

CITY OF MIDWAY

50 Martin Luther King Boulevard • Midway, Florida 32343
(850) 574-2355 / (850) 574-0633 FAX • www.MYMIDWAYFL.com

COMMERCIAL BUILDING PERMIT APPLICATION

PROPERTY OWNERS NAME: _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

EMAIL: _____

JOB SITE ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

PARCEL I.D (JOB SITE) _____ VALUATION OF PROJECT \$ _____ OCCUPANCY: _____

DESCRIPTION OF WORK _____

(OWNER/BUILDER VALUE OF PROJECT CANNOT BE OVER \$75,000)

CHECK ALL THE BOXES THAT APPLY TO THE PROPOSED JOB:

DESCRIPTION OF WORK

- New DCA Approved
- New Construction
- Addition
- Alteration
- Repair & Replacement
- Foundation
- Swimming Pool
- Roofing
- Other Specify: _____

NONRESIDENTIAL

- Amusement, Recreational
- Church/Religious
- Industrial
- Parking Garage
- Service Station Repair Garage
- Hospital Institutional
- Medical Office, Office, Bank
- School, Library, Other Ed.
- Stores, Mercantile, Flee Market
- Restaurant

CLEARING ACTIVITIES

- Selective Clearing
- Entire Site
- No Clearing
- Access & Construction Only

IS THE PROPERTY FLOOD PRONE

- Yes
- No
- _____ Date of Flood Letter

GRADING ACTIVITIES

- Yes
- No

TYPE OF SEWAGE DISPOSAL?

- _____ Public or Private Company
- _____ Private (Septic, etc.)

CLASS OF BUILDING (PROPOSED)

- Triplex
- Quadriplex
- Multi-Family No. of Units _____
- Hotel/Motel No. of Units _____
- Condominiums No. of Units _____

BASEMENT ON-SITE

- Yes, Specify _____
- No

DESCRIBE SLOPE OF THE LAND

- Flat 0% to 2%
- Slight Slope 2% to 10%
- Steep Slope 10% to 20%
- Very Steep Slope 20% & Over

DOES PROPERTY INCLUDE OR IS IT NEAR A WETLAND, SUCH AS:

- Lake, Pond
- Sink Hole
- Swamp, Marsh
- Other _____

BUILDING FOUNDATION

- Monolithic Slab
- Block Wall
- Pier or Piling
- Other, Specify _____

CHECK DEVELOPMENT RESTRICTIONS THAT APPLY

- Natural Area
- Land Use Buffer
- Plat Restrictions
- None

TYPE OF WATER SUPPLY

- Public Or Private Company
- Private (Well, Custom)

FEE SIMPLE TITLEHOLDER'S NAME (IF OTHER THAN THE OWNER'S): _____

ADDRESS: _____

CITY: _____, FLORIDA ZIP _____

BONDING COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

MORTGAGE LENDER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTRACTOR INFORMATION

CONTRACTOR NAME

LICENSE NO.

ADDRESS

PHONE

PRINCIPAL _____

ELECTRICAL _____

PLUMBING _____

MECHANICAL _____

GAS _____

ARCHITECT/ENGINEER _____

OTHER _____



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**DISCLOSURE STATEMENT OWNER CONTRACTOR
FLORIDA STATUTE 489.103**

F. S. 489.103

STATE LAW REQUIRES CONSTRUCTION TO BE DONE BY LICENSED CONTRACTOR. YOU HAVE APPLIED FOR A PERMIT UNDER AN EXEMPTION TO THAT LAW. THE EXEMPTION ALLOWS YOU AS, OWNER OF YOUR PROPERTY, TO ACT AS YOUR OWN CONTRACTOR EVEN THOUGH YOU DON'T HAVE A LICENSE. YOU MUST SUPERVISE THE CONSTRUCTION YOURSELF. YOU MAY BUILD OR IMPROVE A ONE OR TWO-FAMILY HOME RESIDENCE OR A FARM BUILDING. YOU MAY ALSO BUILD OR IMPROVE A COMMERCIAL BUILDING AT A COST OF \$75,000 OR LESS. THE BUILDING MUST BE FOR YOUR OWN USE AND OCCUPANCY. IT MAY NOT BE BUILT FOR SALE OR LEASE. IF YOU SALE OR LEASE MORE THAN ONE BUILDING YOU HAVE BUILT WITHIN ONE YEAR AFTER THE CONSTRUCTION IS COMPLETE, THE LAW PRESUMES THAT YOU HAVE BUILT IT FOR SALE OR LEASE, WHICH IS A VIOLATION OF THIS EXEMPTION. YOU MAY NOT HIRE AN UNLICENSED PERSON AS YOUR CONTRACTOR. IT'S YOUR RESPONSIBILITY TO MAKE SURE THE PEOPLE EMPLOYED BY YOU HAVE LICENSES REQUIRED BY THE STATE LAW AND COUNTY LICENSING ORDINANCES. ANY PERSON WORKING ON YOUR BUILDING WHO ISN'T LICENSED MUST WORK UNDER YOUR SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A AND WITHHOLDING TAX AND PROVIDE WORKERS COMPENSATION FOR THAT EMPLOYEE, AS PRESCRIBED BY LAW, YOUR CONSTRUCTION MUST COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES, BUILDING CODES, AND ZONING REGULATIONS. OWNERS MUST PROVIDE DIRECT, ONSITE SUPERVISION THEMSELVES OF ALL WORK NOT PERFORMED BY LICENSE CONTRACTORS, THAT DUTY CANNOT BE DELEGATED.

SIGNATURE OWNER/AGENT: _____ DATE _____

OWNER'S AFFIDAVIT

Application is hereby made to obtain a permit(s) to do work and installations as indicated. I certify that no work or installation commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a permit must be secured for Electrical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks and Air Conditioners, ETC. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws. If applicant is not owner, the applicant shall certify to be acting as owner's authorized agent. I also acknowledge that my failure to record a notice of commencement may result in my paying twice for improvements to my property and that if I am intending to obtain financing, I should consult with my lender or my attorney before recording a notice of commencement.

Based on this information, I hereby acknowledge that I have been advised that I should seek on my own to identify if there are any Deed Restriction and/or Covenants on the use of the site associated with this permit application.

SIGNATURE OWNER/AGENT: _____ DATE _____

STATE OF FLORIDA, COUNTY OF GADSDEN

The foregoing information was sworn to, subscribed and acknowledged before me this _____ day of _____, 20 _____, by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an oath.

NOTARY PUBLIC, STATE OF FLORIDA _____

COMMISSION NUMBER _____

MY COMMISSION EXPIRES _____

DEED RESTRICTIONS AND COVENANTS

Prior to pursuing a building permit application, applicants should review any Deed Restriction and/or Covenants which apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by Gadsden County. Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there is any Deed Restrictions and/or Covenants on the use of the site associated with this permit application.

SIGNATURE OWNER/AGENT: _____

CONTRACTOR SIGNATURE: _____

The foregoing information was sworn to, subscribed and acknowledged before me this _____ day of _____, 20 _____, by _____, who is personally known to me or has produced _____ as identification, and (did/did not) take an oath.

_____ SEAL

NOTARY PUBLIC, STATE OF FLORIDA _____

MY COMMISSION EXPIRES _____



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**REQUIRED PLANS AND ENGINEERING
WIND LOAD DESIGN 130 MPH**

SUBMIT – Two complete copies of the following:

_____ **PLANS** – specifications and drawings drawn to scale with sufficient clarity and detail to indicate the nature and character of the work, plus one additional floor plan.

_____ **SITE PLAN:** Parking [fire access, vehicle loading, fire hydrant/water supply/Post Indicator Valve (PIV)] [setback/separation (assumed property lines) location of specific tanks, waterlines and sewer lines and sewer lines.

_____ **OCCUPANCY/CONSTRUCTION TYPE CLASSIFICATION:** Occupancy group and special occupancy requirements shall be determined on plans. Minimum type construction shall be determined (Table 500)

_____ **FIRE RESISTANT CONSTRUCTION REQUIREMENTS SHALL INCLUDE THE FOLLOWING COMPONENTS:** Fire resistant construction, fire resistant protection for type of construction, protection of openings and penetrations of rated walls, ceilings and floors, fire blocking and draft stopping, and calculated fire resistant.

_____ **FIRE SUPPRESSION SYSTEM SHALL INCLUDE:** Early warning, smoke evacuation system schematic, fire sprinkler, [stand pipes, pre-engineered systems and riser diagrams.]

_____ **LIFE SAFETY SYSTEMS SHALL BE DETERMINED AND INCLUDE THE FOLLOWING REQUIREMENTS:** Occupant load and egress capacities, early warning, smoke control, stair pressurization and system schematic.

_____ **OCCUPANCY LOAD/EGRESS REQUIREMENTS SHALL INCLUDE:** [Occupancy load, gross/net] [Means of Egress, exit access, exit and exit discharge] stair construction/geometry and protection, doors, emergency lighting and exit signs, specific occupancy requirements, construction requirements, and horizontal exits/exit passageways.

_____ **STRUCTURAL REQUIREMENTS SHALL INCLUDE:** Soil condition/analysis, termite protection, design loads, wind requirements, building envelope, structural calculations, foundation, wall systems, floor systems, roof systems, threshold inspection plan and stair systems.

_____ **ALL MATERIAL COMPONENTS SHALL BE LISTED ON PLAN:** Wood, steel, aluminum, concrete, plastic, glass, masonry, gypsum board and plaster, insulating (mechanical), roofing, insulation.

_____ **ACCESSIBILITY REQUIREMENTS SHALL INCLUDE THE FOLLOWING:** Site requirements, accessible route, vertical accessibility, toilet and bathing facilities, drinking fountains, special occupancy requirements, fair housing.

_____ **INTERIOR REQUIREMENTS SHALL INCLUDE THE FOLLOWING:** Interior finishes (flame spread/smoke development), light and ventilation and sanitation

_____ **SPECIAL SYSTEM:** Elevators, escalators and lifts.

_____ **SWIMMING POOLS:** Barrier requirements, spas and wading pools.

_____ **ELECTRICAL:** Electrical wiring service feeders and branch circuits, over current protection, grounding, wiring methods and materials and GFCIs, equipment, special occupancies, emergency systems, communication systems, low-voltage, load calculations.

_____ **PLUMBING:** Minimum plumbing facilities, fixture requirements, water supply piping & size, sanitary drainage, water heaters, vents, roof drainage, back flow prevention, irrigation, location of water supply line, grease traps, environmental requirements and plumbing riser.

_____ **MECHANICAL:** Energy calculations, (Exhaust Systems: clothes dryers, kitchen equipment exhaust, specialty exhaust systems) equipment, equipment location, make-up air, roof-mounted equipment, duct systems, ventilation, combustion air, (Chimneys, fire places and vents) appliances, boilers, refrigeration, bathroom ventilation, laboratory.

_____ **GAS:** Gas piping, venting, combustion air, chimney and vents, appliances, type gas, fireplaces, LP tank location, riser diagram/shut-offs

REQUIRED FORMS

_____ ENERGY FORM/EPI & MANUAL-J FORM (signed, see mechanical contractor or engineer)

_____ SEPTIC TANK PERMIT/WAIVER OR CITY SEWER (Gadsden Environmental Health 850-875-7200 ext. 336)

_____ FLOOD LETTER (if your property touches any body of water or is deemed to be in a flood prone area: see surveyor or engineer)

_____ NOTICE OF COMMENCEMENT (if valuation is over \$2,500)

_____ LAND USE CONCURRENCY (Gadsden County Planning and Community Development 850- 875-8663)

_____ 911 ADDRESS (see 911 Coordinator at the W. A. Woodham Building 850- 875-8824)

_____ Letter of Authorization, if other than the owner or Contractor are to pick up the permit.

Note: Failure of the contractor/owner builder to submit the required documents will delay the issuance of the permit until the application and plans are complete. Questions please call 850-875-8665, Fax 850-875-7280, Email www.gadsdencountyfl.gov

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STAFF USE ONLY

1 • OCCUPANCY TYPE

- | | | | |
|---|-------------|---|---------------|
| A | ASSEMBLY | I | INSTITUTIONAL |
| B | BUSINESS | M | MERCANTILE |
| D | DAYCARE | R | RESIDENTIAL |
| E | EDUCATIONAL | S | STORAGE |
| F | FACTORY | | |
| H | HAZARDOUS | | |

2 • TYPE CONSTRUCTION

- I • AB II • A/B III • A/B IV • HT V • A/B
- NUMBER OF STORIES: _____ HEIGHT: _____
- SPRINKLED: _____ BUILDING AREA: _____
- PROTECTION: 1 HR. _____ 2 HR. _____ 3 HR. _____ 4 HR. _____

- ### 3
- PREVIOUS OCCUPANCY TYPE _____
- PARKING SPACES REQUIRED _____
- HANDICAP ACCESSIBLE SPACES _____
- VAN ACCESSIBLE _____
- APPROVED _____

- ### 4
- FLOOD ZONE: YES _____ NO _____ FFE _____ FT. _____

PLAN REVIEW RECORD

	FIRST REVIEW DATE/REVIEWER	SECOND REVIEW DATE/REVIEWER	COMMENTS
SITE	_____	_____	_____
BUILDING	_____	_____	_____
ELECTRICAL	_____	_____	_____
MECHANICAL	_____	_____	_____
PLUMBING	_____	_____	_____
GAS	_____	_____	_____

VALUATION AMOUNT \$

- HEATING & AIR CONDITIONING SQ. FT. _____
- UNHEATED - GARAGE SQ. FT. _____
- UNHEATED - PORCH SQ. FT. _____
- UNHEATED - TOTAL SQ. FT. _____
- SQUARE FEET TOTAL _____

OTHER COMMENTS

- _____
- _____
- _____
- _____

PERMIT FEES

- | | |
|-----------------|----------|
| BUILDING | \$ _____ |
| PLAN REVIEW | \$ _____ |
| ELECTRICAL | \$ _____ |
| MECHANICAL | \$ _____ |
| PLUMBING | \$ _____ |
| GAS | \$ _____ |
| STATE SURCHARGE | \$ _____ |
| FIRE | \$ _____ |
| FINES | \$ _____ |
| TOTAL | \$ _____ |

PLAN REVIEWER

- FIRE REVIEWER _____
- PERMIT CLERK _____
- OTHER _____
- _____
- _____
- _____