



COMMERCIAL PERMIT APPLICATION

Applicant Services Division Office: (850) 891-7125
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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 New: SqFt _____
- 03 Alteration
- 09 Foundation Only
- 31 Use Change
- Property in Flood Zone Y N
- 02 Add: SqFt _____
- 10 Pool
- 11 Retaining Wall(s) # _____

TOTAL COST OF IMPROVEMENT

\$ _____

BUILDING CLASS

- 04 Quadriplex
- 05 Multi-Family _____ units
- 07 Hotel / Motel _____ units
- 08 Dormitory _____ units
- 09 Warehouse _____ units
- 10 Non - Bldg Structure
- 13 Subdivision
- 15 Business
- 16 Amusement / Recreation
- 17 Church / other Religious
- 18 Industrial
- OTHER _____

BUILDING CLASS

- 19 Parking Garage
- 20 Service Station / Repair
- 21 Hospital / Institutional
- 22 Office Building
- 24 Public Bldg / Utility
- 25 Educational
- 26 Stores / Mercantile
- 28 Day Care
- 30 Multi Use
- 32 Accessory Structure
- 37 Restaurant
- 39 Cellular Towers

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

Use Master Utility Account # (1 bill for multiple address's)

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

INTERIOR ALTERATION 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.) The FL Energy Code requires Energy Forms to be completed for Shell Building Applications based on assumptions as to the use of the space. Submit FLA-COM 2008 – Method B with Shell Permit Applications.

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.tal.gov.com

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

Adopted codes & required code summary	Apartment review	Commercial review
Residential to Commercial	Expedited plan review	Modular buildings
New Towers & Co-Locates to Exist'g Cell Towers	Commercial Pool	Retaining wall

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 #7	_____	_____

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. Two (2) FlaCom 2008 Energy Forms, signed & sealed, Input Data Report & HVAC Load Sizing Calcs Required , if the alteration cost over 1 yr, exceeds 30% of assessed value of the existing bldg.	_____	_____
12. One (1) Signed & Sealed Soils Report if new bldg footprint is > 400 sq ft.	_____	_____
13. Owner's Affidavit, signed by owner of property & notarized. <u>A Florida Licensed Contractor must be listed as the Owner's Agent.</u>	_____	_____
14. 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	_____	_____
15. Any demolition requires applicant be given copy of the State Asbestos Notification form.	_____	_____
16. Plan Review Fee = Application Fee + 1/2 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 _____ BLDG AREA SQ FT _____ APPL FEE \$ _____

TOTAL PARK'G REQ'D _____ NO. OF STORIES _____ BLDG EXPEDITE _____

TOTAL BICYCLE PARK'G _____ BLDG HT _____ STATE SUR _____

ZONING DISTRICT _____ CONTR. TYPE: _____ BUILDING _____

SITE PLAN # _____ [] A [] B [] Unsprinklered INTERIOR DEMO _____

EMO TEM # _____ [] 13 Sprinkler [] 13R; Residential FIRE EXPEDITED _____

FLOOD ZONE YES NO THRESHOLD BLDG YES NO FIRE _____

Min Finish Floor Elevation: _____ MULTI - USE YES NO RESUBMITTAL _____

FEMA BASE ELEV. _____ OCCP _____ REVISION _____

SUBSTANTIAL IMPR Y N SUB Occp _____ OTHER FEES _____

APPLICABLE FBC CODE EDITION: SOFT-MAIN OCCUP _____ WATER/SEWER _____

2007 FBC w/ 2009 Supplements SOFT of Additional Occp. _____ TRAIN'G SUR \$ 2.50

MAX OCCP LOAD _____ B I F S _____

DESIGN OCCUPANT LOAD _____

EXISTING BUILDING: # of Units _____ # of Bdrms _____

LEVEL I HISTORIC **TOTAL PD @ APPL** - _____

LEVEL II RELOCATED **BALANCE DUE \$** _____

LEVEL III CHANGE OF USE

REPAIR

REVIEWER TO INDICATE	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electric	<input type="checkbox"/> Roof (Separate)	<input type="checkbox"/> Alarm
	<input type="checkbox"/> Gas	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Pre- Eng Metal Bldg	<input type="checkbox"/> Sprinkler

Additional notes:

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