

LOFT ADDITIONS

Please submit/upload plans in PDF format

Applicant must submit the following items:

Please indicate items submitted with a checkmark (✓)

Create online as Permit Type: Building (C) or Building (R) Workclass: Addition

1. Permit application (check appropriate trade) completed and signed _____
2. Owner/Builder Affidavit, if applicable _____
3. Bathroom addition requires approval of ENCON _____
4. Plans shall include name and address of designer _____
5. Complete set of construction drawings, clear, to scale with good contrast for microfilming
 - a. Floor plan of existing layout with new loft/stair location _____
 - b. Floor plan of loft with all dimensions, doors/window locations, stairs, railings, etc _____
 - c. Electrical floor plan with existing and proposed receptacles, lights, switches _____
 - d. Floor framing or reinforcing layout _____
 - e. Typical wall section _____
 - f. Stair framing detail _____
 - g. Handrail specifications and detail _____
 - h. Balcony guard rail detail and specifications _____
 - i. Elevation section through building with ceiling heights at the loft area _____
 - j. Exterior elevation of building if egress window is added _____



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

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: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ 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 PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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