

RESIDENTIAL ALTERATIONS/ADDITIONS (MULTI-FAMILY)

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 Alteration**
Commercial Addition (if adding square footage)

Permit shall be applied for by Florida licensed Building Contractor or General Contractor registered with the Town of Jupiter

1. Site Information [<Survey>](#)

- a. Survey, signed/sealed with lot square footage, show location of addition with setbacks, proposed finished floor elevation and base flood elevation established by FEMA _____
- b. Site plan with all structures and appurtenances, etc., setbacks and turnout location. Can be deleted if all information is on survey _____
- c. Elevation certificate signed/sealed _____
- d. Lot drainage plan/survey with direction of flow arrows indicating proposed drainage _____
- e. Floodplain Development permit – only required if within flood hazard area _____

2. Plans [<Building Plans>](#)

- a. Signed & sealed with names/address of Architect and Engineers _____
- b. Plans must state design parameters compliance with current Building Codes, including Florida Building Code & ASCE _____
 - Occupancy/Use of rooms (Label Rooms) _____
 - Existing/proposed area tabulations (cond/uncond space, porch, etc.) _____
 - Dimensions, ceiling ht., window/door sizes, locations & bedroom egress _____
- c. Signed/Sealed Architectural, Structural, Mech, Elec, Plumb, etc. drawings _____
- d. Plans shall include: _____
 - Floor plan (**original and proposed**) with finished floor elevation _____
 - Typical wall section and details – indicate rated walls, where applicable _____
 - Window and door sizes and locations _____
 - Room dimensions and designation _____
 - Elevation drawings with required design pressures for all openings _____
 - Roof plan (Roofing is under separate permit) _____
 - Electrical Plans, Riser Diagrams & Load Calculations, if applicable _____
 - Plumbing Plan & Riser Diagram, if applicable _____
 - Mechanical Plan & specifications, if applicable _____
- e. Manufacturer & Engineer signed/sealed truss layout due with application for plan review _____

NOTE: Truss engineering (cut sheets) to be on jobsite for inspection

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3. **Supporting Documents <Supporting Docs>**

- a. Owner/Builder Affidavit, if applicable _____
- b. Completed Asbestos Notification Statement form _____
- c. FL Energy Efficiency Code Form signed/sealed _____
- d. Signed/sealed Soil Analysis Report, if applicable _____
- e. Completed Drainage Certification form _____

4. **Approval Stamps & Letters *where applicable* <Supporting Docs>**

- a. Sanitary Sewer - Loxahatchee River District Environmental Control (ENCON) _____
 - Address: 2500 Jupiter Park Drive
 - Phone: 561-747-5700
- b. Septic system – Palm Beach County Health Department _____
 - Phone: 561-840-4500
- c. Jupiter Utilities Department (*If Applicable*): 561-746-5134 _____

5. **Product Approval <NOA>**

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

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 CONTACT 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 _____



Asbestos & Lead Paint Notification Statement

Required for ALL Demolitions and / or Renovations

Per Florida Statute 469.003, It is the responsibility of the owner / operator / applicant to comply with this provision.

By signing below I/we agree to notify the Palm Beach County Health Department of the intention to remove asbestos, when applicable, in accordance with State and Federal law.

I/we further acknowledge that lead paint is a dangerous material that may be present in buildings constructed prior to 1978. I/we agree to mitigate the presence of lead paint with properly trained firms and with proper notice to occupants of affected buildings in compliance with 40 CFR part 745 Code of Federal regulations for lead paint abatement. We also acknowledge that the Town of Jupiter has provided the web addresses and the links to [Code Of Federal Regulations](#) pertaining to lead paint abatement effective April 22, 2010 as well as the [EPA's Steps to Lead Safe Renovation](#), Repair and Painting.

Job site address: _____

Contractor's Information: _____

Licenses: _____ Phone #: _____

Address: _____

Date: _____

Contractor's printed name: _____

Contractor's signature: _____



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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