

LOFT 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: **Residential Addition**

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

- a. Signed & sealed with names/address of Architect and Engineers _____
- b. Plans must state design parameters compliance with FBC 7th Edition (2020), ASCE7-16 _____
- c. Plans shall include:
 - Floor plan of existing layout with new loft/stair location _____
 - Floor plan of loft with all dimensions, doors/window locations, stairs, railings, etc _____
 - Structural Drawings (Foundation Plan, Beam & Column location/details, Framing, etc) _____
 - Elevation section through building with ceiling heights at the loft area _____
 - Exterior elevation of building if egress window is added _____
 - Typical wall sections _____
 - Stair framing detail and Handrail Specifications & Detail _____
 - Balcony guard rail detail and specifications _____
 - Electrical floor plan with existing and proposed receptacles, lights, switches _____
 - Plumbing riser and under slab layout, (if applicable) _____
 - Bathroom addition requires approval of ENCON _____
 - Mechanical plans and specs (if applicable) _____

2. Supporting Documents [<Supporting Docs>](#)

- a. Owner/Builder Affidavit, if applicable _____
- b. FL Energy Efficiency Code Form and HVAC load calculations, if Applicable. _____
- c. Signed/sealed Soil Analysis Report, if applicable _____

3. Product Approval [<NOA>](#)

- a. Product approvals shall be signed by designer (must be on jobsite for inspection) _____
- b. Provide Product Approvals as required
 - State of Florida Product Approval with installation instructions
Be sure to mark the **EXACT** product number _____
 - Miami-Dade Notice of Acceptance (NOA) with installation instructions _____
 - Engineer signed/sealed plans and calculations for custom design _____

LOFT ADDITIONS

4. Product Approval <NOA> (Continued)

a. Information required from product approval:

- ALL project specific details shall be Identified/Marked/Circled on product Approval Installation Instructions _____

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
- _____ LPGAS _____ 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 # _____	MSTU _____
		DATE REC'D _____	

FIRE DEPT OFFICIAL