



**Town of Loxahatchee Groves**  
155 F Road  
Loxahatchee Groves, FL 33470  
Phone: 561.807.6675 Fax: 561.793.2420  
[www.loxahatcheegrovesfl.gov](http://www.loxahatcheegrovesfl.gov)

## **COMMERCIAL ADDITION, REMODEL & MISC. CHECKLIST FORM (FBC 8<sup>th</sup> 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 8<sup>th</sup> – 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.
  - 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
  - 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

**UNIVERSAL COUNTY-WIDE/MUNICIPAL  
BUILDING PERMIT APPLICATION FORM**

**January 2024 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.

**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:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**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:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **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 \$ 5,000 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 \$ 5,000 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

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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 \$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 # \_\_\_\_\_

MSTU # \_\_\_\_\_

DATE \_\_\_\_\_

RECV'D \_\_\_\_\_

FIRE DEPARTMENT OFFICIAL

PALM BEACH COUNTY FIRE RESCUE

Rev. 09/2010

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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[www.loxahatcheegrovesfl.gov](http://www.loxahatcheegrovesfl.gov)

## **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:

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Name (Please print)

Signature

Date



Rick Scott  
Governor

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

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**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.

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Palm Beach County Health Department

Division of Environmental Public Health- 800 Clematis Street – P.O. Box 29, West Palm Beach Florida 33402-0029  
Phone: (561)837-5900 – Fax: (561)837-5295 – [www.pbchd.com](http://www.pbchd.com)

# 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:  
sq. ft/160 + l.f./260 + 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 – 4<sup>th</sup> Floor  
West Palm Beach, FL 33402

**Alternatively, you may submit a Notification electronically at the following website:**  
<http://www.fldepportal.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.