Commercial Building Permit Application

Owner's Name(s) _____

Address _____ City _____ St _____ Zip _____

Bus Ph # _____ Cell _____ Fax _____ E-mail _____

LOCATION/BUILDING SITE:
911 Address (Job Site) _____ City _____ St _____ Zip _____

Parcel I.D (Job Site) _____ Valuation of Project $ _____ Occupancy _____

Description of Work _____

(Owner/Builder Value of Project cannot be over $75,000)

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
	Addition		Industrial		No Clearing		Date of Flood Letter
	Alteration		Parking Garage		Access & Construction Only		
			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						
	Multi-Family No. of Units		**Building Foundation**		**Check Development Restrictions That Apply**		**Type of Water Supply**
	Hotel/ Motel No. of Units		Monolithic Slab		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 NAME	LICENSE NO.	ADDRESS	PHONE	EMAIL ADDRESS
Principal				
Electrical				
Plumbing				
Mechanical				
Gas				
Architect/Engineer				
Other				

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 $75,000 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, 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 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 GADSDEN

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 _____

Deed Restrictions and Covenants

Prior to pursuing a building permit application, applicants should review any Deed Restriction and/or Covenants which apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by Gadsden County.
Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there is any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

Owner/Agent Signature_____ Contractor Signature_____

The foregoing was sworn to, subscribed and acknowledged before me this _____day of_____, 20__.
by_____who is personally know to me or has produced _____
as identification, and (did/did not) take an oath.

_____
Notary Public, State of Florida

_____ Seal
My Commission Expires

REQUIRED PLANS AND ENGINEERING
WIND LOAD DESIGN 130 MPH

SUBMIT - Two complete copies of the following:

Plans- 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 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 and GFICs, 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)
- ☐ SEPTIC TANK PERMIT/WAIVER OR CITY SEWER (Gadsden Environmental Health 850-875-7200 ext. 336)
- ☐ 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)
- ☐ LAND USE CONCURRENCY (Gadsden County Planning and Community Development 850- 875-8663)
- ☐ 911 ADDRESS (see 911 Coordinator at the W. A. Woodham Building 850- 875-8824)
- ☐ Letter of Authorization, if other than the owner or Contractor are to pick up the permit.

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

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as Water Management districts, State Agencies, or Federal Agencies. By signing this permit you are stating that you are aware of these additional restrictions/permits.

Owner/Agent Signature Date

TABLE 1604.5

Risk Category	Nature of Occupancy
I	Buildings and other structures that represent a low hazard to human life in the event of failure, including but not limited to: • Agricultural facilities. • Certain temporary facilities. • Minor storage facilities. • Screen enclosures.
II	Buildings and other structures except those listed in Risk Categories I, III and IV.
III	Buildings and other structures that represent a substantial hazard to human life in the event of failure, including but not limited to: • Buildings and other structures whose primary occupancy is public assembly with an occupant load greater than 300. • Buildings and other structures containing Group E occupancies with an occupant load greater than 250. • Buildings and other structures containing educational occupancies for students above the 12th grade with an occupant load greater than 500. • Group I-2 occupancies with an occupant load of 50 or more resident care recipients but not having surgery or emergency treatment facilities. • Group I-3 occupancies. • Any other occupancy with an occupant load greater than 5,000.(a) • Power-generating stations, water treatment facilities for potable water, wastewater treatment facilities and other public utility facilities not included in Risk Category IV. • Buildings and other structures not included in Risk Category IV containing quantities of toxic or explosive materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(1) or 307.1(2) or per outdoor control area in accordance with the Florida Fire Prevention Code; and Are sufficient to pose a threat to the public if released.(b)
IV	Buildings and other structures designated as essential facilities, including but not limited to: • Group I-2 occupancies having surgery or emergency treatment facilities. • Fire, rescue, ambulance and police stations and emergency vehicle garages. • Designated earthquake, hurricane or other emergency shelters. • Designated emergency preparedness, communications and operations centers and other facilities required for emergency response. • Power-generating stations and other public utility facilities required as emergency backup facilities for Risk Category IV structures. • Buildings and other structures containing quantities of highly toxic materials that: Exceed maximum allowable quantities per control area as given in Table 307.1(2) or per outdoor control area in accordance with the Florida Fire Prevention Code; and Are sufficient to pose a threat to the public if released.(b) • Aviation control towers, air traffic control centers and emergency aircraft hangars. • Buildings and other structures having critical national defense functions. • Water storage facilities and pump structures required to maintain water pressure for fire suppression.

a. For purposes of occupant load calculation, occupancies required by Table 1004.1.2 to use gross floor area calculations shall be permitted to use net floor areas to determine the total occupant load.

b. Where approved by the building official, the classification of buildings and other structures as Risk Category III or IV based on their quantities of toxic, highly toxic or explosive materials is permitted to be reduced to Risk Category II, provided it can be demonstrated by a hazard assessment in accordance with Section 1.5.3 of ASCE 7 that a release of the toxic, highly toxic or explosive materials is not sufficient to pose a threat to the public.

NOTICE OF COMMENCEMENT

The undersigned hereby gives notice that improvements 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 _____

   Street Address _____ City _____ FL. Zip _____

2. General description of improvement _____

3. Owner information
   A. Name _____
   B. Address _____ City _____ St FL Zip _____
   C. Interest in Property _____
   D. Name & Address of Fee Simple Title Holder
   (Other than Owner)
   _____

4. Contractor Name and Address

   _____

5. Surety Name

   _____

   Bond amount: $_____

6. Lender's Name and Address

   _____

7. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided in Section 713.13(1)(a)7 of the Florida Statutes.

   _____

8. In addition to self, the Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) of the Florida Statues. Give name and address.

   _____

9. Expiration date of Notice of Commencement. The expiration date is one (1) year from the date of recording unless a different date is specified.

Signature of Owner/ Agent:_____

This foregoing instrument was acknowledged, sworn to and subscribed before me this _____ day of _____, 20_____.

PREPARED BY:

_____

State of: _____

County of: _____

Notary Signature: _____

Printed Name: _____

Known personally/ /ID shown: _____

Notary Seal

PRODUCT APPROVAL SPECIFICATION SHEET

Project Number _____ **Bldg #/Location** _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide information and product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying. Your supplier should have product approval numbers and information. 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. Mullion			
7. Wind Breaker			
8. Dual Action			
9. Other			
C. PANEL WALL			
1. Siding			
2. Soffit			
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			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Roof Tile Adhesive			
12. Liquid Applied Roof Sys			
13. Other			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
E. SHUTTERS			
1. Accordion			
2. Storm Panels			
3. Colonial			
4. Roll-up			
5. Equipment			
6. Other			
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. Material			
7. Insulation Forms			
8. Plastics			
9. Deck-Roof			
10. Wall			
11. Sheds			
12. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

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 manufacturer's installation requirements.
I understand these products may have to be removed if approval cannot be demonstrated during inspection.

The products listed below did not demonstrate product approval at plan review:

_____

_____

_____

_____

_____

Applicant Signature

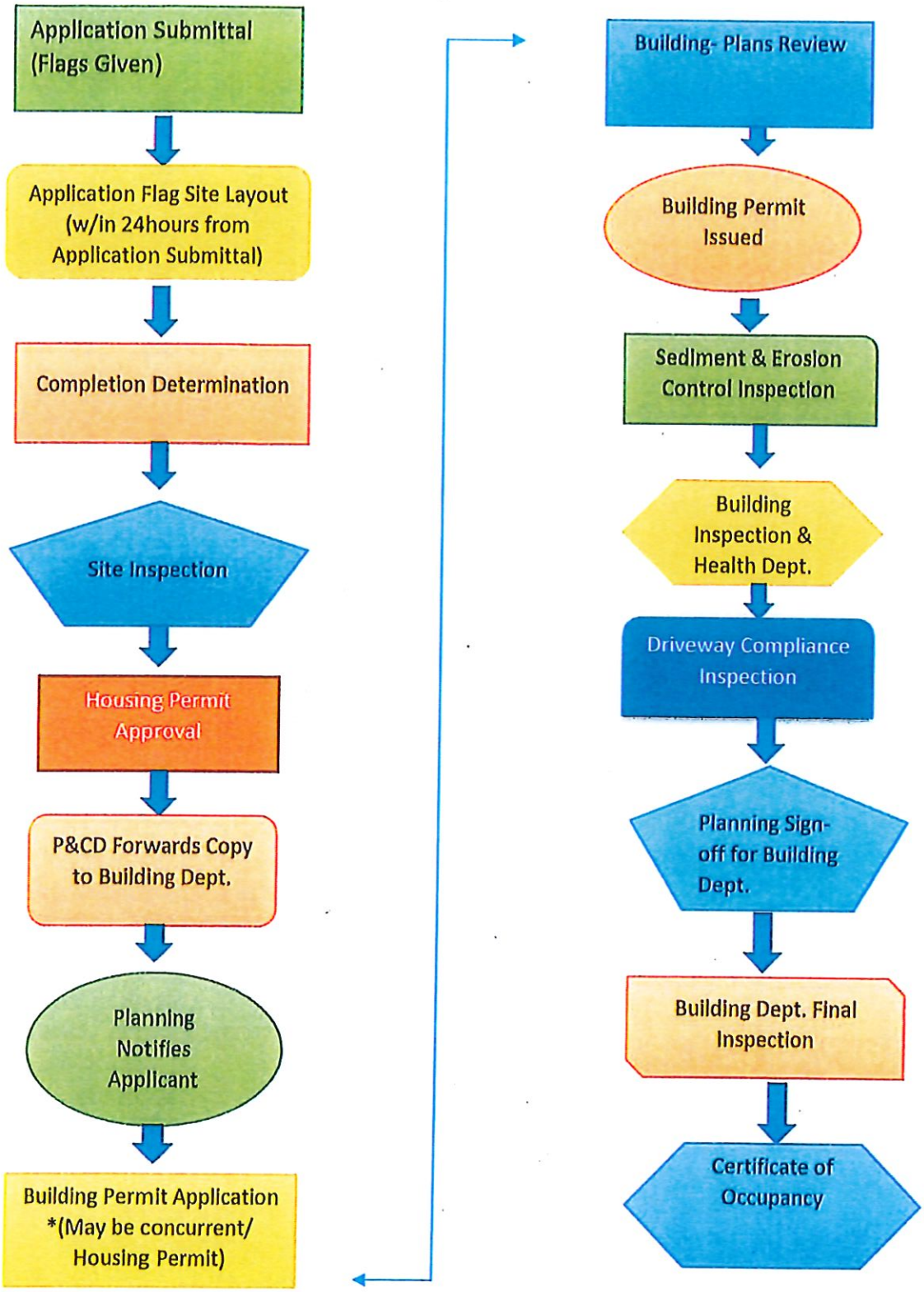
Print Name

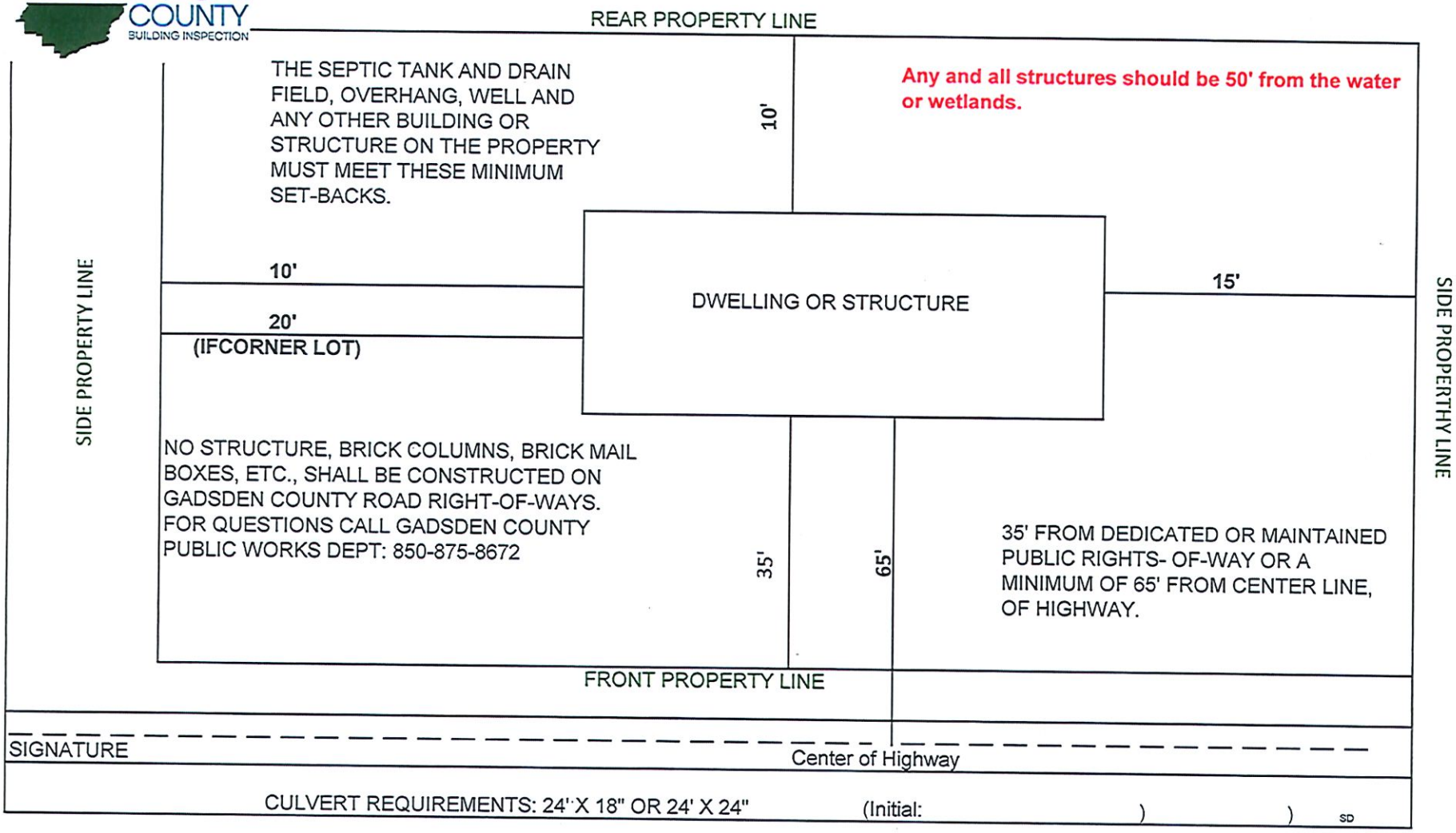
Date

Contact Name & Phone Number

Permit # **(FOR STAFF USE ONLY)**

Housing permit process Summary*



*Summary Info Only. Assumes Complete Application & Approval. All applications must comply with the requirements of Gadsden County Comprehensive Plan & Land Development Code.

GADSDEN COUNTY SET BACK REQUIREMENTS