



City of High Springs

110 NORTHWEST FIRST AVENUE
HIGH SPRINGS, FLORIDA 32643
TELEPHONE: (386) 454-1416 Ext 230
FACSIMILE: (386) 454-5322

REQUIRED PLANS **WIND LOAD DESIGN 110 MPH**

SUBMIT: Two complete copies of specifications and drawings drawn to scale with sufficient clarity and detail to indicate the nature and character of the work, plus one additional floor plan.

Site Plan: Parking [fire access, vehicle loading, fire hydrant/water supply/Post Indicator Valve (PIV)] [setback/separation (assumed property lines) location of specific tanks, waterlines and sewer lines.

Occupancy/Construction Type Classification: Occupancy group and special occupancy requirements shall be determined on plans. Minimum type construction shall be determined (Table 500)

Fire resistant construction requirements shall include the following components: Fire resistant construction, fire resistant protection for type of construction, protection of openings and penetrations of rated walls, ceilings and floors, fire blocking and drat stopping, and calculated fire resistant.

Fire suppression system shall include: Early warning, smoke evacuation system schematic, fire sprinkler, [stand pipes, pre-engineered systems and riser diagrams.]

Life Safety systems shall be determined and include the following requirements: Occupant load and egress capacities, early warning, smoke control, stair pressurization and system schematic.

Occupancy Load/Egress Requirements shall include: [Occupancy load, gross/net] [Means of Egress, exit access, exit and exit discharge] stair construction/geometry and protection, doors, emergency lighting and exit signs, specific occupancy requirements, construction requirements, and horizontal exits/exit passageways.

Structural Requirements shall include: Soil condition/analysis, termite protection, design loads, wind requirements, building envelope, structural calculations, foundation, wall systems, floor systems, roof systems, threshold inspection plan and stair systems.

All material components shall be listed on plan: Wood, steel, aluminum, concrete, plastic, glass, masonry, gypsum board and plaster, insulating (mechanical), roofing, insulation.

Accessibility requirements shall include the following: Site requirements, accessible route, vertical accessibility, toilet and bathing facilities, drinking fountains, special occupancy requirements, fair housing.

Interior requirements shall include the following: Interior finishes (flame spread/smoke development), light and ventilation and sanitation

Special system: Elevators, escalators and lifts.

Swimming pools: Barrier requirements, spas and wading pools.

Electrical: Electrical wiring service feeders and branch circuits, over current protection, grounding, wiring methods and materials, GFCI's, equipment, special occupancies, emergency systems, communication systems, low-voltage, load calculations.

Plumbing: Minimum plumbing facilities, fixture requirements, water supply piping & size, sanitary drainage, water heaters, vents, roof drainage, back flow prevention, irrigation, location of water supply line, grease traps, environmental requirements and plumbing riser.

Mechanical: Energy calculations, (Exhaust Systems: clothes dryers, kitchen equipment exhaust, specialty exhaust systems) equipment, equipment location, make-up air, roof-mounted equipment, duct systems, ventilation, combustion air, (Chimneys, fire places and vents) appliances, boilers, refrigeration, bathroom ventilation, laboratory.

Gas: Gas piping, venting, combustion air, chimney and vents, appliances, type gas, fireplaces, LP tank location, riser diagram/shut-offs

REQUIRED FORMS

ENERGY FORM/EPI & MANUAL-J FORM (signed, see mechanical contractor or engineer)

SOIL TEST – 2 copies signed and sealed by a registered professional engineer. 10' borings in each corner of proposed construction.

IF PIPE CLAY IS PRESENT ON THE SOIL TEST, A SEALED ENGINEERED FOUNDATION PLAN WILL BE REQUIRED.

FLOOD LETTER (if your property touches any body of water or is deemed to be in a flood prone area: see surveyor or engineer)

NOTICE OF COMMENCEMENT (if valuation is over \$2,500.00)

LAND USE CONCURRENCY (see Building and Planning Department)

ADDRESS (see Building and Planning Department)

Note: Failure of the contactor/owner builder to submit the required documents will delay the issuance of the permit until the application and plan are complete.



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Commercial Building Permit Application

Owner's Name(s) _____
 Address _____ City _____ St. _____ Zip _____
 Telephone: Home _____ Daytime _____ Project Address _____
 Legal Description: Lot _____ Block _____ Sub _____ Section _____ Township _____ Range _____
 Parcel I. D. No. _____ Valuation of Project \$ _____ Occupancy _____
 Description of Work _____

Check All The Boxes That Apply To The Proposed Job:

Description of Work	Nonresidential	Clearing Activities	Is The Property Flood Prone
New DCA Approved	Amusement, Recreational	Selective Clearing	Yes
New Construction	Church/Religious	Entire Site	No
New Construction	Industrial	No Clearing	Date of Flood Letter
Addition	Parking Garage	Access & Construction Only	
Alteration	Service Station, Repair Garage		Does Property Include, or Is It Near A Wetland, Such As:
Repair & Replacement	Hospital Institutional	Grading Activities	Lake, Pond
Foundation	Medical Office, Office, Bank	Yes	Sink Hole
Swimming Pool	School, Library, Other Ed.	No	Swamp, Marsh
Roofing	Stores, Mercantile, Flee Market	Describe Slope of the Land	Other
Other Specify:	Restaurant	Flat 0% to 2%	
	Basement On -Site	Slight Slope 2% to 10%	Type Of Sewage Disposal?
Class of Building (proposed)	Yes, Specify	Steep Slope 10% to 20%	Public or Private Company
Triplex	No	Very Steep Slope 20% & Over	Private (Septic, etc.)
Quadriplex			
Mult-Family No. of Units	Building Foundation	Check Development Restrictions That Apply	Type Of Water Supply
Hotel/ Motel No. of Units	Monolithic	Natural Area	Public Or Private Company
Condominiums No. of Units	Block Wall	Land Use Buffer	Private (Well, Custom)
	Pier or Piling	Plat Restrictions	
	Other, Specify	None	

Fee simple titleholder's name (if other than the owner's) _____
 Address (if other than owner's) _____ City _____ St. _____ Zip _____
Bonding Company _____ Address _____
 City _____ St. _____ Zip _____
Mortgage Lender's Name _____ Address _____
 City _____ St. _____ Zip _____

CONTRACTOR INFORMATION

CONTRACTOR	LICENSE NO.	ADDRESS	PHONE
Principal			
Electrical			
Plumbing			
Mechanical			
Gas			
Architect/Engineer			



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DISCLOSURE STATEMENT OWNER CONTRACTOR FLORIDA STATUTE 489.103

F. S. 489.103

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTOR. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS, OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR EVEN THOUGH YOU DON'T HAVE A LICENSE. **YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF.** YOU MAY BUILD OR IMPROVE A ONE OR TWO-FAMILY HOME RESIDENCE OR A FARM BUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING AT A COST OF \$25,000 OR LESS. **THE BUILDING MUST BE FOR YOUR OWN USE AND OCCUPANCY. IT MAY NOT BE BUILT FOR SALE OR LEASE.** IF YOU SALE OR LEASE MORE THAN ONE BUILDING YOU HAVE BUILT WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE. THE LAW PRESUMES THAT YOU HAVE BUILT IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. IT'S YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY LICENSING ORDINANCES. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A AND WITHHOLDING TAX AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE, AS PRESCRIBED BY LAW, YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS. OWNERS MUST PROVIDE DIRECT, ONSITE SUPERVISION THEMSELVES OF ALL WORK NOT PERFORMED BY LICENSE CONTRACTORS, THAT DUTY CANNOT BE DELEGATED.

Signature Owner/Agent _____ Date _____

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit(s) to do work and installations as indicated. I certify that no work or installation 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 permit must be secured for Electrical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks and Air Conditioners, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner fee, the applicant shall certify to be acting as owner's authorized agent. I also acknowledge that my failure to record a notice of commencement may result in my paying twice for improvements to my property, and that if I am intending to obtain financing, I should consult with my lender or my attorney before recording a notice of commencement.

Based on this information, I hereby acknowledge that I have been advised that I should seek out and on my own to identify if there are any Deed Restriction and/or Covenants on the use of the site associated with this permit application.

Signature Owner/Agent _____ Contractor _____

STATE OF FLORIDA, COUNTY OF ALACHUA

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

Notary Public, State of Florida _____

Commission Number _____

My Commission Expires _____

LETTER OF AUTHORIZATION

This letter serves as notice on this date I, _____ hereby give authorization to, _____ to obtain all necessary permits for me in Alachua County at the property located at the following address and parcel Id.: Physical Address _____ Parcel Id. _____ Property Owners Signature _____ Date _____

Sworn and subscribed this _____ day of _____ 20_____.

Notary _____ for State of Florida. _____ Personally Known ___ Produced Identification

Drivers license or Identification Number _____ Commission No.: _____ Expiration Date: _____



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NOTICE OF COMMENCEMENT

Permit No. _____
Parcel Number: _____ - _____ - _____

State of Florida
County of Alachua

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) .

2. General description of improvement: _____

3. Owner information: a. Name _____ Address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if other than Owner): _____

4. Contractor: Name _____ Contractor's phone number: _____

Address: _____

5. Surety : Name _____ Address _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. Lender: Name _____ Address _____

Phone number: _____

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: _____

Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

b. Phone number of person or entity designated by owner: _____

c. 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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2008, by _____ Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Signature of Notary Public - State of Florida)

Commission Number _____

Commission Expires _____



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PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____ Project Name: _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			



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6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			
Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			



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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) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Contractor or Contractor's Authorized Agent Signature

Print Name Date

Location

Permit # (FOR STAFF USE ONLY)



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COMMERCIAL BUILDING PLAN PROJECT INFORMATION

Date _____ Plan _____
Name _____

The building shall be in compliance with the following:

- 2004 Florida Building Code with 2006 Amendments
- 2004 Florida Plumbing Code with 2006 Amendments
- 2004 Florida Mechanical Code with 2006 Amendments
- 2004 Florida Fuel Gas Code with 2006 Amendments
- 2004 Florida Existing Building with 2006 Amendments
- 2004 Florida Fire Prevention Code
- 2002 National Electric Code
- 2003 NFPA 101 Life Safety Code

Wind Design 110/120 MPH ASCE 7, see Wind Map for 120 MPH area

The following information is required to be submitted with the building plan for new or renovation projects:

1. Use and Occupancy Classification: mixed occupancy, change of occupancy (FBC 302.0)
 - a. Group(s) _____
 - b. Occupancy Separation Hour _____ Required _____ Provided _____
 - c. Non-separated Uses _____
2. Construction Type: _____
3. Building Height (FBC 503) Allowable Height _____ Maximum Stories _____
4. Building Area (FBC 503) Allowable Building Area _____
 - a. Building Floor Area (Fire Area) _____
 - b. Other Areas with Description: _____
 - c. Total Area _____
5. Design Occupant Load (FBC 1003.2,2): _____
6. Exits and Egress
 - a. Doors Exit (FBC 1005) Required _____ Provided _____
 - b. Minimum Door Width (1008.1.1) _____
 - c. Number of Exits (1014.1) No. Required _____ No Provided _____
 - d. Travel Distance (1015.1) Allowable _____ Provided _____
 - e. Egress Illumination (1006) Required _____ Provided _____
 - f. Exit Lights (1006.3) Required _____ Provided _____
 - g. Accessible Egress (1007) Required _____ Provided _____
 - h. Exit Access Corridors (Table 1016.1) Required _____ Provided _____
7. Fire Protection Systems
 - a. Sprinkler System (903.2.6) Required _____ Provided _____
 - b. Stand Pipe (905) Required _____ Provided _____
 - c. Fire & Smoke Detection (907) Required _____ Provided _____
 - d. Fire Alarm (907.2.7) Required _____ Provided _____
 - e. Smoke Vents (910) Required _____ Provided _____
 - f. Portable Fire Extinguishers Required _____ Provided _____
8. Existing Building Requirements
 - a. Alteration Level Plan Required _____ Provided _____



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Review Notes _____

COMMERCIAL BUILDING PLAN PROJECT INFORMATION

9. Minimum Number of Plumbing Fixtures/Facilities (FPC Table 403.1)

- a. Total Occupant Load Men _____ Women _____
- b. Water Closets Required Men _____ Women _____ Provided Men _____ Women _____
- c. Lavatories Men _____ Women _____ Provided Men _____ Women _____
- d. Drinking Fountain Required _____ Provided _____
- e. Service Sink Required _____ Provided _____

Review Notes _____

10. Accessible Requirements (FBC chapter 11)

- a. Accessible Restroom Required _____ Provided _____
- b. Accessible Restroom Detail Required _____ Provided _____
- c. Parking Spaces (Van) Number Required _____ Provided _____
- d. Parking Signage Required _____ Provided _____
- e. Curb Cut & Parking Details Required _____ Provided _____

Review Notes _____

Each New and Alteration Plan must include the above information for review and a separate Life Safety Plan must be submitted for review by the Fire Inspector. Plan review and permitting may require you to submit additional information and documents..