

HOLD C.O. by: _____

TCB #: _____

PROJECT NAME: _____

LOCATION : _____
Street Number Street Name

PARCEL ID # _____ Lot _____ Blk _____

Bldg # _____ Unit #(s) _____ Subdivision _____

Property Owner: _____

Phone #: _____ Fax #: _____

Owner Email: (Print Clearly): _____

 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 checked="" 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 _____

PROJECT INFORMATION

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 2042 Florida Building Code, Energy Conservation, 9th ed. (2042) Provide **One (1)** original Form C502 or C506 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’

APPLICATION CHECKLIST

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 C502 or C506 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)	_____	_____

STAFF USE ONLY

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 _____	BUILDING _____
ZONING DISTRICT _____	CONTR. TYPE: _____	ENVIRONMENTAL _____
SITE PLAN # _____	[] A [] B [] Unsprinklered	INTERIOR DEMO _____
EMO TEM # _____	[] 13 Sprinkler [] 13R; Residential	FIRE EXPEDITED _____
		FIRE _____
FLOOD ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	THRESHOLD BLDG <input type="checkbox"/> YES <input type="checkbox"/> NO	RESUBMITTAL _____
Min Finish Floor Elevation: _____	MULTI - USE <input type="checkbox"/> YES <input type="checkbox"/> NO	REVISION _____
FEMA BASE ELEV. _____	OCCP _____	WATER/SEWER _____
SUBSTANTIAL IMPR <input type="checkbox"/> Y <input type="checkbox"/> N	SUB Occp _____	OTHER FEES _____
	SQFT- MAIN OCCUP _____	STATE SURCH _____
	SQFT of Additional Occp. _____	TRAIN'G SUR \$ 2.50
	MAX OCCP LOAD _____	B I F S _____
	DESIGN OCCUPANT LOAD _____	

APPLICABLE FBC CODE EDITION:

Florida Building Code, 9th ed. (2042)

EXISTING BUILDING:

- LEVEL I HISTORIC
- LEVEL II RELOCATED
- LEVEL III CHANGE OF USE
- REPAIR MOVED BLDG

of Units _____ # of Bdrms _____

TOTAL PD @ APPL - \$ _____

BALANCE DUE \$ _____

REVIEWER TO INDICATE	<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"/> Sprinkler
Sub-permits required:	<input type="checkbox"/> Gas	<input type="checkbox"/> Plumbing		(roof permit not required)	<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				PLB
[] Electrical				ELEC
[] Mechanical				MECH
[] Gas				GAS
[] Fire				FIRE
[] Building				BLDG

Additional Notes: _____