

PERMIT NUMBER: \_\_\_\_\_

BAY COUNTY FLORIDA  
**DRAINAGE CONNECTION PERMIT APPLICATION**

**INSTRUCTIONS TO APPLICANT:**

**Project must be in compliance with Bay County Land Development Regulations, Chapter 24 - Drainage / Stormwater Management Requirements**

Application must be submitted with all the following items:

- ☐ Location Map
- ☐ Grading Plan & Site Plan with existing, proposed contours and flood zones shown.
- ☐ NPDES Stormwater Pollution Prevention Plans for Sites greater than one (1) acre.
- ☐ Seasonal water table/percolation determination
- ☐ Stormwater report and calculation signed and sealed by Professional Engineer
- ☐ Topographic Survey with boundary lines signed and sealed by Professional Surveyor
- ☐ ~~Application Fee of \$150.00~~ Included in Development Order Fee
- ☐ Federal/State stormwater and dredge & fill applications or letters of exemption from permitting agencies.

Note Drawings must be legible, to scale and on maximum 24" x 36" size.

Please print or type

**APPLICANT:**

**Check one:**

- ☐ Owner                      ☐ Designated Agent (Must provide notarized letter of authorization with permit)

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

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

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: jdc@panhandleengineering.com

Name of  
Project \_\_\_\_\_

**Person or entity that owns the discharge facility: (if not applicant)**

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

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

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

**INFORMATION ON ROAD/DRAINAGE SYSTEM CONNECTING TO:**

Project Name: \_\_\_\_\_

Development Order # (If applicable) \_\_\_\_\_ Agency (If applicable) \_\_\_\_\_


Parcel ID (RE number) \_\_\_\_\_

Location: \_\_\_\_\_

Brief Description of Activity Proposed: \_\_\_\_\_

By signing this application, the applicant certifies that all state, federal, and local permits for this work shall be obtained prior to the start of construction activities authorized by this permit.

Applicant Name (Printed): \_\_\_\_\_

Applicant's Signature:  Date: 6/15/2020

**STATEMENT BY PERSON RESPONSIBLE FOR MAINTENANCE:**

The undersigned agrees to maintain and operate the discharge facilities as permitted. Responsibility for maintenance and operation may be transferred to another entity upon written notice to the County from the undersigned and from the entity assuming responsibility.



\_\_\_\_\_  
Signature of the Person Responsible for Maintenance  
(may be the applicant)

\_\_\_\_\_  
Name and Title (Please type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date: 6/15/2020

\_\_\_\_\_  
Phone: \_\_\_\_\_

**PERMIT APPROVED:**

BAY COUNTY PUBLIC WORKS DIVISION

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

Drainage system inspected and approved by: \_\_\_\_\_ Date: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

BAY COUNTY FLORIDA  
AS BUILT STORMWATER CERTIFICATION

**INFORMATION ON ROAD/DRAINAGE SYSTEM CONNECTING TO:**

Project Name: \_\_\_\_\_

Development Order # (If applicable) \_\_\_\_\_ Agency (If applicable) \_\_\_\_\_

Parcel ID (RE number) \_\_\_\_\_

Location: \_\_\_\_\_

I hereby certify that this stormwater discharge facility has been built substantially in accordance with the certified design plans, and that any substantial deviations (noted below) will not prevent the facility from functioning in compliance with the requirements of the Bay County Land Development Regulations, when properly maintained and operated. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision.



Signature of Engineer

Name (Please type)

Florida Reg. No.

Company name

Company address

This item has been digitally signed and sealed by J. Doug Crook, PE on 06/15/2020 using a Digital Signature. Printed copies of this document are not considered signed and sealed and the SHA authentication code must be verified on any electronic copies.

Date: 6/15/2020 Phone: \_\_\_\_\_

Substantial deviations from the approved plans and specifications (attach additional sheets if required)

**RETURN TO:**

Bay County Public Works  
840 W 11<sup>th</sup> Street  
Panama City, Florida 32401

**AND** if associated with a Development Order forward a **COPY** to the applicable agency.