



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, Florida 33470
561.793.2418 fax 561.793.2420

TEMPORARY TENT CHECKLIST FORM - (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ☐ Completed Building Permit Application
- ☐ P.B. County Fire Plan Review Application, and Approval (non-residential/commercial)
- ☐ Legible and current copy of Survey (clearly showing where the proposed work will be done)
- ☐ Provide engineered attachment details or tie-down information per current FBC
- ☐ Flame Certificate - Compliance documentation for flame spread of materials per current Florida Building Code.

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

September 2022 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1
KIND of PERMIT (CHECK ONE):

☐ **PRIMARY PERMIT**

☐ **SUB-PERMIT** - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6 & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

☐ **FLOOD REVIEW ONLY**

PRIVATE PROVIDER: ☐ **PLAN REVIEW** ☐ **INSPECTIONS**

2
PROPERTY OWNER: _____

TENANT: _____

ADDRESS: _____ **UNIT:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

3
TRADE (CHECK ONE):

☐ **STRUCTURAL**

☐ **ROOFING**

☐ **ELECTRICAL**

☐ **MECHANICAL**

☐ **PLUMBING**

☐ **FIRE**

☐ **GAS**

☐ **OTHER:** _____

PRIMARY PERMIT #: _____

4
PROJECT NAME: _____

PCN: _____

LEGAL DESCRIPTION: _____

PROJECT ADDRESS: _____

☐ **SPECIAL FLOOD HAZARD AREA (FLOOD ZONE)**

5
FURTHER WORK DESCRIPTION: _____

Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: _____ PERMIT FEE: _____ NET S.F. (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6
☐ **OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)**

☐ **CONTRACTOR (CERT. HOLDER):** _____ **License #:** _____

DBA (COMPANY NAME): _____ **Contact Person:** _____

ADDRESS: _____ **STE:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

7

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

8

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 2,500 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by _____

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence ☐ OR Online Notarization ☐

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2,500 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____
☐ Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$2,500 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):
☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CODE EXEMPT ☐ OTHER: _____

☐ USE CHANGE: _____



PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION



FP# _____

Permit# _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME _____

ADDRESS OF PROJECT _____

CITY/TOWN -----

- | | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> CONSTRUCT | <input type="checkbox"/> REVISE | <input type="checkbox"/> ALTER |
| ▶ <input type="checkbox"/> MULTIPLE DWELLING | <input type="checkbox"/> CIVIL | <input type="checkbox"/> COMMERCIAL |
| ▶ <input type="checkbox"/> INTERIOR | <input type="checkbox"/> HOOD SYSTEM | <input type="checkbox"/> FUEL TANK/LINES |
| <input type="checkbox"/> LP GAS | <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> FIRE SPRINKLER |
| <input type="checkbox"/> FIRE SUPPRESSION | <input type="checkbox"/> HVAC | <input type="checkbox"/> OTHER _____ |

NAME OF OWNER OR ENGINEER _____

ADDRESS OF OWNER OR ENGINEER _____

NAME OF CONTRACTOR _____

ADDRESS OF CONTRACTOR _____

PRINT APPLICANT/ CONTACT NAME _____

APPLICATION DATE _____

TELEPHONE NUMBER _____

FAX NUMBER _____

VALUATION OF PROPOSED WORK _____

FOR OFFICE USE ONLY

FIRE REVIEW FEE

CHECK# _____ | MSTU# |
DATE
RECV'D _____

FIRE DEPARTMENT OFFICIAL

PALM BEACH COUNTY FIRE RESCUE

Rev. 09/2010