

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

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Contractor Affidavit

(Print Contractor Name)

(Signature of Contractor)

STATE OF FLORIDA
COUNTY OF BAY

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

by _____.

Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____

NOTE: Final approval on the septic tank from Bay County Health Department is required to be submitted to Builders' Services Division before a Final DCA Modular Inspection will be made.

NOTICE: Bay County Builders' Services Division 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.

NOTICE: 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 government entities such as water management districts, state agencies, or federal agencies.

.....**DO NOT WRITE BELOW DOTTED LINE**.....

Zoning: _____

Flood Zone: _____

Application Approved By: _____, Permit Officer



BAY COUNTY BUILDERS' SERVICES DIVISION
STATEMENT FOR WATER

Site Address: _____

By affixing my signature below, I verify that there is:

_____ a working potable water well located on the site which will be used for water supply to the structure. (No public utilities are available)

_____ public utilities are available and will be utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap and impact fees have been paid.)

Owner's Signature

Date

STATE OF FLORIDA
COUNTY OF BAY

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

(Signature of Notary Public - State of Florida)

(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



BAY COUNTY BUILDERS' SERVICES DIVISION

840 W. 11th Street
Panama City, Florida 32401
Telephone: (850) 248-8350
Fax: (850) 248-8384

WIND-BORNE DEBRIS PROTECTION
AFFIDAVIT AND NOTICE

For the purpose of documenting the wind-borne debris protection method for the exterior glazing (windows) of the structure located at:

I (print Owner's name) _____ attest to the following:

- 1) The structure is classified as an R-3 or R-4 occupancy 3 stories or less.
2) The building is within one mile of the mean coastal high water line.
3) Wood panels will not be used for the third story glazing protection.
4) None of the glazing to be protected exceeds 8 feet wide.
5) I have applied for a Building Permit under an exception to the required "Protection of Openings" found in the Florida Building Code. (R301.2.1.2 and 1609.1.2)

NOTICE: This is only an option for Groups R-3 and R-4 occupancies. The wording in section R301.2.1.2 is slightly different than that in section 1609.1.2 of the Building Code.

From 1609.1.2 FBC: Wood structural panels with a minimum thickness of 7/16 inch (11.1 mm) and maximum panel span of 8 feet (2438 mm) shall be permitted for opening protection in one- and two-story buildings classified as Group R-3 or R-4 occupancy. Panels shall be precut so that they shall be attached to the framing surrounding the opening containing the product with the glazed opening. Panels shall be predrilled as required for the anchorage method and shall be secured with the attachment hardware provided. Attachments shall be designed to resist the components and cladding loads determined in accordance with the provisions of ASCE 7, with corrosion-resistant attachment hardware provided and anchors permanently installed on the building. Attachment in accordance with Table 1609.1.2 with corrosion-resistant attachment hardware provided and anchors permanently installed on the building is permitted for buildings with a mean roof height of 45 feet (13 716 mm) or less where Vasd, determined in accordance with Section 1609.3.1 does not exceed 140 mph (63 m/s).

I understand and agree to all of the above,

Signature of Owner

Date

STATE OF FLORIDA
COUNTY OF BAY

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

by _____

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____