

# AWNING

## Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

Create online as: **Commercial Awning** or  
**Residential Awning**

1. **Survey**

- a. Showing location of awnings \_\_\_\_\_
- b. Showing setbacks of awnings \_\_\_\_\_

2. **Plans for awning to include:**

- a. Engineered signed/sealed detail provided by FL licensed design professional \_\_\_\_\_
- b. Support specifications \_\_\_\_\_
- c. Dimensions \_\_\_\_\_

3. **Commercial & Multi-Family**

- a. PBC Fire Rescue application and fees required \_\_\_\_\_

4. **Submit**

- a. Fabric/material fire retardant certification \_\_\_\_\_

5. **Provide sample of**

- a. Fabric/material with color \_\_\_\_\_
  - **MUST** be approved by P&Z

6. **Owner Builder Affidavit** (*if applicable*) \_\_\_\_\_

### **IMPORTANT NOTICE**

**IF RESIDENT LIVES IN DEED RESTRICTED COMMUNITY  
PLEASE CONTACT HOA TO DETERMINE IF ASSOCIATION APPROVAL IS REQUIRED  
TOJ BUILDING DEPARTMENT CANNOT ENFORCE ASSOCIATION REGULATIONS**



PALM BEACH COUNTY FIRE-RESCUE  
PLANS REVIEW APPLICATION



NO. \_\_\_\_\_

FP# \_\_\_\_\_

PERMIT # \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: \_\_\_\_\_

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

CITY/TOWN: \_\_\_\_\_

- \_\_\_\_\_ CONSTRUCTION      \_\_\_\_\_ REVISE      \_\_\_\_\_ ALTERATION
- \_\_\_\_\_ MULTIPLE DWELLING      \_\_\_\_\_ CIVIL      \_\_\_\_\_ COMMERCIAL
- \_\_\_\_\_ INTERIOR      \_\_\_\_\_ HOOD SYSTEM      \_\_\_\_\_ FUEL TANK/LINES
- \_\_\_\_\_ LP GAS      \_\_\_\_\_ FIRE ALARM      \_\_\_\_\_ FIRE SPRINKLER
- \_\_\_\_\_ FIRE SUPPRESSION      \_\_\_\_\_ HVAC      \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
NAME OF OWNER OR ENGINEER      ADDRESS OF OWNER OR ENGINEER

\_\_\_\_\_  
NAME OF CONTRACTOR      ADDRESS OF CONTRACTOR

\_\_\_\_\_  
PRINT APPLICANT/ CONTACT NAME      APPLICATION DATE

\_\_\_\_\_  
TELEPHONE NUMBER      \_\_\_\_\_ FAX NUMBER      \$ \_\_\_\_\_ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY      PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE  \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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