

**DOCUMENTS REQUIRED TO MAKE APPLICATION FOR A
COMMERCIAL BUILDING PERMIT**

DUE TO TIME INVOLVED TO PROCESS PAPERWORK

NO APPLICATION OR PERMIT WILL BE PROCESSED AFTER 4:30 P.M.

1. **Two complete sets of sealed plans** (including but not limited to site, building, alarm, sprinkler, standpipe and hood exhaust and suppression systems) in compliance with the Florida Building Code 2014 (5th Edition). Both sets submitted to Building Department along with **a copy of the plans in digital format on compact disc.** **We will submit to Suwannee County Fire Rescue for fire review by the Fire Marshal or his/her designee.**
2. Computer generated **Florida Energy Efficiency Code form** completed.
3. **Letter from well installer** verifying compliance with Section 612 of the FBC 2014 (5th Edition)– Plumbing.
4. **Application** completed.
5. A printout sheet (**property card**) showing legal description of property from property appraiser or at www.suwanneepa.com. If property not in owner's name, then must provide documentation regarding ownership of property, or copy of lease agreement (where applicable).
6. Permit from Environmental Health Department regarding septic system.
7. Clearance with Suwannee River Water Management District - **Surface water permit** and DEP if property is in the National Wetlands.
8. A copy of **approved site plan** by Suwannee County Zoning Department (386-364-3401). Two site plans must be submitted to the Zoning Department along with zoning application showing location of building, septic tank, well, handicap parking and distance from the road, sides and back of property. (Must meet setback requirements in accordance with County Land Development Regulations.)
9. **Survey** of property prepared by a land surveyor or engineer registered in Florida or exemption letter from Zoning Department.
10. **Driveway entrance permit** completed and signed for county maintained roadways. **State roads** – approval required from Department of Transportation (DOT) in Lake City, Florida.
11. **NOTE!!!** If your property is in a special flood hazard area (SFHA), according to the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM), an Elevation Certificate (EC) prepared by a Registered Surveyor or Professional Engineer certifying that the bottom of the lowest horizontal structural member of the lowest floor is at least one foot above the base flood elevation is required **upon placement of the lowest floor.** If your property is located in the floodway of the SFHA, you will be required to obtain both an Environmental Resource Permit (ERP) from the Suwannee River Water Management District **and** a Zero Rise Certification from a Registered Professional Engineer **before** issuance of the building permit, in addition to the EC. The ERP will also be required if your property fronts the river, even if the building site is located out of the floodway.
12. **Processing Time** - Twenty-four hours to process application/permit * One Week minimum for plan review
Twenty-four hour notice is required for an inspection.
DUE TO POSSIBLE DUPLICATION OF NAME, AND TIME INVOLVED IN LOOKING FOR PERMIT NUMBER, YOU MUST PROVIDE OFFICE PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR INSPECTION.
13. All buildings shall have pre-construction treatment protection against subterranean termites. A Certificate of Compliance shall be issued to the Building Department by the licensed pest control company that contains the following statement: "The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services."
14. **Pro-rata assessment for fire must be paid, final inspection on septic, driveway & fire inspection before release of power or Certificate of Occupancy issued. 911 Address must be posted to pass final inspection.**

FEES: 32¢ sq. ft. habitable, 18¢ sq. ft. non-habitable, 2.5% of permit fee - State Surcharge (Minimum \$4.00).

Driveway Permit Fee

\$15.00

911 Address Fee

\$30.00

Minimum Permit Fee is \$100.00 plus State Surcharge

SUWANNEE COUNTY BUILDING DEPARTMENT

COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2014 (5th Edition) ALL REQUIREMENTS SUBJECT TO CHANGE

All building plans must include the following items and indicate compliance with Chapter 16 Section 1606 of the Florida Building Code 2014 (5th Edition) by providing calculations and details that have the seal and signature of a certified Architect or Engineer registered in the State of Florida. For design purposes a basic wind speed of 110 mph shall be used.

GENERAL REQUIREMENTS: Two (2) complete sets hardcopy and a copy in digital format on compact disc) containing a floor plan, site plan, foundation plan, floor/roof framing plan or truss layout, wall sections, all exterior elevations, alarm, sprinkler, standpipe, hood exhaust and suppression systems with the following criteria and documents:

Applicant Plans Examiner

!	!	All drawings must be clear, concise and drawn to scale ("Optional" details that are not used shall be marked void or crossed off). Square footage of different areas shall be on plans.
!	!	Designer's name and signature on document (FBC 104.2.1) if licensed architect or engineer, official seal shall be affixed.
!	!	<u>Two (2) Copies of Approved Site Plan</u>
!	!	<u>Occupancy Classification and Special Occupancy Requirement (FBC Chapters 3, 4)</u>
!	!	<u>Minimum Type Construction (FBC Table 500)</u>
!	!	<u>Fire Resistant Construction Requirements shall include:</u>
!	!	a) Fire resistant separations (listed systems)
!	!	b) Fire resistant protection for type of construction
!	!	c) Protection of openings and penetrations of rated walls (listed systems)
!	!	d) Fire blocking and draft-stopping
!	!	e) Calculated fire resistance
!	!	<u>Fire Suppression Systems shall include:</u> (Reviewed by Fire Marshal or his/her designee)
!	!	a) Fire sprinklers (separate permit by licensed sprinkler contractor)
!	!	b) Fire alarm system (early warning) with name of licensed installer. If not on contractor's plan at time of permitting separate permit required by licensed installer
!	!	c) Smoke evaluation system schematic
!	!	d) stand-pipes
		Pre-engineered system
		Riser diagram

Life Safety Systems shall include: (Review by Fire Coordinator)

- a) Occupancy load and egress capacity
- b) Early warning
- c) Smoke control
- d) Stair pressurization
- e) Systems schematic

Occupancy Load/Egress Requirements shall include:

- a) Occupancy load (gross and net)
- b) Means of egress
 - exit access, exit and exit discharge
- c) Stair construction/geometry and protection
- d) Doors
- e) Emergency lighting and exit signs
- f) Specific occupancy requirements
 - 1) construction requirements
 - 2) horizontal exits/exit passageways

Structural Requirements shall include:

- a) Soil conditions/analysis
- b) Termite protection
- c) Design loads
- d) Wind requirements
- e) Building envelope
- f) Structural calculations
- g) Foundation
- h) Wall systems
- i) floor systems
- j) Roof systems
- k) Threshold inspection plan (if applicable)
- l) Stair systems (if applicable)

Materials shall include:

- a) Wood
- b) Steel
- c) Aluminum
- d) Concrete
- e) Plastic
- f) Glass (manufacturer, listing for wind zone including details for installation and attachments)
- g) Masonry
- h) Gypsum board and plaster
- i) insulating (mechanical)
- j) Roofing (manufacturer, listed system for wind zone with Installation and attachments)
- k) Insulation

Accessibility requirement shall include:

- a) Site requirements
- b) Accessible route
- c) Vertical accessibility
- d) Toilet and bathing facilities
- e) Drinking fountains
- f) Equipment
- g) Special occupancy
- h) Fair housing requirements

Interior requirements shall include:

- a) Interior finishes (flame spread/smoke develop)
- b) Light and ventilation
- c) Sanitation

Special Systems shall include:

- a) Elevators
- b) Light and ventilation
- c) Lifts

Swimming Pools Commercial – Plans signed and sealed by Florida Registered Engineer and approved by the Dept of Business and Professional Regulations/Health

Electrical

- | | | |
|---|---|--|
| ! | ! | a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs |
| ! | ! | b) Equipment |
| ! | ! | c) Special Occupancies |
| ! | ! | d) Emergency Systems |
| ! | ! | e) Communication Systems |
| ! | ! | f) Low Voltage |
| ! | ! | g) Load Calculations (800 amps or higher require Engineer seal) |
| ! | ! | h) Riser diagram |

Plumbing

- | | | |
|---|---|--------------------------------|
| ! | ! | a) Minimum plumbing facilities |
| ! | ! | b) Fixture requirements |
| ! | ! | c) Water supply piping |
| ! | ! | d) Sanitary drainage |
| ! | ! | e) Water heaters |
| ! | ! | f) Vents |
| ! | ! | g) Roof drainage |
| ! | ! | h) Back flow prevention |
| ! | ! | i) Irrigation |
| ! | ! | j) Location of water supply |
| ! | ! | k) Grease traps |
| ! | ! | l) Environmental requirements |
| ! | ! | m) Plumbing Riser |

Mechanical

- | | | |
|---|---|---|
| ! | ! | a) Energy Calculation (Signed and Sealed by Architect/Engineer) |
| ! | ! | b) Exhaust systems: Clothes dryer exhaust, kitchen equipment exhaust, specialty exhaust systems |
| ! | ! | c) Equipment |
| ! | ! | d) Equipment location |
| ! | ! | e) Make-up air |
| ! | ! | f) Roof mounted equipment |
| ! | ! | g) Duct systems |
| ! | ! | h) Ventilation |
| ! | ! | i) Combustion air |
| ! | ! | j) Chimneys, fireplaces and vents |
| ! | ! | k) Appliances |
| ! | ! | l) Boilers |
| ! | ! | m) Refrigeration |
| ! | ! | n) Bathroom ventilation |
| ! | ! | o) Laboratory |

Gas

- | | | |
|---|---|----------------------------|
| ! | ! | a) Gas piping |
| ! | ! | b) Venting |
| ! | ! | c) Combustion Air |
| ! | ! | d) Chimneys and vents |
| ! | ! | e) Appliances |
| ! | ! | f) Type of Gas |
| ! | ! | g) Fireplaces |
| ! | ! | h) LP tank locations |
| ! | ! | i) Riser diagram/shut offs |

Demolition

- | | | |
|---|---|---------------------|
| ! | ! | a) Asbestos removal |
|---|---|---------------------|

REINSPECTION FEES:

1. There will be a \$35 reinspection fee for any reinspection caused by required work not being ready or incorrect at the requested time.
2. There will be a \$50 reinspection fee for each additional corrective reinspection.

If you have any questions contact the Suwannee County Building Department at 386/364-3407 between 8:00 a.m. and 4:30 p.m. Monday through Friday.

COMMERCIAL PERMIT APPLICATION

MUST COMPLY WITH FLORIDA BUILDING CODE 2014 (5th Edition)

SUWANNEE COUNTY BUILDING DEPARTMENT
224 PINE AVENUE, LIVE OAK FL 32064
386/364-3407 * FAX 386-364-3754

APPLICANT: _____ PHONE NO. _____

CURRENT ADDRESS: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

LEGAL DESCRIPTION: (as found on the parcel description printout)

Sec. _____ Twp. _____ S Rge. _____ E Tax Parcel No. _____

Lot _____ Subdivision _____

Size _____ Acres Number of Other Dwellings: _____

HOW DO YOU GET THERE FROM THIS OFFICE: [**You MUST give road numbers and EXACT directions**]

Job Description _____ Use _____

Sq. Ft Habitable: _____ Sq. Ft Non-Habitable: _____ Sq. Ft Total: _____ Value \$: _____

Contractors: Bldg: _____ License # _____ Contact # _____

Plumbing: _____ License # _____ Contact # _____

Elec: _____ License # _____ Contact # _____

Mechanical: _____ License # _____ Contact # _____

Roofing: _____ License# _____ Contact # _____

Alarm System _____ License# _____ Contact # _____

Plans Dated: _____ Designer: _____ Power Company: SVEC: _____

FP&L: _____

PROGRESS ENERGY: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and zoning in Suwannee County. I certify that the entire foregoing information and site plan is accurate. I understand that I **MUST** supply the office personnel with the **permit number** when calling for inspections.

DATE: _____

Contractor Signature & License #

THIS APPLICATION WILL EXPIRE IN 90 DAYS UNLESS A PERMIT IS ISSUED.

DRIVEWAY REQUIREMENTS

POWER WILL NOT BE RELEASED BY THE BUILDING DEPARTMENT UNTIL YOUR DRIVEWAY HAS BEEN APPROVED BY THE COUNTY ROAD DEPARTMENT OR D.O.T.

When applying for a building permit, a form for the County Road Department will be filled out in order that the Road Department may inspect your driveway to see what improvements need to be made, if any. (Please put up stakes next to the county road designating where you plan to make your driveway).

The Road Department will contact you as to the changes that must be made. Please be sure to provide a current telephone number where you may be reached, otherwise there may be a delay.

It is your responsibility to make the changes set by the Road Department, and to contact them for reinspection after the changes have been made. Their telephone number is 386/362-3992.

After your driveway has been approved by the Road Department they will notify the Building Department and you may call for your final inspection as soon as it is ready.

ROAD DEPARTMENT RIGHT-OF-WAY REQUIREMENTS

MINIMUM SIZE CULVERT ----- 15" X 24' ANNULAR RIVETED
W/MITERED END SECTIONS
(SEE ATTACHED SHEET)
GALVANIZED OR FL. D.O.T. APPROVED
A.D.S.

DITCH FILL/LEVEL WITH ROAD ----- FILL DITCH WITH SOIL TO A WIDTH
OF 24'. LEVEL WITH PROPERTY AND
ROAD. SIDE SLOPES NOT TO BE
GREATER THAN 4 TO 1 (SEE ATTACHED SHEET).

SUWANNEE COUNTY PUBLIC WORKS DEPARTMENT

13150 - 80TH TERRACE, LIVE OAK, FL 32064

386/362-3992

Fax # _____

Permit # _____

DRIVEWAY PERMIT APPLICATION

FEE: \$15.00

IF YOUR DRIVE ACCESS COMES OFF ONE OF THE FOLLOWING STATE ROADS PLEASE ADVISE OFFICE PERSONNEL, IT WILL BE NECESSARY FOR YOU TO FILE AN APPLICATION WITH FLORIDA DEPARTMENT OF TRANSPORTATION - 27, 51, 90, 129, 247, 49 SOUTH OF 27

APPLICANT: _____ PHONE NO: _____

CURRENT ADDRESS: _____

PROPERTY OWNER: NAME: _____

ADDRESS: _____

LEGAL DESCRIPTION:

Sec. _____ Twp. _____ S Range _____ E Tax Parcel No.: _____

Lot _____ Subdivision _____

Size _____ Acres Other Dwellings _____

EXACT DRIVING DIRECTIONS FROM MAJOR ROAD LEAVING LIVE OAK TO SITE USING ROAD NUMBERS:

Job Description _____ Use _____

Lot Frontage: _____ Ft. Number of Driveways: _____

Application is hereby made to inspect a driveway(s) to access a "County Maintained Road" only.

Date

Signature of Applicant

To be completed by County Public Works Department

Culvert Required: _____ Size: _____ "Corrugated Metal Culvert with Concrete Mitered Ends"

Apron Required: _____ Width: _____ "Concrete"

Limerock Required: _____ Level & Cap with **6 inches** of limerock, from edge of road to property line

Ditch Fill Required: _____ Width: _____ Depth: _____ Length: _____

Disapproved for the following reasons: _____

APPLICANT MUST CALL PUBLIC WORKS DEPARTMENT at (386) 362-3992 FOR "REINSPECTION" AFTER COMPLETION OF THE ABOVE-MENTIONED REQUIRED MODIFICATIONS. DRIVEWAY MUST BE INSTALLED AND INSPECTED PRIOR TO OCCUPANCY OF STRUCTURE OR NOTIFICATION TO THE POWER COMPANY FOR ELECTRICAL SERVICE.

Approved "As Is": _____

Final Approval (improvements completed): _____

Date

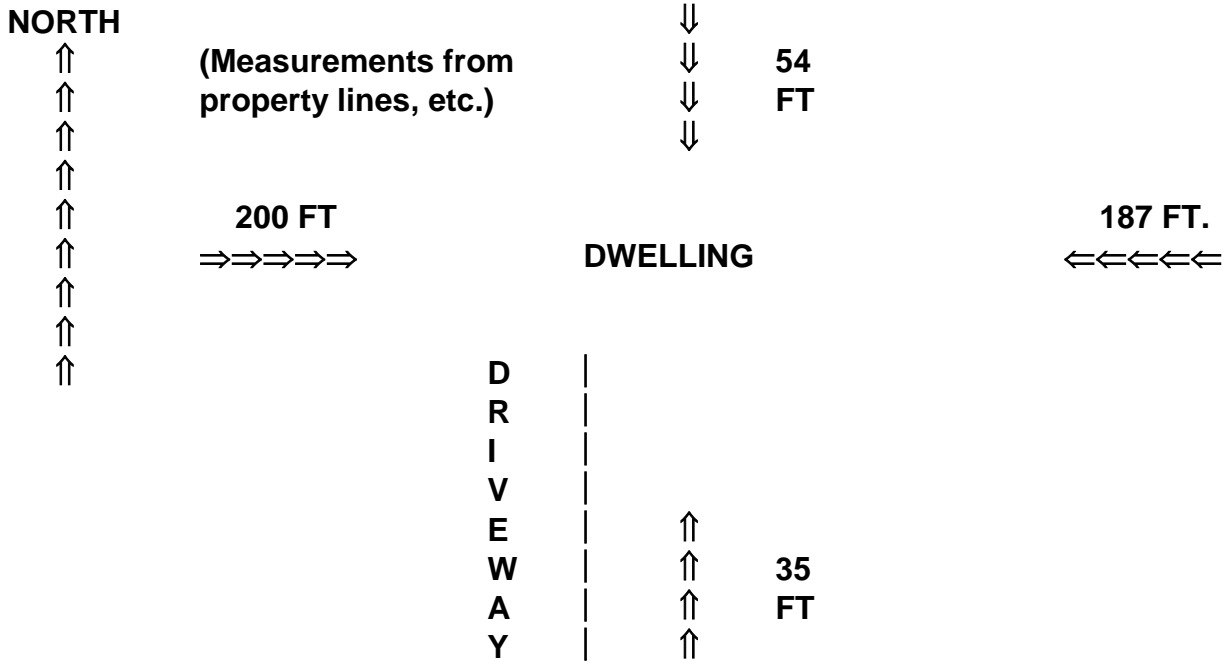
Supervisor of Driveway Inspection

Suwannee County Public Works Department

I UNDERSTAND THAT ACCURATE MEASUREMENTS AND NORTH, SOUTH, EAST, WEST DIRECTIONS ARE INTEGRAL PARTS OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT OR INCORRECT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

JOHN DOE

EXAMPLE SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT



Name of Road

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNs, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES, WELL, POWER POLE & SEPTIC TANK FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED AND DATED PRIOR TO BRINGING IT BACK TO THE OFFICE.
- 8) **ALL DWELLINGS ON SAID PARCEL MUST BE SHOWN ON SITE PLAN – AND DISTANCE BETWEEN EACH DWELLING INDICATED.**

PLAN DRAWN BY:

JOHN DOE
SIGNATURE

01/01/00
DATE

I UNDERSTAND THAT ACCURATE MEASUREMENTS AND NORTH, SOUTH, EAST, WEST DIRECTIONS ARE INTEGRAL PARTS OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT OR INCORRECT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT

NORTH



**Do Site Plan on survey or GIS map
obtain from Property Appraiser Website.
www.suwanneepa.com**

Identify access roadway to dwelling.

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNs, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES & POWER POLE FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SITE PLAN MUST BE COMPLETED, SIGNED & DATED **PRIOR** TO BRINGING IT BACK TO THE OFFICE.
- 7) **ALL DWELLINGS ON SAID PARCEL MUST BE SHOWN ON SITE PLAN – AND DISTANCE BETWEEN EACH DWELLING INDICATED.**

PLAN DRAWN BY:

SIGNATURE
SUWANNEE COUNTY

DATE

E-911 NEW ADDRESS NUMBER REQUEST

APPLICANT: _____

Beginning June 6, 2001, there will be a \$30.00 charge for assignment of a new 911 Address (instituted by the Board of County Commissioners, Suwannee County on 6/5/01).

I UNDERSTAND THAT A REQUIREMENT OF MY OBTAINING A 911 ADDRESS IS DEPENDENT UPON MY COMPLETE COMPLIANCE WITH THE FOLLOWING INSTRUCTIONS:

1. I will provide complete driving instructions to my new site that this permit is being acquired for, using the Building Department as the beginning point. I will include roadway numbers and describe all turns by either left or right. Please provide this information in the space below:

2. I will be required to denote the four (4) corners of the proposed structure with distance to property lines and show the entrance of the driveway including the road name that you will enter from on the site plan submitted to the Building Department. If proper measurements are not given I understand it will delay the assignment of my 911 address.

3. I will provide one or more telephone number(s) at which I can be contacted, both daytime and evening:

Day: _____ Evening: _____

IF YOUR SITE PLAN MEASUREMENTS IS NOT SUFFICIENT YOUR ADDRESS & CERTIFICATE OF OCCUPANCY WILL BE DELAYED.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GRANTING PERMISSION FOR THE 911 ADDRESSING TECH TO MAKE A SITE VISIT ON MY PROPERTY IF NEEDED FOR THE PURPOSE OF 911 ADDRESS ASSIGNMENT.

Request Submitted By:

Signature _____ Date _____

Your new 911 Address will be assigned based on measurements obtained from your site plan and will be available within three (3) business days from the receipt of the application and fee. **The 911 Address is not issued to the individual, but to the dwelling being placed on this parcel, and may not be moved to another location.**

SUWANNEE COUNTY BUILDING DEPARTMENT

224 Pine Ave., Live Oak, FL 32064

Phone 386-364-3407

CONTRACTORS' ADDENDUM TO BUILDING PERMIT

Building Permit No. _____ Date: _____

Owner(s) Name: _____

Sec. _____ Twp. _____ Rge. _____ Tax Parcel #: _____

Lot #: _____ Block _____ Subdivision _____

I hereby certify that the following subcontractors will be used on the above referenced job.

<u>CONTRACTOR</u>	<u>LICENSE NO.</u>
ELECTRICAL: _____ _____ Signature	_____ _____
PLUMBING: _____ _____ Signature	_____ _____
MECHANICAL: _____ _____ Signature	_____ _____
ROOFING: _____ _____ Signature	_____ METAL ___ SHINGLES ___
ALARM SYSTEM: _____ _____ Signature	_____ _____

Subcontractors **must** sign in office **before** commencing work on the job.

Contractor & License #

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF SUWANNEE

The undersigned hereby gives notice that improvement 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: _____

2. General Description of Improvement: _____

3. **Owner Information:**
 - a. Name and Address: _____

 - b. Interest in Property: _____

 - c. Name and Address of Fee Simple Titleholder (if other than owner): _____

4. Contractor (name and address): _____

5. **Surety:**
 - a. Name and Address: _____

 - b. Amount of Bond: _____

6. Lender (name and address): _____

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

8. In addition to himself, owner designates: _____
_____ to
receive a copy of the Leinor's Notice as provided in Florida Statutes 713.13(1) (b).
9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

Type Owner Name: _____

Type Owner Name: _____

Sworn to and subscribed before me this ____ day of _____, 20_____.

Personally Known _____
Produced ID _____
Did/Did Not Take an Oath _____

Type Notary's Name _____
Notary Public, State of Florida
Commission Expiry & Number: _____

NOTE!

**ALL TEMPORARY ELECTRIC
POLES USED FOR
CONSTRUCTION WILL BE
INSPECTED AND TAGGED FOR
HOOK-UP DURING THE FOOTER
INSPECTION.**

**MAKE SURE ALL TEMPORARY POLES
HAVE:**

- 1. GFI PROTECTION**
- 2. FULLY ENCLOSED DEAD END
FRONTS**