

# **TEMPORARY CONSTRUCTION SITE / SALES OFFICES**

Modular Buildings as Regulated by the Department of Community Affairs

*Use by full time employees and/or accessible to the public*

## **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**

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

- a. Site plan/survey showing proposed location, setbacks, parking, landscape and turnout \_\_\_\_\_

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

- a. Manufacturer's plans of the office structure with anchor locations and **Department of Community Affairs** approval stamps indicating design loads and occupancy use \_\_\_\_\_
- b. Engineered signed/sealed foundation and anchoring plan \_\_\_\_\_
- c. Provide Information concerning Accessibility requirements met through ramps, doors, bathrooms, etc. \_\_\_\_\_

3. **Supporting Documents** [<Supporting Docs>](#)

- a. Letter of approval from property owner
- b. Signed/sealed soil analysis
- c. Current Florida Energy Efficiency Code Calculations
- d. Approval stamps from the following prior to submittal
- i. Sanitary Sewer - Loxahatchee River District Environmental Control (ENCON) \_\_\_\_\_
    - 1. Address: 2500 Jupiter Park Drive
    - 2. Phone: 561-747-5700
  - ii. Septic system - Palm Beach County Health Department \_\_\_\_\_
    - 1. Phone: 561-840-4500
  - iii. Jupiter Utilities Department ([If Applicable](#)): 561-746-5134 \_\_\_\_\_
  - iv. Department of Hotel and Restaurants, [if applicable](#) \_\_\_\_\_
- e. Palm Beach County Fire Rescue Application and fee \_\_\_\_\_

**NOTE: Permit fee is for foundation construction/tie down construction. Subcontractors (i.e. Electrical, Plumbing, Mechanical) will pay a separate fee and the value of those trades shall not be included in the value of the building permit**

**NOTE: HOMEOWNER ASSOCIATION MAY REQUIRE APPROVAL/REVIEW IF PROPERTY IS LOCATED IN A DEED RESTRICTED COMMUNITY**



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
---------------------------	-----------------------------------	------------	-----------------------------