

# RESIDENTIAL ALTERATIONS/ADDITIONS (MULTI-FAMILY)

## 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 Alteration**  
**Commercial Addition (if adding square footage)**

**Permit shall be applied for by Florida licensed Building Contractor or General Contractor registered with the Town of Jupiter**

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

- a. Survey, signed/sealed with lot square footage, show location of addition with setbacks, proposed finished floor elevation and base flood elevation established by FEMA \_\_\_\_\_
- b. Site plan with all structures and appurtenances, etc., setbacks and turnout location. Can be deleted if all information is on survey \_\_\_\_\_
- c. Elevation certificate signed/sealed, [if applicable](#) \_\_\_\_\_
- d. Lot drainage plan/survey with direction of flow arrows indicating proposed drainage \_\_\_\_\_
- e. Floodplain Development permit – only required if within flood hazard area \_\_\_\_\_

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

- a. Signed & sealed with names/address of Architect and Engineers \_\_\_\_\_
- b. Plans must state design parameters compliance with current Building Codes, including Florida Building Code & ASCE \_\_\_\_\_
  - Occupancy/Use of rooms (Label Rooms) \_\_\_\_\_
  - Existing/proposed area tabulations (cond/uncond space, porch, etc.) \_\_\_\_\_
  - Dimensions, ceiling ht., window/door sizes, locations & bedroom egress \_\_\_\_\_
- c. Signed/Sealed Architectural, Structural, Mech, Elec, Plumb, etc. drawings \_\_\_\_\_
- d. Plans shall include: \_\_\_\_\_
  - Floor plan (**original and proposed**) with finished floor elevation \_\_\_\_\_
  - Typical wall section and details – indicate rated walls, [where applicable](#) \_\_\_\_\_
  - Window and door sizes and locations \_\_\_\_\_
  - Room dimensions and designation \_\_\_\_\_
  - Elevation drawings with required design pressures for all openings \_\_\_\_\_
  - Roof plan (Roofing is under separate permit) \_\_\_\_\_
  - Electrical Plans, Riser Diagrams & Load Calculations, [if applicable](#) \_\_\_\_\_
  - Plumbing Plan & Riser Diagram, [if applicable](#) \_\_\_\_\_
  - Mechanical Plan & specifications, [if applicable](#) \_\_\_\_\_
- e. Manufacturer & Engineer signed/sealed truss layout due with application for plan review \_\_\_\_\_

**NOTE:** Truss engineering (cut sheets) to be on jobsite for inspection

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3. **Supporting Documents <Supporting Docs>**

- a. Owner/Builder Affidavit, *if applicable* \_\_\_\_\_
- b. Completed Asbestos Notification Statement form \_\_\_\_\_
- c. FL Energy Efficiency Code Form signed/sealed \_\_\_\_\_
- d. Signed/sealed Soil Analysis Report, *if applicable* \_\_\_\_\_
- e. Completed Drainage Certification form \_\_\_\_\_

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

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

5. **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 & engineered plans \_\_\_\_\_
  - 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 \_\_\_\_\_
- c. 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.**

**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**



**Town of Jupiter**  
**Building Department**  
**210 Military Trail**  
**Jupiter, Florida 33458**  
**Phone (561) 741-2286**  
**Fax (561) 741-0911**

**FLOODPLAIN DEVELOPMENT PERMIT**

Date Submitted \_\_\_\_\_ Date Approved \_\_\_\_\_ Bldg. Permit \_\_\_\_\_

Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal for Metes & Bounds **30-** \_\_\_\_\_

Type of Development \_\_\_\_\_ Size of Development \_\_\_\_\_ Excavation \_\_\_\_\_

Fill \_\_\_\_\_ Grade \_\_\_\_\_ Building or Other Structures \_\_\_\_\_

Other Alterations (specify) \_\_\_\_\_

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- Location in Flood Plain:
- a. \_\_\_\_\_ Inside regulatory floodway
  - b. \_\_\_\_\_ Outside floodway limits
  - c. \_\_\_\_\_ Inside flood plain  
(no regulatory floodway established)

Development Standards Data (Reference Ordinance 75-90)

1. If (a) or (c) is checked, attach engineering certification and supporting data as required.
2. Required floor elevation is \_\_\_\_\_ MSL (NAVD) Zone \_\_\_\_\_
3. Proposed finished floor elevation \_\_\_\_\_ MSL (NAVD)  
Attach survey as required.
4. Floodproofing information (if applicable):
  - a. Required floodproofed elevation is \_\_\_\_\_ MSL Zone \_\_\_\_\_
  - b. Actual (as built) floodproofed elevation is \_\_\_\_\_ MSL (NAVD)  
Attach engineering certification and supporting data as required.
5. Complete for alterations, additions or improvements to existing structures
  1. What is the estimated market value of the existing structure? \$ \_\_\_\_\_
  2. What is the value of all improvements from 1977 including this submittal? \$ \_\_\_\_\_
  3. If the cost of the proposed construction equals or exceeds 50 percent of the market value of the structure, then the substantial improvement provisions shall apply.

Comments \_\_\_\_\_

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**Applicant Acknowledgment**

I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance 15-77 and all other laws or ordinances affecting the proposed development.

Applicant \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
 (PRINT NAME)

Building Official \_\_\_\_\_



## **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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