



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

COMMERCIAL ADDITION, REMODEL & MISC. CHECKLIST FORM (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ☐ Completed Building Permit Application
- ☐ Notice of Commencement, if applicable
- ☐ Sub Trade Applications, if applicable
- ☐ P.B. County Fire Plan Review Application
- ☐ Full set of construction documents/plans by registered design professional. (Plans must be signed, sealed, dated and have a digitally verifiable signature.)
- ☐ Asbestos Notification Form
- ☐ Approval/approved plans from the Department of Hotels and Restaurants, if applicable
- ☐ Full scope of work inclusive of total replacement value of all work - FBC 8th – 109.3.

SPECIFIC REQUIREMENTS

- ☐ Separate permits will be required for the work listed below. Check with The Town of Loxahatchee Groves Building Department for further separate permitting requirements.

- | | |
|--|--|
| <ul style="list-style-type: none">• A/C Change-out• Backflow Preventer• Boiler• Demolition (complete demo)• Driveway/Walkway• Dumpster (dumpster enclosure)• Electric (irrigation, temporary power pole, service change)• Fence/Wall• Fire Alarm• Fire Sprinklers• Fire Suppression Systems• Fuel Storage Tanks & Dispensing Equipment• Gas (LP)• Gas (natural)• Generator• Grease Hood, Vapor Hood (Type I and Type II)• Grease Interceptor• Irrigation on Commercial Projects | <ul style="list-style-type: none">• Landscaping on Commercial Projects• Lightning Protection Systems• Manure Bin• Medical Gas Systems• Miscellaneous Structures• Re-roof• Screen Enclosure• Shed• Signage• Site Lighting (that is not entirely wall mounted to the structure)• Solar Heating Systems• Solar Power Systems• Storm Protection Devices (hurricane shutters)• Swimming Pool• Swimming Pool Barrier• Temporary Tent• Walk-in Cooler• Water Heater Change-out |
|--|--|

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 \$5,000 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 \$5,000 (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 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 # _____
DATE
RECV'D _____

MSTU #

FIRE DEPARTMENT OFFICIAL

PALM BEACH COUNTY FIRE RESCUE

Instrument Prepared By:

Name: _____

Address: _____

PERMIT NUMBER: _____

STATE OF: _____

NOTICE OF COMMENCEMENT

TAX FOLIO NO.: _____

COUNTY OF: _____

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** (Legal description of the property & street address, if available) **Legal Description:** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR:** Name & Address _____

b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. **LENDER:** Name and address: _____

b. Phone number: _____

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

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year after the date of recording unless a different date is specified): _____, 20____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Lessee, or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me by means of _____ physical presence or sworn to (or affirmed) by _____ online notarization,
this _____ day of _____, 20____ by _____
(name of person)

as _____ for _____
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

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

Personally Known OR Produced Identification Type of Identification Produced _____



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155 F Road
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Asbestos Notification Statement

Per Florida Statute 553.79(11) each permit for the demolition or renovation of an existing structure shall contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Florida State Statute. 469.003 and to notify The Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

469.003 License required

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
- (2) (a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

I certify that I have read and understand and will comply with the provisions of this asbestos notification statement and that I will comply with all state and federal regulations pertaining to asbestos.

Property Address:

Name (Please print)

Signature

Date



Rick Scott
Governor

H. Frank Farmer, Jr., MD, PhD, FACP
State Surgeon General

To: Building Official and Plan Reviewers

Re: Notification Statement Requirements

The purpose of this letter is to remind all Building Officials and Plan Reviewers, to include an asbestos notification statement when issuing demolition and/or renovation permits, as required in the Florida Building Code, Chapter 1, Section 105 Permits, as follows:

105.9 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos statement which indicates the owner's or operator's responsibility to comply with the provisions of s.469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intention to remove asbestos, when applicable, in accordance with state and federal law.

(in Palm Beach County the owner/operator must submit the notice to the Palm Beach County Health Department)

The Code of Federal Regulations Asbestos Rule NESHAP established by the Environmental Protection Agency (EPA) was adopted by the Florida Department of Environmental Protection (FDEP). In Palm Beach County (PBC); the FDEP has delegated the regulatory authority to the Palm Beach County Health Department (PBCHD) to enforce the provisions of s. 469.003 Florida Statutes and the Code of Federal Regulations Asbestos Rule.

There is no designated language for the notification statement, but we have found language, similar to the following, to be helpful in assuring compliance:

Written notification is required to be submitted to the Palm Beach County Health Department ten working days prior to the commencement of any demolition or regulated renovation activity pursuant to Section 469 Florida Statutes.

We've enclosed some of the forms used by various building departments which satisfy the notification statement requirement.

Asbestos Notifications Guide

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING REGULATED STRUCTURE, YOU ARE SUBJECT TO THE FEDERAL AND COUNTY REGULATIONS RELATING TO THE DEMOLITION AND THE HANDLING OF ASBESTOS CONTAINING MATERIAL.

PLEASE COMPLETE THE FOLLOWING INFORMATION TO DETERMINE IF THE ASBESTOS RULES AND FEE APPLY TO AN ACTIVITY OR GROUP OF ACTIVITIES YOU PLAN ON CONDUCTING.

A. MARK THE BOXES THAT APPLY:

1. Demolition or (interior or exterior) Renovation activity involving:

- ☐ Commercial, industrial, or public building
- ☐ School, College, or University owned property
- ☐ A residential building with more than four dwelling units
- ☐ Two or more residential structures at the same site or part of the same demolition or renovation project
- ☐ Residential property being demolished for commercial purposes or by government order
- ☐ An ordered demolition of a structure deemed unsafe by a state or local governmental agency
- ☐ An emergency demolition as defined in the Federal regulations
- ☐ Burning any building for training purposes

2. Renovation activity for a project type identified in A.1. above involves the removal (or disturbance) of regulated asbestos containing material of:

- ☐ 160 square feet or more
- ☐ 260 linear feet or more
- ☐ 35 cubic feet or more
- ☐ Below cut-off for each of the above, but combination of materials equals or exceeds 1 in the following formula:
$$\text{sq. ft./160} + \text{l.f./260} + \text{cu.ft./35}$$

B. IF ANY BOX IN A.1. OR A.2. ABOVE APPLY, SUBMIT A NOTICE OF DEMOLITION OR ASBESTOS RENOVATION WITH THE APPROPRIATE FEE TO THE FOLLOWING:

Florida Department of Health Palm Beach County
Asbestos Program Coordinator
800 Clematis Street – 4th Floor
West Palm Beach, FL 33402

Alternatively, you may submit a Notification electronically at the following website:

<http://www.fldeportal.com/go/submit-registration/>

NOTE: Chapter 11, Article II, Section 11-20 (a) (5)-(6) of the Palm Beach County Code (§4, Ordinance No. 78-5, as amended) requires that before commencing asbestos renovation projects or demolition of structures subject to the National Emission Standards for Hazardous Air Pollutants (NESHAP), written approval must be obtained from the Health Department .