



Commercial Building Permit Application

*******PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*******

**Plans must comply with: Florida Building Code, 7th Edition, 2017 NEC,
City of High Springs Code of Ordinances & Land Development Code**

Owner's Name(s): _____

Address _____ City _____ St. _____ Zip _____

Telephone: (Daytime) _____ Valuation of Project \$ _____

Project Address _____ Tax Parcel # _____

Legal Description: Lot _____ Block _____ Sub _____ Section _____ Township _____ Range _____

Project Description _____ Occupancy: _____

CHECK ALL THE BOXES THAT APPLY TO THE PROPOSED JOB:

Description of Work	Class of Building (proposed)	Clearing Activities	Is the Property Flood Prone?
<input type="checkbox"/> New DCA Approved	<input type="checkbox"/> Triplex	<input type="checkbox"/> Selective Clearing	<input type="checkbox"/> Yes
<input type="checkbox"/> New Construction	<input type="checkbox"/> Quadriplex	<input type="checkbox"/> Entire Site	<input type="checkbox"/> No
<input type="checkbox"/> Addition	<input type="checkbox"/> Multi-Family No. of Units _____	<input type="checkbox"/> No Clearing	Date of Flood Letter _____
<input type="checkbox"/> Alteration/Renovation	<input type="checkbox"/> Hotel/Motel No. of Units _____	<input type="checkbox"/> Access & Construction Only	
<input type="checkbox"/> Repair & Replacement	<input type="checkbox"/> Condominiums No. of Units _____		
<input type="checkbox"/> Foundation	<input type="checkbox"/> Amusement, Recreational		Does Property Include as Is
<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Church/Religious	Describe Slope of the Land	It Near a Wetland, such as:
<input type="checkbox"/> Roof	<input type="checkbox"/> Industrial	<input type="checkbox"/> Flat - 0% to 2%	<input type="checkbox"/> Lake, Pond
<input type="checkbox"/> Other - Specify: _____	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Slight Slope - 2% to 10%	<input type="checkbox"/> Sink Hole
	<input type="checkbox"/> Service Station/Repair Garage	<input type="checkbox"/> Steep Slope - 10% - 20%	<input type="checkbox"/> Swamp, March
	<input type="checkbox"/> Hospital/Institutional	<input type="checkbox"/> Very Steep Slope - 20% - Over	<input type="checkbox"/> Other _____
Building Foundation	<input type="checkbox"/> Medical Office/Office/bank	Check Dev.Restrictions that Apply	Type of Sewage Disposal?
<input type="checkbox"/> Monolithic	<input type="checkbox"/> School/Library/Other Ed.	<input type="checkbox"/> Natural Area	<input type="checkbox"/> Public or Private Co.
<input type="checkbox"/> Block Wall	<input type="checkbox"/> Stores/Mercantile	<input type="checkbox"/> Land Use	<input type="checkbox"/> Private (Septic, etc.)
<input type="checkbox"/> Pier or Piling	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Buffer	
<input type="checkbox"/> Other, Specify _____		<input type="checkbox"/> Plat Restrictions	
		<input type="checkbox"/> None	
Basement On Site	Grading Activities		Type of Water Supply
<input type="checkbox"/> Yes - Specify _____	<input type="checkbox"/> Yes		<input type="checkbox"/> Public or Private Co.
<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Private (Well, Custom)

CONTRACTOR SIGNATURE _____ DATE _____

PERMIT APPROVED BY _____

BUILDING DEPARTMENT _____ DATE _____

DISCLOSURE STATEMENT OWNER CONTRACTOR AND/OR ASBESTOS ABATEMENT PERMIT
FLORIDA STATUTES 489.103/469.002 & FLORIDA BUILDING CODE 104.4.4

F.S.S. 489.103
Disclosure Statement

State law required construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$75,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improve it yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct 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, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

F.S.S. 469.002 & FLORIDA BUILDING CODE 104.4.4

STATE LAW REQUIRES ASBESTOS ABATEMENT TO BE DONE BY LICENSED CONTRACTORS. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS THE OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN ASBESTOS ABATEMENT CONTRACTOR EVEN THOUGH YOU DO NOT HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY MOVE, REMOVE, OR DISPOSE OF ASBESTOS-CONTAINING MATERIALS ON A RESIDENTIAL BUILDING WHERE YOU OCCUPY THE BUILDING AND THE BUILDING IS NOT FOR SALE OR LEASE, OR THE BUILDING IS A FARM OUTBUILDING ON YOUR PROPERTY. IF YOU SELL OR LEASE SUCH BUILDING WITHIN ONE YEAR AFTER THE ASBESTOS ABATEMENT IS COMPLETE, THE LAW WILL PRESUME THAT YOU INTENDED TO SELL OR LEASE THE PROPERTY AT THE TIME THE WORK WAS DONE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. YOUR WORK MUST BE DONE ACCORDING TO ALL LOCAL, STATE, AND FEDERAL LAWS AND REGULATIONS WHICH APPLY TO ASBESTOS ABATEMENT PROJECTS. IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY STATE LAW AND BY COUNTY OR MUNICIPAL LICENSING ORDINANCES.

I CERTIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTAND THIS DISCLOSURE STATEMENT AND THAT I SHALL COMPLY WITH ALL THE REQUIREMENTS FOR ISSUANCE OF AN OWNER/BUILDER PERMIT.

DATE _____

PROPERTY OWNER _____

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit(s) to do work and installation 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, 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, 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 my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Signature Owner/Agent _____

Signature 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: _____

REQUIRED PLANS

WIND LOAD DESIGN 130 MPH

SUBMIT: Two complete copies of specifications and drawings drawn to scale with sufficient clarity and detail to indicate the nature and character work 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 line) 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 draft 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, backflow prevention, irrigation, location of water supply line, grease traps, environmental requirements and plumbing riser.

Mechanical: Energy calculation, (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 contractor/owner builder to submit the required documents will delay the issuance of the permit until the application and plan are complete.*

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: _____

Address: _____

Permit No.: _____

Tax Parcel No.: _____

State of Florida

County of Alachua

THE UNDERSIGNED HEREBY gives notice that improvement(s) 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: Street Address: _____

Legal Description: _____

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): _____

3. OWNER INFORMATION: a) Name: _____ Address: _____

b) Interest in Property: _____

c) Fee Simple Titleholder (if other than owner) Name: _____ Address: _____

4 CONTRACTOR: a) Name: _____

Address: _____ Phone: _____

5. SURETY: a) Name: _____ Amount of bond \$ _____

Address: _____ Phone: _____

6. LENDER: a) Name: _____

Address: _____ Phone: _____

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: a) Name: _____

Address: _____ Phone: _____

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

a) Name: _____ Address: _____ Phone: _____

9. Expiration date of notice of commencement (the expiration is one (1) year from the date of recording unless a difference 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 or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year)

By _____ (name of person) as _____ (type of

authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number _____
Personally known _____ or Produced Identification _____

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 Signing Above

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 now 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. Underlayment's			
3. Roofing Fasteners			
4. Non-structural Metal Roof			
5. Built-up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing System			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles/shakes			
12. Roofing Slate			

CATEGORY/SUBCATEGORY	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			

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

Date

Location

Permit # (FOR STAFF USE ONLY)

COMMERCIAL BUILDING PLAN PROJECT INFORMATION

Name: _____ Date: _____

Plan: _____

The building shall be in compliance with the following:

2020 Florida Building Code
2020 Florida Plumbing Code
2020 Florida Mechanical Code
2020 Florida Fuel Gas Code

2020 Florida Existing Building
2020 Florida Fire Prevention Code
2017 National Electric Code

Wind speed 130 MPH ASCE 7, see Wind Map for 130 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. Alternate Level Plan	Required _____	Provided _____
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Review Notes:

COMMERCIAL BUILDING PLAN PROJECT INFORMATION (page 2)

9. Minimum Number of Plumbing Fixtures/Facilities

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

Review _____

Notes: _____

10. Accessible Requirements

- | | | |
|--------------------------------|----------------|----------------|
| a. Accessible Restrooms | 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.

SUBCONTRACTOR VERIFICATION

PERMIT NUMBER: _____

The City of High Springs issues combination permits where one permit covers all trades doing work at one site. It is necessary that we have documentation of the subcontractors who actually perform the trade specific work under the general contractor's permit.

This form shall be submitted to the Building Department at time of permitting.

GENERAL CONTRACTOR: _____

SIGNATURE / LICENSE: _____ / _____

COMPANY NAME: _____

ELECTRIC CONTRACTOR: _____

SIGNATURE/ LICENSE: _____ / _____

COMPANY NAME: _____

HVAC/MECH/ CONTRACTOR: _____

SIGNATURE LICENSE: _____ / _____

COMPANY NAME: _____

PLUMBING CONTRACTOR: _____

SIGNATURE / LICENSE: _____ / _____

COMPANY NAME: _____

ROOFING CONTRACTOR: _____

SIGNATURE/ LICENSE: _____ / _____

COMPANY NAME: _____

SPECIALTY CONTACTOR: _____

SIGNATURE/ LICENSE: _____ / _____

COMPANY NAME: _____