

# RESTAURANT RENOVATION

## 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: Permit Type: **Building(C)**  
Work Class: **Alteration**

**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.**

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

- a. Site Plan showing Existing Parking \_\_\_\_\_

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

- a. Plans must state design parameters compliance with current Building Codes, Including the Florida Building Codes & ASCE \_\_\_\_\_

• Included but not limited to:

- Occupancy/Use of rooms including Dimensions \_\_\_\_\_
- Existing & Proposed Area Tabulations \_\_\_\_\_
- Occupancy Change, if applicable \_\_\_\_\_

- b. Floor Plan (**Original & Proposed**) with Finished Floor Elevations. \_\_\_\_\_

Show Ceiling Height, Window & Door Sizes & Location of Unit, if applicable \_\_\_\_\_

- c. Life Safety Plan with Common Path of Egress \_\_\_\_\_

- d. Details of Accessible Restrooms \_\_\_\_\_

- e. Seating Layout \_\_\_\_\_

- f. Equipment Layout, if applicable \_\_\_\_\_

- g. Indicate Rated Walls and/or Ceiling Details, Design Number & include Details \_\_\_\_\_

- h. Typical wall sections & details \_\_\_\_\_

- i. Elevations \_\_\_\_\_

• With Required Design Pressures for all openings, Product Approvals/ NOA & Information regarding Impact Protection for openings, if applicable \_\_\_\_\_

- j. Roof Plan, if applicable (**Roofing is Separate Permit**) \_\_\_\_\_

- k. Structural Drawings \_\_\_\_\_

• Foundation Plan, Beam & Column location/details, Framing, etc \_\_\_\_\_

- l. Electric Drawings, Existing and Proposed \_\_\_\_\_

• Existing service riser and panel layout, Additional Load calculation, lighting/switch/receptacle outlet locations, etc \_\_\_\_\_

- m. Mechanical Drawings, Existing and Proposed FL Energy Efficiency Code Form and HVAC load calculations. \_\_\_\_\_

• Plan, Equip. Info, Details, Duct Type, Insulation R Value, SEER, KW, etc \_\_\_\_\_

- n. Plumbing Drawings, Existing and Proposed \_\_\_\_\_

• Plan, Riser/Isometric, Details, etc \_\_\_\_\_

- o. Fire Sprinkler plans and specs, if applicable (**Separate Permit**) \_\_\_\_\_

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## 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  
**NOTE:** Owner may obtain a permit for work in a building for his/her own use, if the total value of all work does not exceed \$75,000 within a twelve-month period. FS 489.103(7) \_\_\_\_\_
- b. Notarized letter of approval from owner of building \_\_\_\_\_
- c. Energy Code form FBC-Energy Conservation Code – Chapter 5 \_\_\_\_\_
- d. Asbestos Notification Statement completed \_\_\_\_\_
- e. Product Approvals Signed for Review by Designer  
**(MUST** be on Jobsite for Inspection) \_\_\_\_\_
- f. Approval stamps from the following, prior to submittal:
  - Sewer System Loxahatchee River Environmental Control District (561) 747-5700, 2500 Jupiter Park Drive \_\_\_\_\_
  - Septic System Palm Beach County Health Department (561) 355-3022 \_\_\_\_\_
  - Water Jupiter Utility Department (561) 746-5134 \_\_\_\_\_
  - Department of Hotel and Restaurants, if applicable \_\_\_\_\_
- g. Wellfield affidavit, if chemicals will be used \_\_\_\_\_
- h. Palm Beach County Fire Rescue application and fee \_\_\_\_\_

### Required items:

- **Separate Permits for Electric, Mechanical, Plumbing, Hood, Fire Alarm, Suppression, Sprinklers, Signs, Grease Trap, etc. required before commencing that Trade work.**
- **If handrails or guardrails are installed, a Signed/Sealed certified field test, Meeting the structural requirements of Section 1607.8.1, will be required Prior to final inspection.**

### For Certificate of Occupancy at time of completion you must have:

- **Structure completed according to approved plans, Florida Building Codes and Jupiter codes and ordinances**
- **All Fire Department inspections obtained and approved**



## **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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