



CITY OF PANAMA CITY BEACH

Building and Planning Department

PERMIT WORKSHEET

Code in effect 6th Edition Florida Building Code (2017)

Contractor and Property Information

Company Name: _____ Phone Number: _____
 License Holder Name: _____ License Number: _____
 Email address for payment invoice/letter: _____
 Job Site Address: _____ Suite/Unit: _____ Zip Code: _____
 Parcel ID: _____ Owner Name: _____

Description of Work

Residential Commercial New Construction Existing Structure Master Permit #: _____

Description of Work: _____

Mechanical

JOB COST: _____ Number of Systems _____ SEER: _____ Tonnage: _____

Electrical

JOB COST: _____ SQUARE FOOTAGE: _____
 _____ Wire new structure _____ Renovations / Additions
 _____ Temporary Service Pole for Construction _____ Rewire with Service Change
 _____ Manufactured Home Pole _____ Additions without Service Change
 _____ New Circuits No of circuits: _____ Service Change AMPS _____
 _____ Swimming Pool _____ Service Repair AMPS _____
 _____ Pre-inspection for power _____ Sign

Plumbing

JOB COST: _____ Number of Fixtures: _____ Water Heater: _____ Sewer Taps: _____

Gas

JOB COST: _____ Number of Outlets: _____ Water Heater / Vent: _____ Other: _____

Roof

JOB COST: _____
 Re-Roof Roof Over Shingle Metal Other: _____

Application is hereby made to obtain a permit to do the work and installation 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, POOLS, HVAC, etc.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from issuance unless the work it covers has been commenced and has had ongoing approved inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans upon which this permit was based.

Signature of Owner/Contractor: _____ Date: _____



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FLORIDA PRODUCT APPROVAL

AFFIDAVIT

In complying with the 2017, 6th edition of the Florida Building Code, I _____ as the contractor/builder, attest the structure to be built or renovated at _____ the established standards for performance of products and materials set forth by the product approval guidelines as required by Florida Statute 553.842 and the Florida Administrative Code 9B-72.

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.

Applicant Signature: _____ Date: _____

Printed Name: _____



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PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, 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			
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			
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 Products				

The products manufacturer, description, and approval numbers can be obtained from the Florida Department of Community Affairs Building Code information system on the web @ www.floridabuilding.org. 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.

Applicant Signature: _____ Date: _____
Printed Name: _____



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ROOF NAILING INSPECTION AFFIDAVIT

Date: _____

JOB ADDRESS: _____ ZIP CODE: _____

PARCEL ID: _____

PROPERTY OWNER: _____

CONTRACTOR NAME: _____

LICENSE NUMBER: _____

EXPECTED DATE OF ROOF WORK COMPLETION: _____

I _____, the
PRINT NAME

- Homeowner / Contractor
- Engineer
- Architect
- FS 468 Building Inspector

will personally inspect the roof deck nailing work at the above address.

Only General, Building, Residential or Roofing Contractors, or any individual certified under Ch. 468 Fla. Stat. or Ch. 489.103 Fla. Stat. shall make such an inspection.

I will affirm the installation will be done according to Chapter 15 of the 2017 Florida Building Code and Chapters 8 & 9 of the 2017 FBC, Residential.

(Affirmant's Signature)

STATE OF FLORIDA, COUNTY OF _____

Notary Name _____

Seal

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20 _____,

Personally known or I.D. _____



NOTICE OF COMMENCEMENT

Permit No. _____

Parcel No. _____

State of Florida
County of Bay

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: _____

This foregoing instrument was acknowledged, sworn to and subscribed before me this _____ day of _____, 20____.
State of: _____ County of: _____.

Signature of Notary Public _____

Notary Seal

Printed Name: _____

Personally Known _____ or Produced ID _____ Type of ID 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.