

# RESTAURANT RENOVATION

## Please submit/upload plans in PDF format

Applicant must provide the following items:

Please indicate items submitted with a checkmark (✓)

Create on line as Permit Type: Building (C) Workclass: Alteration

1. Permit application (check appropriate trade) completed and signed \_\_\_\_\_
  - a. Licensed contractor is required for all structural work \_\_\_\_\_
  - b. Owner may obtain a permit for work **in a building for his/her own use**, if the total value of all work does not exceed \$75,000 within a twelve month period; FS 489.103(7) \_\_\_\_\_
2. Site plan showing existing parking \_\_\_\_\_
3. Notarized letter of approval from owner of building \_\_\_\_\_
4. Energy Code form FBC-Energy Conservation Code – Chapter 5 (Occupancy type change only) \_\_\_\_\_
5. PBC Fire Rescue application and fee \_\_\_\_\_
6. Plans to scale:
  - a. Name and address of designer \_\_\_\_\_
  - b. Stamped by: \_\_\_\_\_  
LRECD, Utility Dept, Dept of Hotel and Restaurant (if applicable) \_\_\_\_\_
  - c. Typical wall sections \_\_\_\_\_
  - d. Rated wall and/or ceiling detail, design number \_\_\_\_\_
  - e. Square footage of unit \_\_\_\_\_
  - f. Electrical (load calcs, 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 unit \_\_\_\_\_
  - j. Mechanical plans and specs (existing/proposed) \_\_\_\_\_
  - k. Fire Sprinkler plans and specs (if applicable) \_\_\_\_\_
  - l. Equipment layout (if applicable) \_\_\_\_\_
  - m. Details of accessible restrooms \_\_\_\_\_
  - n. Seating layout \_\_\_\_\_
7. Wellfield affidavit, if chemicals will be used \_\_\_\_\_
8. Asbestos Notification Statement completed \_\_\_\_\_

**If handrails or guardrails are installed, a signed/sealed certified field test, meeting the structural requirements of Section 1607.7, will be required prior to final inspection**

**Note: A separate permit and additional fees will be required for the following:**

- Fire Suppression System
- Grease Hood
- Walk In Cooler
- Grease Trap
- Alarm System - Fire
- Alarm System - Security
- Awnings
- Signs



## **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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