



BAY COUNTY BUILDERS' SERVICES DIVISION

COMMERCIAL PLAN REVIEW SUBMITTAL
New Commercial Structures

Please provide all applicable items listed below.

1. ONE COMPLETE SET OF PAPER PLANS and a pdf CD drawn to scale.
 Architect required unless exempted by [481.229 of Florida Statutes](#).
2. Method of compliance w/wind-load & wind-borne debris. WBD area is within 1 mile of coastline and all Risk Category IV and health care structures with 140 mph or greater V_{ult} wind design

Wind-load Design

CHECK ONE

- a) ASCE 7-10
- b) WFCM/ICC 600
- c) Other

WBD Protection

CHECK ONE

- a) N/A – Not in WBD area (1 mi. of coastline)
- b) Impact Resistant Shutters
- c) Impact Resistant Glass
 Wood Panel Option-Group R-3 and R-4 only
- d) AFFIDAVIT REQUIRED

3. Approval from Planning & Zoning
4. Complete, notarized Building Permit Application (Form B03)
5. Florida Energy Form
6. Septic Tank Permit or utility sewer receipt
7. Total pervious area if irrigation is required or provided

Applicant's Signature: _____

Phone Number _____

E-mail: _____

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

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



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 5th 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.



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
840 West. 11th St.
Panama City, FL 32401
850-248-8350, Fax 850-248-8384

Form B21

TEMPORARY POWER AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF BAY**

Permit Number: _____

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 County 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



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 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/Agent/Contractor

Date



Florida Product Approval Affidavit

In complying with 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 Sheest 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