

# SUNROOM (NONHABITABLE CAT 3)

**PLEASE NOTE: THIS CATEGORY SUNROOM MAY NOT BE HEATED OR COOLED AND EXISTING DOORS BETWEEN THE ENCLOSURE AND THE RESIDENCE MAY NOT BE REMOVED. TO QUALIFY AS A SUNROOM, THE CRITERIA DEFINED IN CHAPTER 2 OF FBC-R AND 1202.1 FBC MUST BE MET.**

## 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 (R ) Workclass: Alteration**

- 1. Permit application (check appropriate trade) completed and signed \_\_\_\_\_
- 2. Owner/Builder Affidavit, if applicable \_\_\_\_\_
- 3. Fire department plan review and an additional fee for multifamily or commercial buildings \_\_\_\_\_
- 4. Enclosure plans shall depict:
  - a. Typical wall section \_\_\_\_\_
  - b. Elevations \_\_\_\_\_
  - c. Existing floor plan and proposed enclosure with all dimensions and adjacent rooms identified. Doors communicating with existing residence must be shown as remaining in place \_\_\_\_\_
  - d. Window and door product approvals with project specific details identified \_\_\_\_\_
  - e. Required design pressures for components and cladding \_\_\_\_\_
  - f. Photograph of units above and below for multifamily/multistory buildings. \_\_\_\_\_
- 5. Free standing sunrooms or sunroom addition submittals will require 4a through 4e. In addition they will require:
  - a. A survey/site plan depicting location on the property and distances from other structures and from property lines (Indicate distance from wall to property lines below) \_\_\_\_\_

Required Setback	F	R	S	S
Proposed Setback	F	R	S	S

- b. Foundation plan \_\_\_\_\_

**IF RESIDENT LIVES IN A DEED RESTRICTED COMMUNITY, OBTAIN HOMEOWNERS ASSOCIATION APPROVAL PRIOR TO COMMENCING WORK**



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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