



City of Alachua

BUILDING DEPARTMENT
 PO BOX 9
 ALACHUA, FL 32616
 PHONE: (386)418-6120 * FAX: (386)418-6130

COMMERCIAL PERMIT APPLICATION

*****PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*****

Plans must comply with: Florida Building Code, Eighth Edition (2023), 2020 NEC,
 City of Alachua Code of Ordinances & Land Development Regulations

For Office Use Only:

		Type Permit:		Date:		Permit #:	
Applicant/Contractor:			Address:			Phone:	
Contractor Email:						License #:	
Property Owner Name:			Address:			Phone:	
Job Address:				Unit #:		Block#:	Building #:
						Phase #:	
Subdivision:		Parcel #:		Lot:	Section, Twnshp, Range:		Project Name:
Use of Building:	New Construction		Remodel/Addition		Number of Units:		Other Information:
Scope of Work to be Done:							
Driving Directions to Job Site:							
Zoning:		Flood Zone:		Total Square Feet:		Valuation of Work:	
_____		_____		_____		_____	
		BFE: _____					
		FFE: _____					
Setbacks:			Number of Stories:	Foundation Type:		Wall Type:	
Front: ____ Rear: ____ Left: ____ Right: ____			_____	_____		_____	
Size Water Line: _____		Gas: Y____N_____		Roof Type:		Flooring Type:	
Size Sewer Line: _____		Provider: _____		_____		_____	

WARNING TO OWNER:

A Notice of Commencement must be posted on the job site before the first inspection. Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property.

If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

- Application is hereby made to obtain a permit to do the work as indicated. I certify that no work has 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.
- Owner's Affidavit:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.
- I hereby certify that I understand and agree to comply with the Zoning regulations pertaining to the property.
- I hereby certify that I understand the City Utility departments will decide the location of water, sewer, gas and electrical entrances and that the entire sewer line from the building to the street connection must be exposed until after it has been inspected and that this is not approval of drainage or flood conditions.
- I hereby certify that I understand and agree that I am responsible for the repair of any damages to utilities such as water, sewer, gas and electric lines, telephone and cable TV, etc. occurring during this work.
- I hereby certify that I understand and agree that before work is considered complete, all rubbish and unused materials due to or connected with construction must be removed and premises left in satisfactory condition to the City.
- A completed Certified Copy of the Notice of Commencement must be attached if construction value is more than \$5,000.00 or \$15,000.00 if HVAC per F.S. §713.135
- Notice:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

For Office Use Only:

Electric Company: _____ **Well or City Water:** _____ **Septic or City Sewer:** _____

Codes: _____

OWNER/CONTRACTOR'S AFFIDAVIT

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, I certify that no work has commenced prior to the issuance of a permit, and that all provisions of the City of Alachua and laws of the State of Florida will be complied with, whether specified or not. I will notify the City of Alachua Building Department twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.

NOTICE CONCERNING INSPECTIONS:

1. This permit will become null and void if construction is not started or a passing inspection is not obtained within 180 days.
2. When calling for an inspection, call 386-418-6120, the day before. Requests for a specific time are not possible.
3. Permits MUST be posted visible from the road, at eye level, and protected from the weather through-out construction time, and remain until all finals have been signed off.

Signature of Owner or Contractor

Date

STATE OF _____
COUNTY OF _____

The foregoing application is acknowledged before me by means of _____ physical appearance or _____ online notarization this _____ day of _____, 20____ by _____, _____ who is personally known to me, or _____ who presented _____ as identification.

Public Notary, State of Florida

(Seal)

PERMIT COST: _____

PLAN REVIEW: _____

SURCHARGE: _____

LDR COMPLIANCE FEE: _____

ELECTRIC METER: _____

WATER METER: _____

BACK FLOW: _____

WATER TREATMENT: _____

WATER DISTRIBUTION: _____

SEWER TREATMENT: _____

SEWER COLLECTION: _____

IRRIGATION METER: _____

DRIVEWAY: _____

E911 ADDRESS: _____

TOTAL: \$ _____

ZONING APPROVED BY: _____
Planning & Zoning Signature Date

PLANS APPROVED BY: _____
Building Official Signature Date



City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	Planner Signature: _____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Approved with conditions listed below	
Amount Paid: _____	Receipt Number: _____

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Mobile Home Install | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Barn | <input type="checkbox"/> Other: _____ |

PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

C. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ FAX: () _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____

County of _____

The foregoing application is acknowledged before me by means of ___ physical appearance or ___ online notarizaiton this _____ day of _____, 20___, by _____, who is ___ personally known to me or ___ who has produced _____ as identification.

Notary Public Signature

(SEAL)

Office Use Only:

Review Date: _____

FLUM: _____

Tax Parcel Number: _____

Zoning District: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

Parking Standard for Use Type: _____

Number of Parking Spaces Provided: _____

Use Specific Standards Applicable: Yes No

If yes, LDR Section Number: _____

Accessory Use Standards Applicable: Yes No

If yes, LDR Section Number: _____

Previous Site Plan Approval: Yes No

If yes, Date of Approval: _____

Home Occupation: Yes No

If yes, has "Home Occupation Addendum" to LBT Application been submitted?

Alcoholic Beverage License Required: Yes No

Change of Use Permit Required: Yes No

Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____

Sign and fill in the box located at the top right corner of page one (1).



City of Alachua Building Department

COMMERCIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR THE CURRENT FLORIDA BUILDING CODE

ALL REQUIREMENTS SUBJECT TO CHANGE

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH CHAPTER 16 OF THE CURRENT FLORIDA BUILDING CODE BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA. THE BASIC WIND SPEED REQUIREMENTS SHALL BE ESTABLISHED BY THE BUILDING RISK CATEGORY AS PER TABLE 1604.5 WIND LOADS SHALL BE DESIGNED TO SECTION 1609 AND DESIGN SPEEDS IN FIGURES 1609 A, B or C

NO AREA IN THE CITY OF ALACHUA IS IN A WIND-BORNE DEBRIS REGION.

GENERAL REQUIREMENTS: Two (2) complete sets of plans OR if submitting digitally one paper set and one on disc in a PDF format. All plans must contain a floor plan, site plan (as approved by the Planning & Community Development Department, when applicable), foundation plan, floor/roof framing plan or truss layout, wall sections and all exterior elevations including the building height. All establishments where food is prepared and served shall have plans pre-approved by the Florida Department of Hotels and Restaurant.

All drawings must be clear, concise and drawn to scale (“Optional” details that are not used shall be marked void or crossed off). Square footage of total heated area and total unheated area shall be on plans. Signature and official seal by licensed architect or engineer shall be affixed to commercial plans, if the value of the construction exceeds \$25,000 as required by Florida Statute.

For building permits which include new building(s) and/or addition(s) to existing buildings, provide a copy of the approved Site Plan or Minor Site Plan depicting the proposed new building(s)/addition(s). The Site Plan or Minor Site Plan submitted with the Building Permit Application must be a copy of the approved plan set as provided by the Planning & Community Development Department.

Site Plan Requirements. *For building permits which include interior buildouts/remodels, ONLY when there is no approved Site Plan or Minor Site Plan required, submit a plan which includes, at a minimum, the following:*

- a) Location of the site in relation to adjacent properties, including the means of ingress and egress to the property and points of connection to roadways.
- b) Area and dimensions of site.
- c) Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.

- d) Access and points of connection to utilities (electric, potable water, sanitary sewer, gas, etc.)
- e) Location and dimensions of all parking areas and loading areas.
- f) Location and size of any lakes, ponds, canals, or other waters and waterways.
- g) Location of all mechanical equipment, well/septic tanks (if applicable), and all utility easements.
- h) Location of all patios and decks.
- i) Structures and major features – fully dimensioned – including setbacks, distances between structures, distances from wells/septic tanks, floor area, width of driveways, parking spaces, property or lot lines, and floor area ratio.
- j) If the property is located wholly or partially in a flood hazard area (any flood zone OTHER than Zone X):
 - i. A graphic depiction of flood zone boundary or boundaries, with each zone labelled.
 - ii. If building or structure is located in flood hazard area, base flood elevation and finished floor elevation of each building and each structure within a special flood hazard area.
 - iii. Location, extent, amount, and proposed final grades of any filling, grading or excavation.

Fire Resistant Construction Requirements shall include:

- a) Fire resistant separations (listed systems)
- b) Fire resistant protection for type of construction
- c) Protection of openings and penetrations of rated walls (listed systems)
- d) Fire blocking and draft-stopping) calculated fire resistance

Fire Suppression & Fire Alarm Systems shall include (Reviewed by Fire Marshal):

- a) Fire sprinklers (separate permit by licensed sprinkler contractor)
- b) Fire alarm system (separate permit by licensed fire alarm contractor)
- c) Pre-engineered suppression systems (separate permit by licensed fire equipment dealer)
- d) Architectural drawings for building permit shall include engineered (sealed) design document for fire alarm system and fire sprinkler system) separate permits for all fire suppression systems, fire alarm systems and fire sprinkler systems shall include shop drawings) smoke evacuation system schematic) stand-pipes: pre-engineered system sprinkler riser diagram.

Life Safety Systems shall include (Review by Fire Marshal):

- a) Occupancy load and egress capacity
- b) Early warning
- c) Smoke control
- d) Stair pressurization
- e) Systems schematic

Occupancy Load/ Egress Requirements shall include:

- a) Occupancy load (gross and net)
- b) Means of egress exit access, exit and exit discharge
- c) Stair construction/geometry and protection
- d) Doors
- e) Emergency lighting and exit signs
- f) Specific occupancy requirements, construction requirements horizontal exits/

Structural Requirements shall include:

- a) Soil conditions/analysis
- b) Termite protection
- c) Design loads
- d) Wind requirements
- e) Building envelope
- f) Structural calculation
- g) Foundation
- h) Wall systems
- i) Floor systems

- j) Roof systems
- k) Threshold inspection plan
- l) Stair systems
- m) Flashing details

Materials shall include:

- a) Wood
- b) Steel
- c) Aluminum
- d) Concrete
- e) Plastic, foam
- f) Glass (mfg, listing for wind zone including details for installation and attachments including all exterior windows and doors)
- g) Windows and doors showing size, mfg., Florida Product Approval listing and attachment spec. and safetyglazing where needed.
- h) Masonry
- i) Gypsum board and plaster
- j) Insulating (mechanical)
- k) Roofing (mfg. listed system for wind zone with installation and attachments)l) insulation
- l) Soffit product approval or sealed detail

Accessibility requirement shall include:

- a) Site requirements
- b) Accessible route
- c) Vertical accessibility
- d) Toilet and bathing facilities
- e) Drinking fountains
- f) Equipment
- g) Special occupancy requirement
- h) Fair housing requirements

Interior requirements shall include

- a) Interior finishes (flame spread/smoke develop)
- b) Light and ventilation
- c) Sanitation

Special Systems shall include:

- a) Elevators
- b) Escalators
- c) Lifts

ELECTRICAL

- a) Electrical wiring, services, feeders and branch circuits, over-current protection, grounding, wiring methods and materials, GFCIs, combination AFCI
- b) Equipment
- c) Special Occupancies
- d) Emergency Systems
- e) Communication Systems
- f) Low Voltage
- g) Load Calculations
- h) Riser diagram

PLUMBING

- a) Minimum plumbing facilities
- b) Fixture requirements
- c) Water supply piping
- d) Sanitary drainage
- e) Water heaters
- f) Vents
- g) Roof drainage
- h) Back flow prevention
- i) Irrigation
- j) Location of water supply
- k) Grease traps
- l) Environmental requirements
- m) Plumbing Riser

MECHANICAL

- a) Energy Calculation (Signed and Sealed by Architect)
- b) Exhaust systems: Clothes dryer exhaust, kitchen equipment exhaust, specialty exhaust systems
- c) Equipment Sizing (Manual N)
- d) Equipment location
- e) Make-up air
- f) Roof mounted equipment
- g) Duct systems
- h) Ventilation
- i) Combustion air
- j) Chimneys, fireplaces and vents
- k) Appliances
- l) Boilers
- m) Refrigeration
- n) Bathroom ventilation
- o) Laboratory

GAS

- a) Gas piping (isometric & loads)
- b) Venting
- c) Combustion Air
- d) Chimneys and vents
- e) Appliances
- f) Type of Gas
- g) Fireplaces
- h) LP tank locations
- i) Riser diagram/shut offs

DEMOLITION

- a) Asbestos survey
- b) Utility removal form

Under penalty of perjury, I certify and acknowledge that I have completed this checklist accurately and acknowledge that if omissions or errors are found by the Plans Examiners they will cause delays in the processing of my permit and may result in additional fees:

Signature of Applicant

Typed or printed name and title of applicant

Date

PERMIT # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF ALACHUA CITY OF ALACHUA

THE UNDERSIGNED hereby gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

DESCRIPTION OF PROPERTY:

LOT _____ BLOCK _____ SECTION _____ TOWNSHIP _____
RANGE _____ TAX PARCEL # _____
SUBDIVISION: _____
PLATBOOK: _____ MAP PAGE# _____
STREET ADDRESS: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

TO CONSTRUCT: _____

OWNER INFORMATION:

OWNER (S) NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____
INTEREST IN THE PROPERTY: _____
FEE SIMPLE TITLEHOLDER NAME: _____
FEE SIMPLE TITLEHOLDER ADDRESS: _____
(IF OTHER THAN OWNER)

CONTRACTOR NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

BONDING COMPANY: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

LENDER NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes.

NAME: _____ ADDRESS _____
In addition to himself, Owner designates _____
Of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date is 1 year from date of recording unless a different date is specified.

SIGNATURE OF OWNER _____

SWORN to and subscribed before me this _____ day of _____ A. D. 20 ____.
Notary Public _____ My commission expires _____
Signature

*****WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**



PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below. You can find product approval numbers at www.floridabuilding.org. First select "Product Approval". "Find a Product". Then select a category (product), select a manufacturer, and then search. Please include the mfg's installation instructions in your package.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL			
D. ROLL UP			
E. AUTOMATIC			
F. OTHER			
2. WINDOWS			
A. SINGLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. DOUBLE HUNG			
E. FIXED			
F. AWNING			
G. PASS THROUGH			
H. PROJECTED			
I. MULLION			
J. WIND BREAKER			
K. DUAL ACTION			
L. OTHER			
3. ROOFING PRODUCTS			
A. ASPHALT SHINGLES			
B. UNDERLAYMENTS			
C. ROOFING FASTENERS			
D. NON-STRUCTURAL METAL ROOFING			
E. WOOD SHINGLES & SHAKES			
F. ROOFING TILES			
G. ROOFING INSULATION			
H. WATERPROOFING			
I. BUILT-UP ROOFING ROOF SYSTEMS			
J. ROOFING SLATE			
K. LIQUID APPLIED ROOF SYSTEMS			
L. ROOF TILE ADHESIVE			
M. SPRAY APPLIED POLYURETHANE ROOF			
N. OTHER			
4. SKYLIGHTS			
5. NEW EXTERIOR ENVELOPE PRODUCTS			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Signature of Applicant _____ Date _____



City of Alachua

SUBCONTRACTOR VERIFICATION

PERMIT NUMBER: _____

The City of Alachua issues combination permits where one permit covers all trades doing work at one site. It is necessary that we have documentation of the subcontractors who actually did the trade specific work under the general contractor's permit.

This form shall be submitted to the Building Department prior to issuance of a Certificate of Occupancy.

GENERAL CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

ELECTRIC CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

HVAC CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

PLUMBING CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

ROOFING CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

GAS CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

CONTRACTOR UTILITY APPLICATION

Scheduled turn on date: _____

Building Permit # _____

Name: _____

Physical Address:

Parcel # _____ Subdivision _____

Billing Address:

Business Phone #: _____ Cell Phone #: _____

Tax Id #: _____

Do you wish to receive e-mail bills? _____ E-mail Address: _____

Would you like to receive "Paperless Billing and only receive a bill via your e-mail? _____

Do you wish to set up automatic monthly bill payments? _____

Do you currently have utilities with the City of Alachua? _____

If you do have a current utility account, do you wish to close this account? _____

What is the date that the utility service is to be terminated? _____

Parties authorized to make changes to this account, other than the applicant.
_____ Relationship _____

I hereby make application to the City of Alachua for utility services and upon approval of this application I agree to abide by all ordinances, provisions, and applicable rules of the City of Alachua in regards to service of the utility system, and agree to pay for such services in accordance with rates and regulations in effect at the time of delivery. The City of Alachua collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of our public utilities business. The City of Alachua may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law. I will be personally responsible for the payment of the utility bills rendered under this account. A security deposit of two and one half times the average bill is required for Commercial accounts.

Sign: _____ Date: _____

FOR CITY USE ONLY: Location #: _____ Account #: _____

Work Order #: Final _____ Turn on _____ New customer: Yes ___ No ___

Transferred Acct # _____ Final Date & WO# _____

Date opened: _____ Scheduled turn on date: _____

Proof of ownership verified: _____ Check for prior debt: _____ Drivers License: _____

Deposit Paid: _____ Receipt # _____ Opened by: _____