PORCH ENCLOSURE/SUNROOM
(Condo or Multi-Family Building)

Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload **this Checklist and any Required Forms** in **.pdf format** to the appropriate category **<Survey> <Building Plans> <Supporting Docs> <NOA>** following the TOJ Naming Convention found in Help Documents

Create online as: **Commercial Addition** (additional sq footage, or adding a roof)
Commercial Alteration (if not adding a roof)

NOTE: State on the drawings the Category of the Sunroom/Enclosure FBC Section 2002.6

1. **Site Information <Survey>**
   a. Survey showing location of enclosure and setbacks _____
   b. Flood Hazard form with existing finished floor elevation for ground floor units _____
   c. Elevation certificate signed/sealed, *if applicable* _____
   NOTE: All habitable space is required to be 6" above adjacent yard Grade
   & minimum 18" above the base flood elevation designated by FEMA
   This may require an over pour of existing slab for ground floor units

2. **Plans <Building Plans>**
   a. Existing floor plan and proposed enclosure plan with all dimensions including existing and proposed square footage and <u>label the Category</u> as specified in current FBC _____
   NOTE: NO Bedroom Egress allowed through an Enclosure
   - Occupancy use designation _____
   - Window & Door sizes (locate bedroom egress) _____
   - Electrical receptacles including required exterior WP GFI outlet _____
   b. Foundation plan _____
   NOTE: This may require proposed slab to match the finished elevation of the residence
   c. Typical Wall Section _____
   d. Exterior Elevations _____
   e. Electrical drawings, load calculations (existing & proposed) & Panel size _____
   f. Plumbing plan and riser, *if applicable* _____
   g. Mechanical plans & specifications, *if applicable* _____
   h. Approval stamps from Utilities Dept., LRECD or Health Department, if required by Occupancy use _____
   i. Photographs of Units above and below _____

3. **Supporting Documents <Supporting Docs>**
   a. Permit shall be applied for by a Florida licensed Building Contractor or General Contractor which is registered in the Town of Jupiter
   (Owner/Builder is **NOT** allowed for Condo) _____
   b. FL Energy Efficiency Code Form and HVAC load calculations, *if applicable* _____
   c. Product Approvals Signed for Review by Designer _____
   d. Fire Dept. Plan Review and an additional fee for Condo,
   Multi-Family or Commercial _____

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4. **Product Approval <NOA>**
   a. Provide Product Approvals as required
      1. State of Florida Product Approval with installation instructions engineered plans   _____
         (Be sure to mark the **EXACT** product number)
      2. Miami-Dade Notice of Acceptance (NOA) with installation instructions.   _____
      3. Engineer signed/sealed plans and calculations for custom design   _____
   b. Information required from product approval:
      ALL project specific details **MUST** be Identified/Marked/Circled on product
      Approval Installation Instructions   _____

5. **Free Standing Sunrooms or Sunroom Addition**
   (Submittals will require items 2a through 2i above and items a and b below)
   c. A survey/site plan depicting location on property and distances from other
      structures and property lines (Indicate distance from wall to property line)   _____
   d. Foundation Plan   _____

Required items:
  ➢ **Permits for Electric, Mechanical, Plumbing, Driveway (Engineering permit), Roofing, Fence, Pool, Pool Deck, etc. required before commencing that work.**
  ➢ **Form board tie-in survey with finish floor elevation shall be submitted prior to placing concrete**
  ➢ **Product Approvals required for inspection**
  ➢ **Provide inspector with final 'as-built' drainage plan at final inspection**
  ➢ **NOTE: Impact fees may be required**

For Certificate of Occupancy at time of completion you must have:
  ➢ **Finished Floor Elevation on a signed/sealed final tie-in survey**
  ➢ **FEMA Elevation Certificate signed/sealed by surveyor**
  ➢ **All work completed according to approved plans, Florida Building Codes and Jupiter codes and ordinances**
  ➢ **Termite protection compliance certificate**
  ➢ **Jupiter Building policy prohibits Temporary Certificate of Occupancy**

30% of permit fees due with this application. Balance of fees (building, impact, etc.) due at time of permit issuance. All subcontractor permits shall be issued prior to commencing work

If Handrails or Guardrails are installed, a signed and sealed certified field test meeting the structural requirements of FBC-Building 1607.8.1, is required prior to final inspection

**IMPORTANT NOTICE
IF RESIDENT LIVES IN DEED RESTRICTED COMMUNITY
PLEASE CONACT HOA TO DETERMINE IF ASSOCIATION APPROVAL IS REQUIRED
TOJ BUILDING DEPARTMENT CANNOT ENFORCE ASSOCIATION REGULATIONS**

**Town of Jupiter
Building Department
210 Military Trail
Jupiter, Florida 33458
Phone (561) 741-2286
Fax (561) 741-0911**

FLOODPLAIN DEVELOPMENT PERMIT

Date Submitted _____ Date Approved _____ Bldg. Permit _____

Address _____

Lot _____ Block _____ Subdivision _____

Legal for Metes & Bounds **30-** _____

Type of Development _____ Size of Development _____ Excavation _____

Fill _____ Grade _____ Building or Other Structures _____

Other Alterations (specify) _____

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Location in Flood Plain:

    a. _____ Inside regulatory floodway
    b. _____ Outside floodway limits
    c. _____ Inside flood plain
    (no regulatory floodway established)

Development Standards Data (Reference Ordinance 75-90)

1. If (a) or (c) is checked, attach engineering certification and supporting data as required.

2. Required floor elevation is _____ MSL (NAVD) Zone _____

3. Proposed finished floor elevation _____ MSL (NAVD)
   Attach survey as required.

4. Floodproofing information (if applicable):

   a. Required floodproofed elevation is _____ MSL Zone _____
   b. Actual (as built) floodproofed elevation is _____ MSL (NAVD)
       Attach engineering certification and supporting data as required.

5. Complete for alterations, additions or improvements to existing structures

   1. What is the estimated market value of the existing structure? $ _____
   2. What is the value of all improvements from 1977 including this submittal? $ _____
   3. If the cost of the proposed construction equals or exceeds 50 percent of the market value of the structure, then the substantial improvement provisions shall apply.

Comments _____

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Applicant Acknowledgment
I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance 15-77 and all other laws or ordinances affecting the proposed development.

Applicant _____ Authorized Signature _____
(PRINT NAME)

Building Official _____

PALM BEACH COUNTY FIRE RESCUE
PLANS REVIEW APPLICATION

No. _____

FP# _____   **Permit#** _____

To be Completed by the Applicant

The Undersigned Hereby Applies for Plans to be Reviewed for Compliance with the Current Edition of the Florida Fire Prevention Code and PBCFR Local Amendments to this Code.

Project Name: _____

Project Address: _____

City/Town: _____

_____ **Alteration**	_____ **Fire Sprinkler**	_____ **Interior**
_____ **Civil**	_____ **Fire Suppression**	_____ **LP Gas**
_____ **Commercial**	_____ **Fuel Tanks/Lines**	_____ **Multiple Dwelling**
_____ **Construction**	_____ **Hood System**	_____ **Revise**
_____ **Fire Alarm**	_____ **HVAC**	_____ **Other** _____

_____   _____
Name of Owner or Engineer   **Address of Owner or Engineer**

_____   _____
Name of Contractor   **Address of Contractor**

_____   _____
Applicant / Contact Name (Print)   **Application Date**

_____   _____   **$** _____
Contact Number   **Fax Number**   **Valuation of Proposed Project**

For Office Use Only   Palm Beach County Fire Rescue

Fire Review Fee	Voucher	Check#	MSTU	
$		**Date Recv'd**		**Fire Dept.** **Official**

Make Checks Payable to "BCCPBC" or "Board of County Commissioner's Palm Beach County"

Duct Leakage Test Report
Prescriptive or Performance Method

Permit #:

Job Information

Builder:	Community:	Lot:

Address:	Unit:

City:	State: FL	Zip:

Duct Leakage Test Results ◯ Prescriptive Method ⬤ Performance Method

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
Total of all systems	0 _____ **cfm25**

$\dfrac{0}{\text{Total of all systems}} \div \dfrac{1{,}000}{\text{Total Conditioned Square Footage}} = \dfrac{0.00}{\qquad}$ **Qn**

☐ **PASS**   ☐ **FAIL**

◯ **Prescriptive Method** cfm25 (Total)

To qualify as "substantially leak free" Qn must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.2.2

⬤ **Performance Method** cfm25 (Out or Total)

To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

Leakage Type selected on Form R405-2014 (Energy Calc)	Qn specified on Form R405-2014 (Energy Calc)

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

Envelope Leakage Test Report

(Blower Door Test)

R402.4.1.2 Compliance

Permit #:

Job Information

Builder: Community: Lot:

Address: Unit:

City: State: FL   Zip:

Air Leakage Test Results   *Passing results must be 7 ACH(50) or less*

_____ x 60 ÷ _____ = _____

CFM(50)   Building Volume   ACH(50)

☐ **PASS**   ☐ **FAIL**

Method for calculating building volume:

◯ Retrieved from architectural plans

◯ Code software calculated

◯ Field measured and calculated

☐ When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Certification of Test Results

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure or 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 5th Edition Florida Building Code Energy Conservation requirements Section R402.4.1.2, Climate Zone 1 and 2.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____