

MODULAR BUILDINGS

Permanent or Long Term Installation

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: New

1. Permit application (check appropriate trade) completed and signed
(Subject to a master permit) _____

2. Survey and site plan _____
 - a. Show proposed location and setbacks _____
 - b. Parking _____
 - c. Landscaping and turnout _____

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

3. Letter of approval from property owner _____

4. Soil certification for bearing as required by foundation plan _____

5. Plans and Specifications: _____
 - a. Engineer signed/sealed foundation and anchoring plan _____
 - b. Details of accessibility requirements met through stairs, ramps, doors, bathrooms, etc... _____
 - c. No occupancy change, no modifications to building. Plans with **Department of Community Affairs** seal which includes occupancy and design load criteria _____
 - d. Occupancy change or modifications to building, one of the following: _____
 1. Affidavit of Recertification from the **Department of Community Affairs**, or _____
 2. Architect or engineer signed/sealed plans with wall, roof, floor section, etc... _____
 - e. Approval stamps from LRECD, Utilities, Fire Rescue, PBC Health Department, as required _____

6. Energy code forms per occupancy (permanent installation only) _____

7. Land use or occupancy (office, medical, restaurant, etc.) _____

8. Gross square footage of building _____

NOTE:

- Permit fee is for foundation construction cost. Subs require separate permits and fees
- Impact Fees – Permanent Installation: See Building Technician
- Impact Fees – Temporary Installation: Not Applicable



**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 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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