



**COMMERCIAL PRE-APP  
 PLAN REVIEW  
 APPLICATION**

Permit # \_\_\_\_\_

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

Zoning:	Tract/Other:	Project/Plaza name:
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Site Address:	Name of Business:
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Legal Description (Section/Block/Lot):	Parcel ID:
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**Owner's Information**

Name:	Email:	Phone:
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Address:
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**Contractor's Information**

Name:	Email:	Phone:
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Address:	State License no.
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**Architect's/Engineer's Information**

Architect's Name:	Email:	Phone:
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Address:	State License no.
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Engineer's Name:	Email:	Phone:
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Address:	State License no.
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**PROJECT INFORMATION**

Description of work: \_\_\_\_\_ Fire sprinklers: Yes  No  Number of stories: \_\_\_\_\_  
 Number of units: \_\_\_\_\_ Elevator  Yes  No Special conditions: \_\_\_\_\_ Occupancy group: \_\_\_\_\_  
 Total sq. footage of building: \_\_\_\_\_ Specify tenant improvement:  New  Remodel Existing  
 City water:  Yes  No Change of Occupancy:  Yes  No City Sewer:  Yes  No Flood Zone:  Yes  No  
 Class of work:  New  Addition  Alteration Impervious SQ FT: \_\_\_\_\_ Non Impervious SQ FT: \_\_\_\_\_  
 Septic Tank \_\_\_\_\_ Utilities \_\_\_\_\_ Property use: \_\_\_\_\_  
 Is this for a new business?  Yes  No Type of business: \_\_\_\_\_

	<b>Total Valuation \$</b>
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**\*\*MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

Contractor Signature	Date
Print Name	
Notary Public, State of Florida	
STATE OF FLORIDA, County of _____	
[NOTARIAL SEAL]	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.	

Owner or Owner's Authorized Representative Signature	Date
Print Name	
Notary Public, State of Florida	
STATE OF FLORIDA, County of _____	
[NOTARIAL SEAL]	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.	

**FOR OFFICE USE ONLY**

**PERMIT FEE \$**  
 Application date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_



**Building Department**  
**CHECKLIST FOR NEW COMMERCIAL PRE-APP PLAN REVIEW**

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**PERMIT APPLICATION** – The following information must be completed on the permit application:

- For office use only - Permit number
- Note Project/plaza name
- Site address
- Note Name of business
- Parcel ID
- Owner's information, including contact info
- Contractor's information, including contact info
- Architect/Engineer's information
- Description of work
- Number of stories and units
- Occupancy
- Construction type
- Conditioned space square footage
- Total sq. footage of building
- Valuation
- Notarized Contractor/owner builder signature

**PLANS AND DOCUMENTS – ELECTRONIC S&S PLANS PREFERRED**

- Original Plans signed and sealed by a Florida licensed Architect/Engineer. (Plans shall be no larger than 24" x 36" unless approved by a supervisor prior to submittal and are to be securely stapled and coincide with one another.) or digitally stamped signed and sealed plans.
- Manual N, energy codes and load calculations, if applicable
- Wind load calculation form, if applicable
- Truss layout/cut sheets, if applicable
- Fire stop components cut sheets, if applicable
- Specification manual, if applicable
- Landscape and irrigation plans
- Site-plan approved by the Planning Department

**NOTES:**

- Plans will ONLY be reviewed by the building department