



APPLICATION FOR BUILDING PERMIT
BAY COUNTY BUILDERS' SERVICES DIVISION

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

NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES & WILL HAVE TO BE REPURCHASED
Code in effect 2010 FBC

Date: Permit Number:

Contact Phone #: Cell #: E-mail:

OWNER'S NAME: Phone #:
Address: City, State & Zip Code:

CONTRACTOR'S NAME: Phone #:
Address: City, State & Zip Code:
State License #: Competency Card:

ADDRESS OF PROJECT: Parcel ID Number (Required):
Proposed use of site:
Commercial Projects, please list name of business:

BUILDING INFORMATION: Also complete the appropriate checklist form (Commercial, Residential, Existing)
Cost / Valuation \$ Number of Stories Number of Units
Square Footage: Under Roof Area Heated/Cooled New or Existing building (circle one)

Table with 2 columns and 4 rows listing building types: New Commercial (Building Code), New 1 or 2 Family Dwelling (Residential Code), Swimming pool, Demolition, Dock/seawall, Addition to existing building, Renovation or change of occupancy to existing, Manufactured or Relocated building.

OWNER'S 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.

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
Type of Identification Produced

Contractor's State Certification or Registration No. Contractor's Certificate of Competency No.

APPLICATION APPROVED BY

, Permit Officer

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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 before the second or any subsequent 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.

(Signature of Owner or Agent)

(Signature of Contractor)

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.