



**BAY COUNTY BUILDERS' SERVICES DIVISION**

**COMMERCIAL**

**MANUFACTURED BUILDING PLAN REVIEW SUBMITTAL FORM  
NOT FOR HUD APPROVED DWELLING UNITS**

**AVOID PROCESSING DELAYS**

Please provide all applicable items listed below. This form is **Not** for Planning Division submittals.

1. \_\_\_\_\_ One set of scaled site plans showing: dimensions of property, all buildings and structures, distances from property lines and between structures, etc.
2. \_\_\_\_\_ One set of plans approved per section 458 FBC. See also [553 Florida Statutes](#).
3. \_\_\_\_\_ One set of foundation plans **sealed by a design professional**
4. \_\_\_\_\_ One set of detailed plans for required decks/stairs/handicap ramps
5. \_\_\_\_\_ Approval from Planning Department for land use (Development Order)
6. \_\_\_\_\_ Receipt from serving utility company for sewer and water(Form B09) (if habitable)
7. \_\_\_\_\_ Legal description of property – Parcel Number: \_\_\_\_\_
8. \_\_\_\_\_ Complete, notarized Application for Modular Permit(*Form B49*)
9. \_\_\_\_\_ Notice of Commencement must be recorded prior to 1<sup>st</sup> inspection

**Important note concerning the building's occupancy classifications:** Residential Design manufactured buildings cannot be used for commercial use. The design occupancy must match intended use.

Applicant's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
Cell # \_\_\_\_\_

For additional information see [Manufactured Buildings](#)

.....DO NOT WRITE BELOW DOTTED LINE.....

| INFORMATION    | VALUATION            | COUNTY IMPACT FEES |     |    |    |     | FEES                             |
|----------------|----------------------|--------------------|-----|----|----|-----|----------------------------------|
| Stories        | Type of Construction | Library            |     |    |    |     | Permit                           |
|                |                      | \$                 |     |    |    |     | \$                               |
| Units          | Flood Zone           | Parks              |     |    |    |     |                                  |
|                |                      | \$                 |     |    |    |     |                                  |
| Square Footage | County Area          | Fire               |     |    |    |     | Total County Impact Fees         |
|                |                      | \$                 |     |    |    |     | \$                               |
|                |                      | Roads              | B/A | EB | PC | S/S | <b>TOTAL COUNTY FEES</b>         |
|                |                      | \$                 |     |    |    |     | \$                               |
|                |                      | Wholesale Water    |     |    |    |     | City Impact Fees (if applicable) |
|                |                      | \$                 |     |    |    |     | \$                               |
| Notes:         |                      |                    |     |    |    |     | Total County & City Fees         |
|                |                      |                    |     |    |    |     | \$                               |

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.



APPLICATION FOR MANUFACTURED BUILDING

Bay County Builders' Services Division

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

NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES AND WILL HAVE TO BE REPURCHASED

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

State License #: \_\_\_\_\_ Competency Card: \_\_\_\_\_

ADDRESS OF PROPOSED SITE: \_\_\_\_\_

Parcel ID Number (Required): \_\_\_\_\_

Florida Tracking No. from DBPR web site for Manufactured Buildings: \_\_\_\_\_

If Construction/Job Site Trailer - STOP HERE - Sign Owner/Agent or Contractor Affidavit below

DESCRIPTION of DCA MODULAR (check one):

Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_ Construction/Job Site Trailer: \_\_\_\_\_

Cost of foundation \$ \_\_\_\_\_

State cost of all decks, stairs, and handicap ramps \$ \_\_\_\_\_

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 laws regulating construction and zoning. 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.

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 \_\_\_\_\_

**NOTE:** Final approval on the septic tank from Bay County Health Department is required to be submitted to Builders' Services Division before a Final DCA Modular Inspection will be made.

**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.

**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.

.....**DO NOT WRITE BELOW DOTTED LINE**.....

Zoning: \_\_\_\_\_

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

Application Approved By: \_\_\_\_\_, Permit Officer



BAY COUNTY BUILDERS' SERVICES DIVISION

STATEMENT FOR WATER

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

Please initial the boxes below that are applicable

\_\_\_\_\_ **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



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.