

# COMMERCIAL INTERIORS or ADDITIONS

## 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 Permit Type: **Building(C)**

Work Class: **Alteration or Addition (if adding sq. ft.)**

### 1. Site Information [<Survey>](#)

- a. Current DRC certified site plan \_\_\_\_\_
- b. Survey with setbacks, proposed finished floor elevation & base flood elevation established by FEMA \_\_\_\_\_
- c. Elevation certificate signed & sealed if the structure is in a flood zone \_\_\_\_\_
- d. Provide signed & sealed Geotechnical Report, *if applicable* \_\_\_\_\_

### 2. Plans [<Building Plans>](#)

- a. Signed & Sealed with names/addresses of Architect & Engineers, Include Architectural, Structural, Mechanical, Elec, Plumb, etc. drawings \_\_\_\_\_
- b. Plans shall include but not limited to:
  - i. **Must** state design parameters compliance with current FBC \_\_\_\_\_
  - ii. Occupancy of space \_\_\_\_\_
  - iii. Building type \_\_\_\_\_
  - iv. Window and door sizes and locations \_\_\_\_\_
  - v. Dimensions and room occupancy designations \_\_\_\_\_
  - vi. Location of units and address numbering of bay, if more than one \_\_\_\_\_
  - vii. Accessibility code requirements \_\_\_\_\_
  - viii. Square footage of units \_\_\_\_\_
  - ix. Equipment layout, where applicable \_\_\_\_\_
  - x. State if building has Fire Sprinkler system \_\_\_\_\_
  - xi. Provide Information on location and Fire Rating of walls \_\_\_\_\_
- c. Details of Accessible restrooms/accessories \_\_\_\_\_
- d. Typical wall section \_\_\_\_\_
- e. UL details and design numbers of rated walls, penetrations and ceiling \_\_\_\_\_
- f. Electrical plan with load calcs, exist/prop receptacles, exit lights & riser diagram \_\_\_\_\_
- g. Mechanical plans and equipment specifications \_\_\_\_\_
- h. Plumbing plans and isometric riser \_\_\_\_\_
- i. Fire sprinkler plans and specifications, *if applicable* (separate permit required) \_\_\_\_\_
- j. Life Safety plan – shown common path \_\_\_\_\_

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## 3. Supporting Documents <Supporting Docs>

- a. Licensed contractor required for all structural work \_\_\_\_\_
- b. Owner/Builder Affidavit, *if applicable*. An owner may obtain a permit for work on a building for their own use provided the value of work does not exceed \$75,000 \_\_\_\_\_
- c. Notarized Letter of Approval from building owner \_\_\_\_\_
- d. FL Energy Efficiency Code Form signed/sealed \_\_\_\_\_
- e. Palm Beach County Fire Rescue application and fee \_\_\_\_\_
- f. Asbestos Notification Statement completed \_\_\_\_\_
- g. Wellfield Affidavit if chemicals will be used \_\_\_\_\_

## 4. Approval Stamps & Letters *where applicable* <Supporting Docs>

- a. Sanitary Sewer – Loxahatchee River District Environmental Control (ENCON) \_\_\_\_\_
  - i. Address: 2500 Jupiter Park Drive
  - ii. Phone: 561-747-5700
- b. Septic System – Palm Beach County Health Department \_\_\_\_\_
  - i. Phone: 561-840-4500
- c. Jupiter Utilities Department (*If Applicable*): 561-746-5134 \_\_\_\_\_

## 5. Product Approval <NOA>

- a. Provide Product Approvals as required
  - i. State of Florida Product Approval with installation instructions engineered plans (Be sure to mark the **exact** product number) \_\_\_\_\_
  - ii. Miami-Dade Notice of Acceptance (NOA) with installation instructions. \_\_\_\_\_
  - iii. Engineer signed/sealed plans and calculations for custom design \_\_\_\_\_
- b. Information required from product approval:  
**ALL** project specific details shall be Identified/Marked/Circled on product Approval Installation Instructions \_\_\_\_\_

**If Handrails or Guardrails are installed, a signed and sealed certified field test meeting the structural requirements of FBC-Building 1607.8.1, is required prior to final inspection.**



## **Asbestos & Lead Paint Notification Statement**

### Required for ALL Demolitions and / or Renovations

Per Florida Statute 469.003, It is the responsibility of the owner / operator / applicant to comply with this provision.

By signing below I/we agree to notify the Palm Beach County Health Department of the intention to remove asbestos, when applicable, in accordance with State and Federal law.

I/we further acknowledge that lead paint is a dangerous material that may be present in buildings constructed prior to 1978. I/we agree to mitigate the presence of lead paint with properly trained firms and with proper notice to occupants of affected buildings in compliance with 40 CFR part 745 Code of Federal regulations for lead paint abatement. We also acknowledge that the Town of Jupiter has provided the web addresses and the links to [Code Of Federal Regulations](#) pertaining to lead paint abatement effective April 22, 2010 as well as the [EPA's Steps to Lead Safe Renovation](#), Repair and Painting.

Job site address: \_\_\_\_\_

Contractor's Information: \_\_\_\_\_

Licenses: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Contractor's printed name: \_\_\_\_\_

Contractor's signature: \_\_\_\_\_



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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