



BAY COUNTY BUILDERS' SERVICES DIVISION

REQUIREMENTS FOR POLLUTANT STORAGE SYSTEM PERMIT

Removal _____

Installation _____

Underground _____

Aboveground _____

1)		Complete Permit Application (B3) For Removal also (B11).		
2)		Development Order from Planning Department		
3)		Flood review from floodplain administrator		
4)		Two Sets of Plans (For Tank Installation must be Signed & Sealed by Design Professional)		
5)		Site plan		
6)		Legal description		
7)		Permit request must be reviewed by a Builders' Services Fire Inspector		
8)	Is structure 30 feet from any body of water?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
9)		Trees, Wetlands, and Land Clearing Form (completed) (Form B04)		
10)		Contact ECHD/Bay County Branch Petroleum Program at 850-747-5782		

11) Removal/Install Job Cost _____ **Foundation Job Cost** _____

Applicant Signature

Date

Phone Number

Cell Number



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: _____

BUILDING INFORMATION:

Residential Commercial Valuation of Work: \$ _____

New Addition Alter/Repair Other: _____

Number of Stories _____ Number of Units _____ Square Footage: _____

<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) _____		

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 the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

(Print Owner/Agent/Contractor Name)

(Signature of Owner/Agent/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 ____
Type of Identification Produced _____

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.



BAY COUNTY BUILDERS' SERVICES DIVISION
REQUIREMENTS FOR DEMOLITION PERMIT

1. _____ Complete Application for Building Permit (Form B03)
2. _____ Development Order from municipality (if applicable)
3. _____ Legal description/Parcel ID#
4. _____ Site plan & Floor plan of structure to be demolished
5. _____ Asbestos removal contractor (if applicable)
6. _____ Received handout (I01)
7. _____ Structures under 500 sq. ft. \$ 50.00
8. _____ Structures 500 sq. ft. and up \$100.00
9. _____ Pollutant storage tank \$ 35.00

If a well is on-site, Northwest Florida Water Mgt. Division's Permitting and Enforcement department **must be notified at 850-539-5999.**

10. _____ (Initial on line at left)

Applicant's Signature _____

Date _____

Phone # _____

Cell # _____

E-mail _____

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.