

JESSE NELSON  
MAYOR

VICKIE GAINER  
CITY MANAGER

KEVIN OBOS  
CITY ATTORNEY



COMMISSIONERS  
BRANDON ALDRIDGE

PAT PERNO  
JAMIE WARRICK  
JUDY TINDER

**APPLICATION FOR ACCESSORY STRUCTURE PERMIT  
(Storage Building, Carport Covers, exc.)**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

FL License #: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

PARCEL ID #: \_\_\_\_\_

Type of Accessory Structure \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_

Please submit two (2) complete sets of drawing, site plan and scope of work  
1 paper copy for plans review, 1 digital copy to attached to file

817 Ohio Avenue • Lynn Haven, FL 32444  
(850) 265-2121 EXT 2135  
[www.cityoflynnhaven.com](http://www.cityoflynnhaven.com)  
Email: [buildingdepartment@cityoflynnhaven.com](mailto:buildingdepartment@cityoflynnhaven.com)  
[inspections@cityoflynnhaven.com](mailto:inspections@cityoflynnhaven.com)

Please enter the measurements from Site Plans:

Distance from property line: Front \_\_\_\_\_ Side \_\_\_\_\_ Side (Street) \_\_\_\_\_  
Rear \_\_\_\_\_ Total Lot Size \_\_\_\_\_ Impervious Surface Area \_\_\_\_\_  
Driveway(s) Area \_\_\_\_\_ Walk Path Area \_\_\_\_\_ Garage Area \_\_\_\_\_  
Porches Area \_\_\_\_\_ House Footage \_\_\_\_\_  
Flood Zone \_\_\_\_\_ Lowest Floor Elev. \_\_\_\_\_  
Total Area \_\_\_\_\_ Heated/Cooled \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Type of Roof \_\_\_\_\_ Type of Walls \_\_\_\_\_ Extreme  
Dimensions of Length \_\_\_\_\_ Height \_\_\_\_\_ Width \_\_\_\_\_

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 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, Heaters, Air Conditioners, Roofs, etc.....

For improvements to real property with a construction cost of \$2,500 or more, a recorded copy of the Notice of Commencement is required and submitted to the Lynn Haven Building Department 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 this recording. A recorded copy of the Notice of Commencement must be provided to the Lynn Haven Building Department before the first can be performed and posted on the jobsite.

**NOTICE:** The Lynn Haven Building Department 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.

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 if there is construction progress, and an approved inspection is recorded within each 90 days (3 months) period.

CONTRACTOR'S/OWNER'S AFFIDAVIT: I hereby certify that the information contained in this Application is true and correct and that all work will be done in compliance with all applicable law's regulation construction and zoning.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Contractor**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Notary to Owner**

\_\_\_\_\_  
**Notary to Contractor**

Application approved by: \_\_\_\_\_ **Plans Reviewer**

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## LYNN HAVEN BUILDING DEPARTMENT

### Worksheet for Accessory Structure Form 1 of 2

Owner's Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ **FL Lic. #** \_\_\_\_\_

**ADDRESS OF PROJECT:** \_\_\_\_\_

**PARCEL ID #:** \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Elevation: \_\_\_\_\_

Occupancy Class: \_\_\_\_\_

Gross SF \_\_\_\_\_ Construction Cost: \_\_\_\_\_  
(Under Food: heat & cooled, garage, & porches only) (Calculate manual: GSF x 42.48)

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## LYNN HAVEN BUILDING DEPARTMENT

### Worksheet for Accessory Structures Form 2 of 2

Parcel # \_\_\_\_\_ RE \_\_\_\_\_

Address \_\_\_\_\_

Land Use: Circle one LDR MRD HDR MU COM IND

ISR (\_\_\_\_\_) \_\_\_\_\_ Lot Size \_\_\_\_\_

Current Impervious surface:

House \_\_\_\_\_

Driveway \_\_\_\_\_

Sidewalk \_\_\_\_\_

Patio/Porches \_\_\_\_\_

Other Impervious Surfaces \_\_\_\_\_

Total: \_\_\_\_\_

Impervious Surface: Proposed \_\_\_\_\_

Grand Total: \_\_\_\_\_

This form has been completed to the best of my abilities and I certify that the above information provided is accurate and complete.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Please print your full name: \_\_\_\_\_

#### Staff Use Only

Setbacks Code

Rear

Side

Side adjacent to street

Setbacks Proposed

Rear

Side

Side adjacent to street

Proposed plan and ISR meets ULDC code

Proposed Plan and ISP does not meet ULDC code

Recommended Building Official make on-site visit

See Comments

Comments: \_\_\_\_\_

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