

# Temporary Construction Site Offices or Sales Offices

Modular Buildings as Regulated by the Department of Community Affairs  
Use by full time employees and/or accessible to the public

## Please submit/upload plans in PDF format

Applicant must provide the following items:

Please indicate items submitted with a checkmark (✓)

Create on line as Permit Type: **Building (C )** Workclass: **Alteration**

1. Permit application (check appropriate trade) completed and signed \_\_\_\_\_
2. Site plan/survey showing proposed location, setbacks, parking, landscape and turnout \_\_\_\_\_

Required Setback	F	R	S	S
Proposed Setback	F	R	S	S

3. Letter of approval from property owner or association \_\_\_\_\_
4. Manufacturer's plans of the office trailer with anchor locations and **Department of Community Affairs** approval stamps indicating design loads and occupancy use \_\_\_\_\_
5. Engineered signed/sealed foundation and anchoring plan \_\_\_\_\_
6. Signed/sealed soil analysis \_\_\_\_\_
7. Accessibility requirements met through ramps, doors, bathrooms, etc... \_\_\_\_\_
8. Approvals from LRECD, Water, Fire/Rescue or PBC Health Dept. \_\_\_\_\_
9. Current Florida Energy Efficiency Code \_\_\_\_\_

**NOTE:**

Permit fee is for foundation construction/tie down const. Subcontractors (i.e. Electrical, Plumbing, Mechanical) will pay a separate fee and the value of those trades shall not be included in the value of the building permit.



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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