



COMMERCIAL PERMIT APPLICATION

Applicant Services Division Office: (850) 891-7125
 Mailing: 300 S Adams St., B-28 Fax: (850) 891-0948
 Physical: 435 N Macomb St.
 Tallahassee, Florida 32301 www.talgov.com

TBB # : _____

HOLD C.O. by: _____

PROJECT NAME _____ Bldg # _____

LOCATION _____ Unit #(s) _____

Street Number Street Name

PARCEL ID # _____ Lot _____ Blk _____ Subdivision _____

Property Owner: _____ Phone #: () _____

Owner Email: (Print Clearly): _____ Fax #: () _____

Mailing Address: _____
Street Address City State Zip

Contractor Name: _____ Contact Name: _____

Contractor's License No.: _____ Phone #: () _____

Contractor Email: (print clearly): _____ Fax #: () _____

Mailing Address: _____
Street Address City State Zip

Architect / Engineer : _____ Phone #: () _____

A/E Email (print clearly): _____ Fax #: () _____

EXISTING / PREVIOUS USE: _____ PROPOSED USE: _____

Scope of Work: _____

DESCRIPTION OF IMPROVEMENT

- | | | | |
|---|---|---|--|
| 01 <input type="checkbox"/> New: SqFt _____ | 03 <input type="checkbox"/> Alteration | 10 <input type="checkbox"/> Pool / Pool Reliner | Property in Flood Zone Y <input type="checkbox"/> N <input type="checkbox"/> |
| 02 <input type="checkbox"/> Add: SqFt _____ | 09 <input type="checkbox"/> Foundation Only | 11 <input type="checkbox"/> Retaining Wall(s) # _____ | Hazardous Materials Y <input type="checkbox"/> N <input type="checkbox"/> |

BUILDING CLASS

BUILDING CLASS

- | | |
|---|--|
| 03 <input type="checkbox"/> Triplex (residential site plan review fee of \$88.00 is required) | 19 <input type="checkbox"/> Parking Garage |
| 04 <input type="checkbox"/> Quadriplex | 20 <input type="checkbox"/> Service Station / Repair |
| 05 <input type="checkbox"/> Multi-Family _____ units | 21 <input type="checkbox"/> Hospital / Institutional |
| 07 <input type="checkbox"/> Hotel / Motel _____ units | 22 <input type="checkbox"/> Office Building |
| 08 <input type="checkbox"/> Dormitory _____ units | 24 <input type="checkbox"/> Public Bldg / Utility |
| 09 <input type="checkbox"/> Warehouse _____ units | 25 <input type="checkbox"/> Educational |
| 10 <input type="checkbox"/> Non - Bldg Structure | 26 <input type="checkbox"/> Stores / Mercantile |
| 13 <input type="checkbox"/> Subdivision | 28 <input type="checkbox"/> Day Care |
| 15 <input type="checkbox"/> Business | 30 <input type="checkbox"/> Multi Use |
| 16 <input type="checkbox"/> Amusement / Recreation | 32 <input type="checkbox"/> Accessory Structure |
| 17 <input type="checkbox"/> Church / other Religious | 37 <input type="checkbox"/> Restaurant |
| 18 <input type="checkbox"/> Industrial | 39 <input type="checkbox"/> Cellular Towers |
| ___ <input type="checkbox"/> OTHER _____ | |

TOTAL COST OF IMPROVEMENT

\$ _____

WATER & SEWER ACCOUNT & TAPS (Required for NEW CONSTRUCTION)

- Use Master Utility Account # (1 bill for multiple addresses)
- OR Create A New Utility Account # (1 bill for each address)
- Ship work orders at permit issuance (need water within 2 weeks)
- OR DELAY & ship work orders until: (indicate date): _____

SHELL PERMIT: NO YES: SEE Page 2 for more info

CHANGE OF USE: NO YES

By signing below, contractor acknowledges that products used in this building, requiring approval per FL Statutes 553.842 must have the required approval prior to installation in this building. Issuance of this building permit does not constitute approval of any product. Components that require product approval per FS 553.842 indicated on page 2 of this application.

Contractor Signature or Contractor's Authorized Agent _____

Print Name _____

Date _____

TOTAL # of STORIES: (this bldg) _____, **Doing in work on how many floors:** _____

TENANT: ____ Single tenant area, ____ Multi –tenant Area

Area of alteration STATE LEASED OR STATE OWNED: ____ Yes ____ No

Sub Trades involved with this project HVAC (Mech) ELECTRICAL PLUMBING GAS

SHELL PERMITS: If this is a SHELL PERMIT Application; see ‘a’ and ‘b’ below.

- a.) When a SHELL ONLY PERMIT is obtained a Certificate of Occupancy (CO) will not be provided at the end of all inspections, a ‘Certificate of Completion’ will be issued.
- b.) Energy Forms are required per 2010 Florida Building Code, Energy Conservation, Section 101.4.9 Shell Buildings. Provide **One (1)** original Form 502 or 506 for review and approval.

VANILLA BOX: All trades finish the interior space & leasable space is ready except for any tenant needs that are obtained under separate permit: Certificate of Occupancy is issued for a Vanilla Box.

INTERIOR ALTERATIONS:

- a.) Indicate on the Drawing Cover Sheet or Floor Plan Sheet **which subcontractor will** be involved on this project.
- b.) Indicate on the COVER SHEET or FLOOR PLAN if this permit **involves a multi- tenant area.**

CONTACT PERSON DURING PLAN REVIEW if different than contractor’s contact person listed on page 1.

Name _____ Phone # (s) _____ Email _____

Private Provider to be used per Florida Statute 553.791: No Yes

Name: _____

PLAN REVIEW FEE = Application fee Plus 50% of Building Fees to be paid at application.

Fees calculated for the issuance of the Building permit include but are not limited to: Building fee, Fire fee, State surcharge, Water & Sewer fee, resubmittal fee etc...

A Complete Fee Schedule for the Growth Management Dept. may be found on line at www.talgov.com

➤ **CHECKLISTS** available: *Please request a checklist to see if they may provide information for your application.*

| | | |
|---------------------|-------------------------------|--|
| Apartment Review | Commercial Pool | Cell Towers: New or Co-Locates to Existing |
| Hazardous Materials | Pool Reliner | DEP Asbestos Renovation |
| Site Plan Checklist | Retaining Wall | Adopted Codes & required Code Summary |
| Modular Buildings | Residential to Commercial Use | Expedited Plan Review |

PRODUCT APPROVAL:

Following components require product approval per FL Statute 553.842 & Chapter 9B-72 FL Administrative Code.

- (a) Exterior Doors: roll-up, sectional, sliding, swinging, automatic, or other;
 - (b) Windows: awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other;
 - (c) Panel Walls: siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other;
 - (d) Roofing Products: built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cements-adhesives-coatings, liquid applied roof systems, underlayments, non-structural metal roofing, roofing tiles, waterproofing, or other;
 - (e) Shutters: accordion, Bahama, storm panels, colonial, roll-up, equipments, or other;
 - (f) Skylights: skylight or other;
 - (g) Structural Components: truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing, or other; and
 - (h) For other products comprising a building envelope introduced as a result of new technology
- For further information, connect to the State website www.floridabuilding.org look for ‘Product Approval’

FOR NEW CONSTRUCTION PROVIDE THE FOLLOWING:

| | Applicant Initials | Staff Initials |
|---|-------------------------------|---------------------------|
| 1.) Land Use Approval LUCC # _____ and Site Plan Approval TSP # _____ | _____ | _____ |
| 2.) Environmental Permit TEM # _____ or <input type="checkbox"/> Simultaneous Review Form | _____ | _____ |
| 3.) Concurrency Certificate TCC # _____ | _____ | _____ |
| 4.) Private Provider Submittal must be submitted if YES is indicated on pg 2 of this application | _____ | _____ |
| 5.) Florida Lien Law Acknowledgement Form Submitted if contractor & owner are the same. | _____ | _____ |
| 6.) Utility Approvals: Applicant shall initial as acknowledgement of #6 | _____ | _____ |

APPLICANT SHALL deliver 2 sets of drawings as listed below (PRIOR TO OR CONCURRENT WITH this application) to City Power Engineering Dept @ 2602 Jackson Bluff Rd for utility approvals as per GM Policy #324.

Power Engineering (891-5031), Electric Metering (891-5054), Cross Connection Control (891-1247).

*** Drawings delivered to Power Engineering are not required to be full sets, but shall include, at a minimum, the following information:

- a.) *A site plan with proposed utilities and building footprint.*
- b.) *An electrical riser diagram indicating the following:*
 - 1.) *Requested service voltage, nominal service size, conduit and conductor sizes.*
 - 2.) *Preference for overhead (OH) or underground (UG) service.*
 - 3.) *All components including: meter socket, disconnects, etc.,*
 - 4.) *The distribution panel schedule with connected and calculated loads.*
- c.) *Indicate the physical locations of the meter socket, current transformer (C/T) and potential transformer (P/T) can, and the main service disconnect.*
- d.) *Proposed water lines, plumbing riser diagram and backflow assemblies.*

APPLICANT SHALL pick up approved utility drawings at 3805 A Springhill Rd, Cross Connection Control Depart.

APPLICANT SHALL deliver approved drawings as a resubmittal to the Building Inspection Division to the Codes Review Permit Coordinators.

FOR NEW, ADDITIONS & ALTERATION CONSTRUCTION PROJECTS PROVIDE THE FOLLOWING:

| | | |
|--|-------|-------|
| 7. Land Use Compliance for Additions , Alterations for Change of Use, Tenant, or Occupancy Except Tallahassee Mall and Governor Sq. Mall. | _____ | _____ |
| 8. Complete & Signed Building Permit Application (front page, 2 nd page & this checklist) | _____ | _____ |
| 9. Two (2) Sets of Construction Plans: (signed & sealed) | _____ | _____ |
| 10. Mechanical, Electrical & Plumbing sheets (or indicate on drawings N/A) | | |
| A.) Each page must be Signed & Sealed by engineer or architect OR | _____ | _____ |
| B.) Each page shall be signed by Subcontractor w/ license & phone #, FS 471.003(2)(h) | _____ | _____ |
| C.) Floor plan sheet has a note to indicate WHAT SUB-TRADE work is part of this permit | _____ | _____ |
| 11. One (1) Florida Building Code, Energy Conservation Form 502 or 506 including Input Data Report, signed and sealed with original signatures as required on the "Certifications" page. | _____ | _____ |
| 12. One (1) HVAC load sizing calculation is required for all new/replaced HVAC equipment | _____ | _____ |
| 13. One (1) Signed & Sealed Soils Report if new bldg footprint is > 400 sq ft. | _____ | _____ |
| 14. Two (2) – Triplex Site Plans drawn to an engineered scale (see Site Plan Checklist for requirements) | _____ | _____ |
| 15. Owner's Affidavit, signed by owner of property & notarized. <u>A Florida Licensed Contractor must be listed as the Owner's Agent.</u> | _____ | _____ |
| 16. Disclosure Statement, signed by property owner & notarized, submit only if owner , is a sole proprietor & occupant, wishes to act as his own contractor & construction cost is < \$75,000 | _____ | _____ |
| 17. Any demolition requires applicant be given copy of the State Asbestos Notification form. | _____ | _____ |
| 18. Any alteration work requires applicant to be given the Aquifer Protection Demolition – Renovation Requirements Checklist. Applicant will indicate on Page 1 if Hazardous Materials are present. | _____ | _____ |
| 19. Plan Review Fee = Application Fee + ½ of Bldg Permit fee (see page 2, this application) | _____ | _____ |

INFORMATION BELOW IS FOR AREAS WITHIN THIS BUILDING PERMIT

PERMIT FEES

H/C PARKING REQ'D _____
 TOTAL PARK'G REQ'D _____
 TOTAL BICYCLE PARK'G _____
 ZONING DISTRICT _____
 SITE PLAN # _____
 EMO TEM # _____

BLDG AREA SQ FT _____
 NO. OF STORIES _____
 BLDG HT _____
 CONTR. TYPE: _____
 [] A [] B [] Unsprinklered
 [] 13 Sprinkler [] 13R; Residential

APPL FEE \$ _____
 BLDG EXPEDITE _____
 BUILDING _____
 ENVIRONMENTAL _____
 INTERIOR DEMO _____
 FIRE EXPEDITED _____
 FIRE _____
 RESUBMITTAL _____
 REVISION _____
 WATER/SEWER _____
 OTHER FEES _____
 STATE SURCH _____
 TRAIN'G SUR \$ 2.50 _____
 B I F S _____

FLOOD ZONE YES NO
 Min Finish Floor Elevation: _____
 FEMA BASE ELEV. _____
 SUBSTANTIAL IMPR Y N

THRESHOLD BLDG YES NO
 MULTI - USE YES NO
 OCCP _____
 SUB Occp _____
 SQFT- MAIN OCCUP _____
 SQFT of Additional Occp. _____
 MAX OCCP LOAD _____
 DESIGN OCCUPANT LOAD _____

APPLICABLE FBC CODE EDITION:
2010 Florida Building Code

EXISTING BUILDING:

LEVEL I HISTORIC
 LEVEL II RELOCATED
 LEVEL III CHANGE OF USE
 REPAIR

of Units _____ # of Bdrms _____

TOTAL PD @ APPL - \$ _____

BALANCE DUE \$ _____

| | | | | | |
|---|-------------------------------------|-----------------------------------|-------------------------------|---|---|
| REVIEWER TO INDICATE Sub-permits required: | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electric | <input type="checkbox"/> Roof | <input type="checkbox"/> Pre-Eng Metal Bldg | <input type="checkbox"/> Alarm |
| | <input type="checkbox"/> Gas | <input type="checkbox"/> Plumbing | | (roof permit not required) | <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hood Suppression |

| Required Review | Date of 1st Review | Date of 2nd | Date of 3rd Review | Approval Signature & Date |
|-------------------|--------------------|-------------|--------------------|---------------------------|
| [] Zoning | | | | ZNG |
| [] Environmental | | | | ENV |
| [] Plumbing | | | | PLUMB |
| [] Electrical | | | | ELEC |
| [] Mechanical | | | | MECH |
| [] Gas | | | | GAS |
| [] Fire | | | | FIRE |
| [] Building | | | | BLDG |

Additional Notes: _____

