



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

FIRE SUPPRESSION CHECKLIST FORM - (FBC 8th Edition 2023)

THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ☐ Completed Building Permit Application
- ☐ Notice of Commencement, if applicable
- ☐ P.B. County Fire Plan Review Application
- ☐ Full set of construction documents/plans by registered or authorized design professional. (If plans by registered design professional, then plans must be signed, sealed, dated and have a digitally verifiable signature.)
- ☐ Full scope of work inclusive of total replacement value of all work - FBC 8th – 109.3.

GENERAL INFORMATION

N/A

SPECIFIC REQUIREMENTS

N/A

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: _____ 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 \$ 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 _____

(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 \$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: _____

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 _____



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 _____

- | | | |
|--|--------------------------------------|--|
| ➤ ☐ CONSTRUCT | ☐ REVISE | ☐ ALTER |
| ➤ ☐ MULTIPLE DWELLING | ☐ CIVIL | ☐ COMMERCIAL |
| ➤ ☐ INTERIOR | ☐ HOOD SYSTEM | ☐ FUEL TANK/LINES |
| ☐ LP GAS | ☐ FIRE ALARM | ☐ FIRE SPRINKLER |
| ☐ FIRE SUPPRESSION | ☐ HVAC | ☐ 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