

COMMERCIAL INTERIORS OR ADDITIONS

Please submit/upload plans in PDF format

Applicant must submit the following items:

Please indicate items submitted with a checkmark (✓)

Create online as Permit Type: Building (C) Workclass: Alteration or Addition (if adding new sf)

1. Permit application (check appropriate trade) completed and signed
(Licensed contractor is required for all **structural** work) _____
2. An **owner** may obtain a permit for work **in a building for his own use**, if
total value of all work does not exceed \$75,000 (Florida Statute 489.103(7)) _____
3. Copy of complete contract signed by both parties _____
4. Asbestos Notification Statement completed _____
5. Site plan to show existing parking _____
6. Letter of approval from Owner of Building, **owner's signature must be
notarized** _____
7. Energy code calculations per FBC-Energy Conservation (chapter 5) _____
8. Fire Rescue application and fee _____
9. Plans to scale:
 - a. Name and address of designer _____
 - b. Stamped by: LRECD, Water Dept., PBC Health Dept. as applicable _____
 - c. Typical wall sections _____
 - d. UL details and design numbers of rated walls, penetrations and ceiling _____
 - e. Square footage of unit _____
 - f. Electrical (load calc's, exist/proposed receptacles, exit lights, riser
diagram) _____
 - g. Dimensions and room occupancy designations _____
 - h. Window and door sizes _____
 - i. Building floor plan with location of units and address numbering of
bays (if more than 1) _____
 - j. Mechanical plans and specs (existing/proposed) _____
 - k. Fire sprinkler plans and specs (if applicable, separate permit required) _____
 - l. Equipment layout, if applicable. _____
 - m. Details of accessible restrooms _____
 - n. "Occupancy" of space _____
 - o. Building "Type" _____
10. Wellfield Affidavit if chemicals will be used _____

**IF HANDRAILS OR GUARDRAILS ARE INSTALLED A SIGNED AND SEALED CERTIFIED FIELD TEST
MEETING THE STRUCTURAL REQUIREMENTS OF SECTION 1607.7.1 WILL BE 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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