



BAY COUNTY BUILDERS' SERVICES DIVISION

PLAN REVIEW SUBMITTAL FORM FOR ALL EXISTING BUILDINGS

NOTE: ALL EXISTING BUILDINGS MUST COMPLY WITH THE 7TH EDITION FLORIDA EXISTING BUILDING

1. **ONE COMPLETE SETS OF PLANS**, drawn to scale. Architect required for commercial projects unless exempted by 481.229 of Florida Statutes. Include the following as appropriate:
 - A. Dimensioned site plan (all structures, impervious areas, property lines, setbacks, roads, water bodies)
 - B. Floor plan of existing building **prior** to improvement and separate plan of all **proposed** demos and changes
 - C. Mechanical, electrical, plumbing plans as applicable
 - D. Choose a compliance method per 301 of Florida Existing Building Code
 Prescriptive Work area Performance Exception
 - E. Detailed fire alarm and fire protection plans if applicable
 - F. Method of compliance w/wind-load & wind-borne debris. Please see Bay County wind maps.

Wind-load Design Unless Interior Only

CHECK ONE

- a) Architect's/Engineer's Design
- b) Prescriptive design
 See 1609.1 FBC or
 R301.2.1.1 FRC

Window Protection

CHECK ONE

- a) N/A – not in WBD area
- b) Impact Resistant Shutters
- c) Impact Resistant Glass
- d) Wood Panels-AFFIDAVIT **REQUIRED**

2. Complete, notarized Building Permit Application (Form B03)
3. Florida Energy Form (All non-exempt buildings and any renovation over 30% value of building)
4. Certified copy of Notice of Commencement (Form B05) (for improvements \$2,500 or greater per [713 F.S.](#))
5. Legal description or copy of deed – Parcel Number (Property ID #)
6. Signed Owner/Builder Disclosure Statement Affidavit (Form B06) (if not using a licensed contractor)
7. Signed driveway affidavit (Form B08) _____
8. Receipt from water provider or signed Statement of Water (Form B09)
9. Septic Tank Permit or utility sewer receipt
10. Signed Florida Product Approval Affidavit (Form B37) (see [553.842 F.S.](#) and [Florida Building Commission](#))

Brief Description of work: _____

Applicant or Design Professional to Complete All Information Below

Note: This applies to the total building, not just the work area

No. of Stories _____ No. of units _____ Occupancy classification _____	Type of _____ IA IB IIA IIB IIIA IIIB Construction IVA IVB VA VB	Occ. Load of the space _____
Flood Zone: ___ No ___ Yes Substantial improvement: ___ No ___ Yes	Is this a change of use or occupancy? (Complete Form B61) ___ Yes ___ No	Value of building \$ _____
Total Sq. Ft. of Building _____ S.F. of Work Area _____	Change of occupancy from: _____ Group _____ to Group _____	Value of improvement: \$ _____
Fire sprinkler ___ Yes ___ No Fire alarm ___ Yes ___ No	Cost of accessibility improvements: \$ _____	Addition _____ Repair _____

Contractor Signature: _____



Bay County Builders Services
 840 W. 11th ST.
 Panama City, FL 32401
 850-248-8350 Fax: 850-248-8384

Master Permit # _____
 Date: _____

APPLICATION FOR BUILDING PERMIT
Code in effect 7th Edition Florida Building Code

OWNER'S NAME: _____ Phone #: _____
 Address: _____

PROJECT ADDRESS: _____ Parcel ID _____
 Proposed use of site: _____
 Commercial Projects, please list name of business: _____

CONTRACTOR'S NAME: _____
 Address: _____
 Contact Phone #: _____ Cell #: _____ E-mail: _____
 State License #: _____ Competency Card: _____

INTENDED OCCUPANCY:

Public Lodging Establishment* Single Family Residence Commercial

BUILDING INFORMATION:

Residential Commercial Valuation of Work: \$ _____

New Addition Alter/Repair Other: _____

Number of Stories _____ Number of Units _____ Square Ft. – U.R.: _____
 Square Ft. – H/C: _____

<input type="checkbox"/>	Single Family	<input type="checkbox"/>	Dock/seawall	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Vinyl Siding
<input type="checkbox"/>	Garage/Carport	<input type="checkbox"/>	Swimming pool	<input type="checkbox"/>	Shutters
<input type="checkbox"/>	Other (describe)				

***Pursuant to Fla. Stat. §509.013, public lodging establishment means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests. Included in this definition are vacation rentals.**

A change of occupancy or use of a building may require the owner to make application to the Building Official and obtain the required permit for the new occupancy.

BONDING COMPANY: _____

Address: _____

City, State & Zip Code: _____

ARCHITECT'S/ENGINEER'S NAME: _____

Address: _____

City, State & Zip Code: _____

MORTGAGE LENDER'S NAME: _____

Address: _____

City, State & Zip Code: _____

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, AIR CONDITIONERS, and etc.

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.

For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to Builders' Services 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 its recording. A certified copy of the Notice of Commencement must be provided to Builders' Services and posted on the jobsite before the first inspection can be performed.

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 as long as there is construction progress and an approved inspection is recorded within each 180 days (6 months) period.

Owner/Agent/Contractor Affidavit

I certify that all statements, drawings, and other information submitted on and with this application are true and correct and that all work will be done in compliance with all applicable laws. I further certify that I have reviewed the applicable regulations associated with the proposed construction and intended use. I understand that the submittal of incorrect information or any changes which vary from the approved plans will result in the revocation of this permit.

(Signature of Owner) Date

(Signature of Contractor) Date

(Signature of Notary Public – Stamp or Seal) Date

(Signature of Notary Public – Stamp or Seal)Date

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.



NOTICE OF COMMENCEMENT

Permit No. _____
State of Florida
County of Bay

Tax Folio No. _____

To Whom It May Concern:

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

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

Signature of Notary Public (State of Florida)

NOTARY SEAL

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

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.



BAY COUNTY BUILDERS' SERVICES DIVISION

STATEMENT FOR WATER

Site Address: _____

_____ **WELL** A working potable water well located on the site which will be used water supply to the structure. (no public utilities are available)

_____ **SEPTIC TANK** A new or existing septic system located on the site will be used. (Provide a current septic permit or existing system letter from the Bay County Health Department before building permit can be issued.

_____ **PUBLIC UTILITIES – WATER** Are available and will utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap fees and impact fees have been paid)

_____ **PUBLIC UTILITIES – SEWER** Are available and will be utilized for sewer to the structure. (Provide sewer receipt from serving utility company indicating available services and that all tap fees have been paid)

Owner/Agent/Contractor Signature

Date



BAY COUNTY BUILDERS' SERVICES DIVISION
RESIDENTIAL DRIVEWAY AFFIDAVIT

This notice is to inform you that a driveway final inspection will be needed for your project if it is on a County road.

_____ New driveway - you will need to apply to the Engineering Department for a Driveway Permit for a new access to a County road.

_____ Existing driveway - the inspection is still required, but is free of charge.

_____ Private Drive – No permit or inspection is required

All questions regarding driveway permits and inspections should be directed to the Engineering Department at 248-8301.

**Electricity cannot be turned on
Until the driveway final inspection is approved and filed.**

I have read and understand the above,

Homeowner/Agent/Contractor Signature

Date



Florida Product Approval Affidavit

In complying with Florida Law and Chapter 17 of the Florida Building Code, I _____ as the contractor/builder, attest the structure to be built or renovated at _____ will comply with the established standards for performance of products and materials set forth by the product approval guidelines as required by 553.842 [Florida Statute](#) and 61G20-3 [Florida Administrative Code](#).

Information and approval numbers of the building components will be available at the time of inspection of these products to the inspector on the jobsite: 1) copy of the product approval; 2) the performance characteristics which the product was tested and certified to comply with; and 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection. **A copy of the completed Product Approval Specification Sheet will be returned to Bay County Builders Services before a Certificate of Occupancy will be issued.**

Contractor/Builder signature

Date

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. 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 Bay County Builders Services before a Certificate of Occupancy will be issued.

Applicant Signature

Date