



PERMIT #			
SITE PERMIT #			
SP PERMIT #			
DATE		CLERK	

Commercial Building Permit Application New Construction Only

FOR OFFICE USE ONLY ROUTING

Verified By:	Date:	Zoning:	Future Land Use:	Page(s):	Plat Book:
<input type="checkbox"/> Accept	<input type="checkbox"/> Rejected			Flood Zone:	

Verification Checklist:

ZONING		PLANS REVIEW		PROPOSED CONSTRUCTION VALUATION	
<input type="checkbox"/> HTE	<input type="checkbox"/> Zoning Book	Radon Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	BUILDING AREA	
<input type="checkbox"/> Plat Drawing		Flood Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> VA		Reviewer		Sq.Ft. @	\$
<input type="checkbox"/> SP				Sq.Ft. =	\$
<input type="checkbox"/> SE					
<input type="checkbox"/> PDP				Total Value =	\$

Document Checklist

<input type="checkbox"/> 4 Plans Signed Sealed	<input type="checkbox"/> Septic Receipt with Health Dept permit #
<input type="checkbox"/> 4 Site Plans	<input type="checkbox"/> Utility Hold Harmless Agreement (active expansion area)
<input type="checkbox"/> 4 Copies Energy Calculations	<input type="checkbox"/> Warranty Deed (if applicable)
<input type="checkbox"/> 4 Copies of Truss Layout	<input type="checkbox"/> Notice of Private Provider
<input type="checkbox"/> 4 Copies Garage Door/Window/Shutter	Private Provider:
<input type="checkbox"/> 4 Copies Dumpster details/Waste Pro Letter (if dumpster details included in plans)	<input type="checkbox"/> Owner/Builder Affidavit
<input type="checkbox"/> Notice of Commencement	<input type="checkbox"/> Seawall Affidavit
	<input type="checkbox"/> Impact Fee Credits - If yes, attach authorization documents.
Other	Other

Comments:

Issued by:	Date:	Expiration Date:
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APPROVALS:

Building Approval by:	Date:	Permit Tracker by:	Date:
Zoning Approval by:	Date:	Electrical by:	Date:
Species Approved by:	Date:	Plumbing by:	Date:
Fire Approved by:	Date:	Mechanical by:	Date:
Planning Approved by:	Date:		

Contractor Business Name:		Contact Person:	
Mailing Address:		Email:	
Phone #:	Fax #:	License #:	License Holder's Name
Property Owner:		Phone #:	Fax #:
Mailing Address		Block	Lot
			Unit



Project Name:		Strap #:	
Main Address:			
Site Address:			
Project Location:		<input type="checkbox"/> SC	<input type="checkbox"/> City Centrum
		<input type="checkbox"/> Pine Island Road District	
Specific Building Occupancy Use:			
<input type="checkbox"/> Assembly	<input type="checkbox"/> Business	<input type="checkbox"/> Educational	<input type="checkbox"/> Factory and Industrial
<input type="checkbox"/> Institutional	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Residential	<input type="checkbox"/> Storage
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Daycare	<input type="checkbox"/> Utility and Miscellaneous	
Brief Description of Proposed Work			
Shell Building <input type="checkbox"/> Yes <input type="checkbox"/> No		# of completed Units:	# of proposed employees:
Flood Zone		Required Elevation	Finished Floor Elevation
<input type="checkbox"/> A6	<input type="checkbox"/> A9		Sprinkled <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A7	<input type="checkbox"/> A10		Protected <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> A8	<input type="checkbox"/> AE		
	<input type="checkbox"/> 2PACFH		
	<input type="checkbox"/> X		
Type of Construction:			
<input type="checkbox"/> TYPE I – A	<input type="checkbox"/> TYPE II – A	<input type="checkbox"/> TYPE III – A	<input type="checkbox"/> TYPE IV
<input type="checkbox"/> TYPE I – B	<input type="checkbox"/> TYPE II – B	<input type="checkbox"/> TYPE III – B	<input type="checkbox"/> TYPE V - A
			<input type="checkbox"/> TYPE V - B
Setbacks to Foundation →	Front	Rear	Right Side
			Left Side
			Construction Value \$
Building Height	# of Stories	# of Units	Sq. Ft. Each Unit
			Total Bldg. Area (Sq. Ft.)
Elec. Amps:	Roof	Sq Ft:	Roof Type:
<input type="checkbox"/> T-Pole	<input type="checkbox"/> Tug	<input type="checkbox"/> Top	<input type="checkbox"/> Shingle
			<input type="checkbox"/> Tile
			<input type="checkbox"/> Flat deck
			<input type="checkbox"/> Buildup
			<input type="checkbox"/> Metal
			<input type="checkbox"/> Other
			(If other, explain)
# of Plumbing Fixtures		CONSTRUCTION CLEAN UP:	
A/C: Duct Only	A/C: Ton	Seer	KW
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Alarm	Fire Sprinklers	Monitor	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all that Apply: <input type="checkbox"/> Stem <input type="checkbox"/> Mono <input type="checkbox"/> Columns <input type="checkbox"/> Post			
Are dumpster details included on plans (location, size, enclosure type) <input type="checkbox"/> Yes <input type="checkbox"/> No			
SEPARATE PERMITS REQUIRED FOR REFRIGERATION, WALK-IN COOLER AND HOOD			
Sales/Lease Contact Information for Economic Development			
<i>(the fields below are required)</i>			
Sales/Lease Contact:		<i>(Required Field if applicable)</i>	
Phone #:		E-Mail address:	
Expected completion date:		<input type="checkbox"/> Lease <input type="checkbox"/> Purchase <i>(Please choose one)</i>	
Architect/Engineers Information			
Name		Address	
Phone #	Fax #	E-Mail Address:	
Water Service Information			
Check all that Apply: <input type="checkbox"/> Water <input type="checkbox"/> Well <input type="checkbox"/> Pine Island Water <input type="checkbox"/> Septic <input type="checkbox"/> Sewer <input type="checkbox"/> Private			
Potable Water Service:	Is the site master metered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of water meters:		Size(s):	
Single Meter (remote encoder)- specify size (from 5/8" to 2") =		"	
Turbine meter –specify size =		"	
Compound meter – specify size =		"	X "
Protectus III meter – specify size =		"	X "

