

Minimum Requirements for New Commercial Buildings

REQUIRED DOCUMENTS MUST BE SUBMITTED AT TIME OF PERMIT APPLICATION			
1.	Copy of the recorded deed (if metes and bounds) or legal description and County Property Records Card.	Yes	No N/A
2.	Florida Energy Efficiency Forms: Provide two (2) complete sets of energy calculations on the appropriate forms. All sheets shall contain the signatures of the person who performed the calculations, owner/agent, architect, electrical, mechanical, plumbing, and lighting designers. Provide two (2) copies of load calculations.	Yes	No N/A
3.	Fire Marshall plan review form shall be complete. MSDS shall be provided for storage of hazardous materials in "H" occupancies.	Yes	No N/A
4.	Two copies of the approved site plans.	Yes	No N/A
5.	Restaurants are required to submit two (2) copies of plans approved by Department of Business and Professional Regulation, Division of Hotels and Restaurants.	Yes	No N/A
6.	Contact the appropriate state agency if you plan on installing any underground storage tanks (352) 343-3776	Yes	No N/A
7.	Sanitary sewer/water: If sanitary sewer/water service is not available, provide a copy of septic tank permit/well permit. Contact State of Florida Health Department NOTE: Septic tank /well is not an option; if facilities are available, the plumbing systems shall be connected to the available services.	Yes	No N/A
8.	Flood Protection: Flood Damage Control Regulations and minimum standards under the National Flood Insurance Program require new construction, substantial improvements and remodeling projects to be protected from flood damage. Pursuant to these regulations, the following information must be included with plans submitted for approval for structures built within the Special Flood Hazard Area (for greater detail, please refer to the Flood Plain Coordinator): verification of grade and structural related elevations; certification of materials, ventilation and floodproofing techniques, area identified for remodeling and the value of construction; and added engineer certifications for construction within a floodway or velocity zone and for commercial construction below the base flood elevation.	Yes	No N/A
9.	Two (2) copies of pre-engineered building shop drawings. Shop drawings shall be signed and sealed by a design professional and shall indicate the design criteria clearly indicated; i.e., wind loading, floor and roof live and dead loads. One copy if electronically submitted.	Yes	No N/A
10.	State Health Department permit is required to install water distribution systems serving multiple buildings or if water line is 1¼" or larger.	Yes	No N/A
PLANS AND SPECIFICATIONS			
1.	Plans and specifications: Three (3) copies of drawings to scale (¼" = 1') with sufficient clarity and detail to indicate the nature and scope of work. Such drawings shall contain information, in the form of notes or otherwise, as to the quality of materials, where the quality is essential to conforming with the technical codes of the 2020 Florida Building, Plumbing, Mechanical, Fuel Gas, 2017 National Electrical Codes, and the 2020 Florida Fire Prevention Code. All drawings, specifications and accompanying data shall bear the name and signature of the person(s) responsible for the design.	Yes	No N/A
2.	<ul style="list-style-type: none"> ❖ The following information related to wind loads shall be shown on the construction plans: ❖ Basic wind speed, mph, (km/hr). ❖ Wind importance factor (I) and building category per FBC requirements. ❖ Wind exposure – if more than one (1) wind exposure is utilized, the wind exposure and applicable wind direction shall be indicated. ❖ The applicable internal pressure coefficient. ❖ Components and Cladding. The design wind pressures in terms of psf, (kN/m²) to be used for the design of exterior component and cladding materials not specifically designed by the registered design professional. 	Yes	No N/A

PLANS AND SPECIFICATIONS New Commercial Buildings		To Be Included Each Box Shall Be Circled As Applicable		
3.	Occupancy group and special occupancy shall be noted.	Yes	No	N/A
4.	Minimum type of construction shall be noted as determined by Table 601 and 602	Yes	No	N/A
	Detail(s) Provided showing compliance with table 601	Yes	No	N/A
	Detail(s) provided showing compliance with table 602.	Yes	No	N/A
5.	Provide the maximum area as provided by applicable sections of chapter 5 FBC and any required calculations justifying any area of increase.	Yes	No	N/A
6.	Allowable Height/Actual Height including calculations per chapter 5.	Yes	No	N/A
7.	Designed Occupant Load per table 1004.1.2 FBC.	Yes	No	N/A
8.	Method of treating mixed uses per section 508 FBC. Please provided written description of how this is being treated, Non-separated, separated mixed use (provide ration sum), or separated buildings.	Yes	No	N/A
9.	Minimum plumbing fixtures Required/Provided per section 403 FPC.	Yes	No	N/A
10.	<ul style="list-style-type: none"> ❖ Fire resistant construction requirements shall be shown and shall include the following components: ❖ Fire resistant separations. (Table 706.4 FBC) ❖ Fire resistant protection for type of construction.(Table 601 & Table 602) ❖ Protection of openings and penetrations of rated walls.(t. 716.5) ❖ Listed assemblies of rated walls, floors/ceilings, and shaft enclosures. ❖ Calculated fire resistance.(section 722) ❖ Incidental usage separation (509) 	Yes	No	N/A
IDENTIFY THE FOLLOWING ON SCALED, DIMENSIONED FLOOR AND CEILING PLANS OR ON A SCALED DIMENSIONED CODE ANALYSIS DIAGRAM FOR 11 - 20				
11.	Buildings on the same lot or fire area (section 705.3 and 503.1.2)	Yes	No	N/A
12.	Each tenant space if the project is in a shopping center or other use with multiple tenants (chapter 4).	Yes	No	N/A
13.	The use of each room or space (t. 1004.1 and 302)	Yes	No	N/A
14.	Square footage and design occupant load per room. Give actual design number and tabular area per Table 1004.1.2 and 302.1. where applicable.	Yes	No	N/A
15.	Demolition plan and asbestos abatement	Yes	No	N/A
16.	Fire-resistive rated construction, including fire wall, fire partitions, fire barriers, smoke barriers, shaft enclosures, horizontal assemblies, fire separation assemblies, incidental use area and smoke partitions per chapter 7.	Yes	No	N/A
17.	Sprinkler, fire alarm and detection systems, and fire suppression equipment locations per chapter 9	Yes	No	N/A
18.	Fire extinguishing cabinet and stand pipe cabinet locations 905.7	Yes	No	N/A
19.	Egress capacity, proposed egress and egress direction at every point chapter 10	Yes	No	N/A
20.	Exit signage and emergency lighting locations , sections 1013 and 1008	Yes	No	N/A

A DIMENSIONED SITE LAYOUT PLAN THAT INCLUDES ALL OF THE FOLLOWING 21-26

21.	Established street grades, proposed finished grades and ground floor elevations.	Yes	No	N/A
22.	The slopes of paving on the accessible route.	Yes	No	N/A
23.	Overall dimensions of all buildings on the site	Yes	No	N/A
24.	Footprints of all construction to be demolished, to remain, or to be constructed	Yes	No	N/A
25.	The distance from the building footprint(s) to property lines and any adjacent buildings drawn in accordance with an accurate boundary line survey.	Yes	No	N/A
26.	Accessible parking	Yes	No	N/A

A DOOR SCHEDULE THAT PROVIDES ALL OF THE FOLLOWING 27-31

27.	All door sizes	Yes	No	N/A
28.	Hardware type (locks, latches, handles, closers, panic and fire exit hardware, operating devices, access control systems)	Yes	No	N/A
29.	Door fire rating expressed in hours or minutes if rated	Yes	No	N/A
30.	Glazing type	Yes	No	N/A
31.	Product Approval requirements for exterior doors and windows etc.	Yes	No	N/A
32.	Building Sections locating floor/ceiling and roof /ceiling assemblies with details, design numbers and specifications	Yes	No	N/A
33.	Typical wall sections and partition types All fire rated walls must be labeled as to the type (fire partition, fire barrier, smoke barrier, shaft enclosure, horizontal assembly, fire separation assembly, fire wall, smoke partition), provided with design numbers and specifications (U.L. Gypsum Association, etc.), drawn full height with cross sections of all fire rated assemblies including all material used in the assembly, support and termination details must be included.	Yes	No	N/A
34.	Stair and ramp sections	Yes	No	N/A
35.	Through penetration and fire stopping systems with details, design numbers and specifications.	Yes	No	N/A
36.	If this project is an alteration, identify all walls and other structural framing that will be affected by the alteration. If the framing or foundation systems will be altered, provide complete foundation and framing plans with the design loads listed. Framing plans should provide beam, joist, rafter and truss sizes and layouts. Foundation plans should show footing depths, sizes and design bearing capacity.	Yes	No	N/A
37.	Interior wall finish requirements (section 803 and t. 803.11)	Yes	No	N/A

38.	Floor live loads, including concentrated loads	Yes	No	N/A
39.	Roof live loads and dead loads	Yes	No	N/A
40.	Effective wind loads/pressures for the main wind force resisting system and components and cladding (windward, leeward, uplift, component and cladding pressures section 1609)	Yes	No	N/A
41.	Rain load including the ds and dh used for calculation per section 1611 for flat /very low slope roofs	Yes	No	N/A
42.	Basic Wind Speed section, including risk category, exposure group, and internal pressure coefficient 1609 FBC	Yes	No	N/A
43.	Note indicating all assembly rooms must have occupant load posted	Yes	No	N/A
44.	Compliance statement per 110.8.4.4 FBC	Yes	No	N/A
45.	Threshold Inspection Plan and Shoring Plan where required by 109.3.6 FBC	Yes	No	N/A
46.	Special Inspector Credentials	Yes	No	N/A
47.	Provide structural calculations	Yes	No	N/A

ELECTRICAL REQUIREMENTS

48.	<ul style="list-style-type: none"> ❖ Electrical plans shall comply with the 2017 National Electrical Code and shall include the following: ❖ Designer name and registration number shall be on all plans. ❖ Type, location, and capacity of all service equipment. ❖ Size and length of wiring enclosures, including dimensions of junction boxes. ❖ The number, size, and type of all conductors to be installed in wiring enclosures. ❖ The location of every proposed outlet, including switches. ❖ The wattage or amperage of outlets. ❖ The location, voltage, horsepower, kilowatt, or similar rating of every motor or generator. ❖ Location and wattage of every transformer or other appliance to be installed. ❖ Details of panelboard, switchboard, and distribution centers, showing type and arrangement switches, over-current devices, and general control equipment. ❖ Panelboard or switchboard schedules showing wattage or amperage and the number of active or branch circuits to be installed, and the number of spare or branch circuits for future use. ❖ The location of emergency lighting systems and exit lighting. ❖ The circuiting of every electrical outlet with size of conductor and raceway. ❖ The load calculation sheet, and method used to perform the calculation. ❖ Conduit type and conductors installed. ❖ Derating calculations if applicable. ❖ Identification of all Hazardous locations. ❖ Identification of all rooms as they apply to the requirements of NFPA 70 	Yes	No	N/A
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GAS REQUIREMENTS

49.	<p>Gas plans shall include the following:</p> <ul style="list-style-type: none"> ◇ Designer name and registration number shall be on all plans. ◇ Gas piping layout with all lengths, and size changes. ◇ Venting. ◇ Gas riser diagram/shut-offs and pipe sizes. ◇ Type of gas. ◇ Appliances along with BTU rating ◇ Fireplaces. ◇ Chimneys and vents. ◇ L P tank locations. 	Yes	No	N/A
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MECHANICAL PLANS

50.	<ul style="list-style-type: none"> ◇ Designer name and registration number ◇ Duct size and type for both Return and Supply ◇ Damper locations, along with the type of damper. ◇ Equipment location and required access widths ◇ CFM at each register for both Return and Supply ◇ Typical Duct Installation requirements, insulation attachment and support ◇ Exhaust duct type, size, location, termination and roof penetration detail ◇ Make up air size and location. ◇ Fresh air location, size and volume. Location must be indicated on the plan per 403 FMC.. ◇ Attachment of mechanical equipment must be indicated per the wind zone indicated. ◇ Combustion air size, location. ◇ Required clearances of specific appliances 			
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PERMIT APPLICATION

Date Received: _____

Permit # _____

PROJECT INFORMATION		PURPOSE OF APPLICATION	
Job Site Address:		<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction
City, State & Zip:		<input type="checkbox"/> Multi-family	<input type="checkbox"/> Addition
Alternate Key #		<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration/repair
Subdivision Lot		<input type="checkbox"/> Industrial	<input type="checkbox"/> Demolition
<input type="checkbox"/> Sewer <input type="checkbox"/> Septic		<input type="checkbox"/> Other	Total
SCOPE OF WORK			
Job Description:			
Job Value \$		RE-ROOFS ONLY ROOFING MATERIAL:	
Existing Site Development/ Current use of building:		Proposed use of building:	
OWNER'S INFORMATION		FEE SIMPLE TITLEHOLDER (if different than owner)	
Name:		Name:	
Mailing Address:		Mailing Address:	
City, State & Zip:		City, State & Zip:	
Phone #:	Email:	Phone #:	Email:
CONTRACTOR INFORMATION			
Company Name:		License #	
Qualifier Name:		Phone #	
Mailing Address:		Email:	
City, State & Zip:			
SUBCONTRACTORS			
Electrician:	License #	Email:	
Mechanical:	License #	Email:	
Plumbing:	License #	Email:	
Gas:	License #	Email:	
Roofer:	License #	Email:	
Irrigation:	License #	Email:	
Fire:	License #	Email:	
INSPECTION CONTACT			
Super 1:	Email:	Phone #	
Super 2:	Email:	Phone #	
Super 3:	Email:	Phone #	
BONDING COMPANY		ARCHITECT/ENGINEER	MORTGAGE LENDER
Name:		Name:	Name:
Address:		Address:	Address:

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERTO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT.

CONTRACTOR OR OWNER/BUILDER SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of this _____ day of _____, 20____,
by _____.

Personally Known:
Or Produced Identification:
Type of Identification Produced: _____

Notary Signature

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online @ www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
4. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR ENVELOPE PRODUCTS			
A.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

 APPLICANT SIGNATURE

 DATE

After recording return to:

Permit No: _____
Tax Folio or Alternate Key #: _____

NOTICE OF COMMENCEMENT
Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills,
Groveland, Lady Lake, Lake County, Leesburg, Mascotte,
Minneola, Montverde, Mount Dora, Tavares, Umatilla

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of the property, and street address if available)

Street Address: _____
2. General description of improvement: _____
3. Owner's Information: Name: _____
Address: _____
Interest in Property: _____
Name and Address of fee simple titleholder (if other than owner): _____

4. Contractor Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
5. Surety Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
Amount of Bond: _____
6. Lender Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
8. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director /Partner /Manager

Printed Name & Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____
who is [] personally known to me or [] has produced _____ as identification and [] who did or [] did not take an oath.

Signature of Notary Public - State of Florida

Print, type or Stamp Commissioned Name of Notary Public

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person (Owner) Signing Above

LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint: _____

an agent of: _____
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option)**:

All permits and applications submitted by this contractor.

The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Signature

(Notary Seal)

Print or type name

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____