



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. _____ The reviewed plans and development order from Planning and Zoning if issued.
3. _____ 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_{uit} 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
 - _____ d) Wood Panel Option-Group R-3 and R-4 only
- AFFIDAVIT REQUIRED**

4. _____ Complete, notarized Building Permit Application (Form B03)
5. _____ Florida Energy Form
6. _____ Septic Tank Permit or utility sewer receipt showing tap and impact fees have been paid
7. _____ Well permit or receipt from utility company showing tap and impact fees have been paid

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:		Wholesale Water \$					TOTAL COUNTY FEES \$



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
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 with mean roof height of 33 ft. or less.
2) The building is within one mile of the mean coastal high water line.
3) 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.

- Exception: Wood structural panels with a thickness of not less than 7/16 inch (11 mm) and a span between lines of fasteners of 44 inches (1118 mm) shall be permitted for opening protection in buildings with a mean roof height of 33 feet or less in locations where Vult is 180 mph or less.
a. Attachments shall be designed to resist the component and cladding loads determined in accordance with either Table R301.2(2) or ASCE 7, with the permanent corrosion-resistant attachment hardware provided and anchors permanently installed on the building.
b. As an alternative, panels shall be fastened at 16 inches (406.4 mm) o.c. along the edges of the opposing long sides of the panel.
I. For wood frame construction, fasteners shall be located on the wall such that they are embedded into the wall framing members, nominally a minimum of 1 inch (25.4 mm) from the edge of the opening and 2 inches (50.8 mm) inward from the panel edge.
II. For concrete or masonry wall construction, fasteners shall be located on the wall a minimum of 1.5 inches (37.9 mm) from the edge of the opening and 2 inches (50.8 mm) inward of the panel edge.
III. Vibration-resistant alternative attachments designed to resist the component and cladding loads determined in accordance with provisions of Table R301.2(2) or ASCE 7 shall be permitted.

I understand and agree to all of the above,

Signature of Owner/Agent/Contractor

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