# HOLMES COUNTY
## Building Department

## COMMERICAL CONSTRUCTION REQUIREMENTS
**NEW HOUSES & ADDITIONS TO OBTAIN BUILDING PERMITS**

The following are guidelines set forth by the state of Florida and/or the Holmes County Board of County Commissioners for policies and procedures prior to obtaining permits for construction.

- ☐ **Land Development Approval:** (In the Building Department) 850.547.1119
- ☐ **911 Address:** Verification Required. (911 office) 850.547.1112
- ☐ **Septic Tank Permit:** (Florida Dept.of Environmental Protection) 850.245.8383 (take copy of plans)
- ☐ **Driveway Permit:**
  - **County Roads:** (Holmes County Road Department) 850.547.1408
  - **State Roads:** Hwy 79, 90, 81, 2 – (Florida Dept. of Transportation) 850.836.5790
- ☐ **Legal Description of Property/Deed:** (Property Appraiser Office) 850.547.1113
  - Website: www.qpublic.net
- ☐ **Two (2) sets of plans which must include:**
  - Site, structural, electrical, plumbing, mechanical, and gas (if applicable).
- ☐ **Fire resistant construction, fire suppression:**
  - Life safety systems plans (Contact a licensed Fire Inspector)
- ☐ **An elevation certificate:** Any construction on property located in a flood zone. (From a licensed surveyor).
- ☐ **If constructing within city limits** a letter is required from them for city compliance.
  - Please call:
    - Bonifay: 850-547-4238
    - Esto: 850-263-6521
    - Noma: 850-263- 3449
    - Ponce De Leon: 850-836-4361
    - Westville: 850-548-5858
- ☐ **Notice of Commencement:** Required for any construction valued over $5,00.00.

* Construction requirements are from the current Florida Building Codes.
* Electrical requirements are from the National Electrical Code.

**Inspections:** No inspections will be made prior to the issuance of a building permit. A 24 hour notice is required prior to each inspection. Permit becomes void if no inspection is called for within six months. Any construction commenced prior to being permitted will be subject to double fees. (Florida building code)

**Set-back guidelines:** County Ord. #88-02 requires all construction in Holmes County:
- Minimum of at least 15 feet from the front & rear property lines.
- Minimum of at least 10 feet from either side of the property lines.
  * This includes septic tanks, all additions, and storage buildings.

**HOLMES COUNTY BUILDING DEPARTMENT**
*107 E. Virginia Ave. Bonifay, Florida 32425*
*Phone (850) 547-1119 Fax (850) 547-4134*
*Email: hcbd@holmescountyfl.org*

Master Permit #

Date:

## APPLICATION FOR BUILDING PERMIT

**Code in effect 8th Edition Florida Building Code**

*Note: Highlighted Items Required by State Statute.

**OWNER'S NAME:** Phone #:

Address: Owner Email :

**PROJECT ADDRESS:** Parcel ID

Proposed use of site:

Commercial Projects, please list name of business:

**CONTRACTOR COMPANY NAME:**

Address:

Applicants Name:

Contact Phone #: Cell #: E-mail:

State License #: Competency Card:

**INTENDED OCCUPANCY:**

☐ Public Lodging Establishment* ☐ Single Family Residence ☐ Commercial

**BUILDING INFORMATION:**

☐ Residential ☐ Commercial Valuation of Work: $

☐ New ☐ Addition ☐ Alter/Repair ☐ Other:

Number of Stories Number of Units Square Ft. – U.R.:

Square Ft. – H/C:

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Single Family | ☐ | Sign | ☐ | Windows/Doors |
| ☐ | Duplex | ☐ | Storage/Pole Barn | ☐ | Industrial |
| ☐ | Multi-Family | ☐ | Demolition | ☐ | Solar System |
| ☐ | Garage/Carport | ☐ | Swimming pool | ☐ | Townhouse |
| ☐ | Other (describe) | | | | |

***Pursuant to Fla. Stat. §509.013, public lodging establishment means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests. Included in this definition are vacation rentals.**

**Description of work/construction:**

**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:

A change of occupancy or use of a building may require the owner to make application to the Building Official and obtain the required permit for the new occupancy.

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:* Washington County 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.

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 the Washington County 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 its recording. A certified copy of the Notice of Commencement must be provided to Building Department 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 statements, drawings, and other information submitted on and with this application are true and correct and that all work will be done in compliance with all applicable laws. I further certify that I have reviewed the applicable regulations associated with the proposed construction and intended use. I understand that the submittal of incorrect information or any changes which vary from the approved plans will result in the revocation of this permit.

(Signature of Owner) Date

(Signature of Contractor) Date

OR

(Signature of Notary Public – Stamp or Seal) Date

(Signature of Notary Public – Stamp or Seal) Date

NOTICE: **Document must be signed and notarized.** 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.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF HOLMES

The UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, FL Statues, the following information is provided in this Notice of Commencement.

1. Description of Property (911 Address):_____

2. General description of improvement: _____

3. Owner's Information:
   Name: _____
   Full Address: _____
   Phone (optional): _____

4. Contractor's Information:
   Name: _____
   Full Address: _____
   Phone (optional): _____

5. Surety Information:
   Name: _____
   Full Address: _____
   Phone (optional): _____

6. Lender Information:
   Name: _____
   Full Address: _____
   Phone (optional): _____

7. Identify of a person in the State of Florida designated by owner upon whom notice of the other documents may be served:
   Name: _____
   Full Address: _____
   Phone (optional): _____

8. In addition to the owner, he/she designated the following person(s) to receive a copy of the Lender's Notice as provided in Section 713.13(1)(g), Florida Statues (optional):
   Name: _____
   Full Address: _____
   Phone (optional): _____

9. Expiration date of Notice of Commencement: _____(the expiration date is one year from date of recording unless a different date of specified):

_____
Owner's/Contractor's Signature

Sworn to and subscribed before me by _____who is personally known or has produced _____ as identification on this _____ day of _____, 20__.

_____
Notary Public

(SEAL)

**HOLMES COUNTY BUILDING DEPARTMENT**

**107 E. Virginia Ave. Bonifay, Florida 32425**

**Phone (850) 547-1119 Fax (850) 547-4134**

**Email: hcbd@holmescountyfl.org**

# LETTER OF AUTHORIZATION

I _____, authorize _____to place a dwelling/ or to use my property located at _____ in Holmes County, Florida.

_____

Property Owner's Signature

Before me personally appeared _____ who is personally known to me or has produced _____ to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purpose therein expressed.

**STATE OF FLORIDA**

**COUNTY OF** _____

Witness my hand and official seal, this _____ day of _____, 20_____.

**(SEAL)**

_____

**Notary Signature**

_____

**My Commission Expires**

**Revised 08/28/26**

**HOLMES COUNTY BUILDING DEPARTMENT**

107 E. Virginia Ave Bonifay, Florida 32425

Phone (850) 547-1119 Fax (850) 547-4134

Email: hcbd@holmescountyfl.org

# AUTHORIZATION TO ACT AS AGENT

**I, _____, do hereby grant _____ authorization to act as my agent and to sign for any and all documents necessary to obtain a residential/commercial development order and any permit necessary. The project is locaated at_____,in Holmes County, Florida.**

_____

**Property Owner's Signature**

**Before me personally appeared, _____ who is personally known to me or has produced to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purpose therein expressed.**

**STATE OF FLORIDA**

**COUNTY OF _____**

**Witness my hand and official seal, this _____ day of _____ 20_____ .**

**(SEAL)**

_____

**Notary Signature**

**My Commission Expires:**

_____

# HOLMES COUNTY BUILDING DEPARTMENT

107 E. Virginia Ave
Bonifay, Florida 32425
Phone (850) 547-1119
Fax (850) 547-4134
Email: hcbd@holmescountyfl.org

## Trade Permit Application

☐ RESIDENTIAL ☐ COMMERCIAL ☐ NEW CONSTRUCTION ☐ EXISTING BUILDING

**OWNER NAME:** _____ **PHONE:** _____

**PROJECT ADDRESS:** _____ **EMAIL**

**CONTRACTOR NAME:** _____ **PHONE:** _____

**COMPANY NAME:** _____ **EMAIL**

**ELECTRIC** ☐ WFEC ☐ FPL ☐ CHELCO

**JOB COST:** _____ **SQUARE FOOTAGE:** _____

☐ SERVICE CHANGE AMPS: _____ ☐ SIGN
☐ SERVICE REPAIR AMPS: _____ ☐ MOBILE HOME POLE
☐ TEMPORARY CONSTRUCTION POLE AMPS: _____ ☐ POOL
☐ REWIRE WITH SERVICE CHANGE ☐ SERVICE RECONNECT
☐ ADDITIONS WITHOUT SERVICE CHANGE ☐ REWIRE EXISTING HOME
☐ NEW CONSTRUCTION ☐ LOW VOLTAGE/BURGLAR ALARM
☐ MISCELLANEOUS SERVICE POLE FOR (60 AMPS): _____

**DESCRIPTION OF WORK:**

**MECHANICAL**

☐ HVAC JOB COST: _____ ☐ HOODVENT NO. OF SYSTEMS: _____

**PLUMBING**

☐ JOB COST: _____ ☐ FIXTURES: _____ ☐ WATER HEATER: _____ ☐ SEWER TAPS: _____

**GAS**

☐ JOB COST: _____ ☐ WATER HEATER / VENT: _____ ☐ OUTLETS: _____

**ROOF**

☐ NEW BUILD ☐ REPLACEMENT ☐ ROOF OVER

SQUARES:_____ ☐ METAL ☐ SHINGLE

JOB COST:_____ SQ FTG:_____ FL. PRODUCT APPROVAL CODE: _____

**SECURITY ALARM**

☐ SQ. FT: _____ JOB COST:_____

# OF OUTLETS:_____ ANNUAL FIRE INSPECTION:_____

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 ELECTRICALWORK, PLUMBING, SIGNS, POOLS, AIR CONDITIONERS 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 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

**HOLMES COUNTY BUILDING DEPARTMENT**
107 E. Virginia Ave. Bonifay, Florida 32425
Phone (850) 547-1119 Fax (850) 547-4134
Email: hcbd@holmescountyfl.org

# Inspection Affidavit for Nailing & Water Barrier

RE: Permit #: _____ Date: _____

I _____, licensed as a:

☐ Contractor ☐ Engineer ☐ Architect ☐ FS 465 Building Inspector

On or about _____, I did/will personally inspect the following work:

☐ Roof Deck Nailing ☐ Secondary Water Barrier ☐ Installation of all roofing materials installed to Florida Building Code and manufactured specifications

Job Site Address: _____

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

_____
(Signature)

**STATE OF FLORIDA**
**COUNTY OF** _____

**Witness my hand and official seal, this** _____ **day of** _____**, 20**_____.

**(SEAL)**

_____
**Notary Signature**

**My Commission Expires:**

_____

***Include photographs of each plane of the roof with the permit # or address clearly shown marked on the deck for each inspection.**

Revised 08/2026

# HOLMES COUNTY
## Building Department

## ELECTRICAL AFFIDAVIT

**Property Owner Use Only**

I, _____ do hereby certify that Electrical Permit # _____ is for the use of _____. I further understand that this electrical service is not to be used for any purpose other than the aforementioned. If a Structure, Mobile Home, Residential, or Commercial Permit is required, it must be obtained from the Holmes County Building Department prior to any construction. I also understand that if an R.V. is lived in more than120 days, a septic tank permit/approval has to be issued by the Holmes County Health Department.

_____ / _____

Print Name — **Affirmant's Signature**

---

**State of Florida**
County of _____
Sworn to, subscribed and acknowledged before me by means of physical presence on this _____ day of _____, 20____
by _____
who ☐ is personally known to me *or* ☐ produced Identification _____

SEAL

_____
Notary Signature

# PRODUCT APPROVAL SPECIFICATION SHEET

**Location:** _____ **Project Name:** _____

As required by Florida Statue 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

| Category/Subcategory | Manufacturer | Product Description | Design Pressure +/- | Wind Borne Debris Protection | Approval Number (s) |
|---|---|---|---|---|---|
| **A. EXTERIOR DOORS** | | | | | |
| 1. Swinging | | | | | |
| 2. Sliding | | | | | |
| 3. Sectional | | | | | |
| 4. Roll up | | | | | |
| 5. Automatic | | | | | |
| 6. Other | | | | | |
| **B. WINDOWS** | | | | | |
| 1. Single hung | | | | | |
| 2. Horizontal slider | | | | | |
| 3. Casement | | | | | |
| 4. Double Hung | | | | | |
| 5. Fixed | | | | | |
| 6. Awing | | | | | |
| 7. Pass-through | | | | | |
| 8. Projected | | | | | |
| 9. Mullion | | | | | |
| 10. Wind Breaker | | | | | |
| 11. Dual Action | | | | | |
| 12. Other | | | | | |
| **C. PANEL WALL** | | | | | |
| 1. Siding | | | | | |
| 2. Soffits | | | | | |
| 3. EIFS | | | | | |
| 4. Storefronts | | | | | |
| 5. Curtain walls | | | | | |
| 6. Wall louver | | | | | |
| 7. Glass block | | | | | |
| 8. Membrane | | | | | |
| 9. Greenhouse | | | | | |
| 10. Other | | | | | |

| Category/Subcategory (cont) | Manufacturer | Product Description | Design Pressure +/- | Wind Borne Debris Protection | Approval Number (s) |
|---|---|---|---|---|---|
| **D. ROOFING PRODUCTS** | | | | | |
| 1. Asphalt Shingles | | | | | |
| 2. Underlayments | | | | | |
| 3. Roofing Fasteners | | | | | |
| 4. Non-structural Metal RF | | | | | |
| 5. Built-Up Roofing | | | | | |
| 6. Modified Bitumen | | | | | |
| 7.Single Ply Roofing Sys | | | | | |
| 8. Roofing Tiles | | | | | |
| 9. Roofing Insulation | | | | | |
| 10. Waterproofing | | | | | |
| 11. Wood shingles/shakes | | | | | |
| 12. Roofing Slate | | | | | |
| 13. Liquid Applied Roof Sys | | | | | |
| 14. Cements-Adhesives-Coating | | | | | |
| 15. Roof Tile Adhesive | | | | | |
| 16. Spray Applied Polyurethane Roof | | | | | |
| 17. Other | | | | | |
| | | | | | |
| **E. SHUTTERS** | | | | | |
| 1. Accordion | | | | | |
| 2. Bahama | | | | | |
| 3. Storm Panels | | | | | |
| 4. Colonial | | | | | |
| 5. Roll-up | | | | | |
| 6. Equipment | | | | | |
| 7. Other | | | | | |
| | | | | | |
| **F. SKYLIGHTS** | | | | | |
| 1. Skylight | | | | | |
| 2. Other | | | | | |
| | | | | | |
| **G. STRUCTURAL COMPONENTS** | | | | | |
| 1. Wood connector/anchor | | | | | |
| 2. Truss plates | | | | | |

| Category/Subcategory (cont) | Manufacturer | Product Description | Design Pressure +/- | Wind Borne Debris Protection | Approval Number (s) |
|---|---|---|---|---|---|
| 3. Engineered | | | | | |
| 4. Railing | | | | | |
| 5. Coolers-freezers | | | | | |
| 6. Concrete Admixtures | | | | | |
| 7. Material | | | | | |
| 8. Insulation Forms | | | | | |
| 9. Plastics | | | | | |
| 10. Deck-Roof | | | | | |
| 11. Wall | | | | | |
| 12. Sheds | | | | | |
| 13. Other | | | | | |
| | | | | | |
| **H. NEW EXTERIOR ENVELOPE PRODUCTS** | | | | | |
| 1. | | | | | |
| 2. | | | | | |

The products listed below did not demonstrate product approval at plan review. 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 3) Copy of the applicable manufactures installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection

_____

_____

_____

_____ _____

Contractor or Contractor's Authorized Agent Signature Print Name Date

_____ _____

Location Permit Number **(FOR STAFF USE ONLY)**