



Columbia County

BUILDING DEPARTMENT

Revised March 2021

COMMERCIAL MINIMUM PLAN CHECKLIST

MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR THE 2020 FLORIDA BUILDING CODE, FLORIDA PLUMBING CODE, FLORIDA MECHANICAL CODE, FLORIDA FUEL AND GAS CODE 2020 EFFECTIVE 1 JAN 2021 AND 2017 NATIONAL ELECTRICAL

ALL REQUIREMENTS ARE SUBJECT TO CHANGE

ALL BUILDING PLANS MUST INDICATE COMPLIANCE WITH THE CURRENT FLORIDA BUILDING CODES. ALL PLANS OR DRAWING SHALL PROVIDED CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA, OR ALTERNATE METHODOLOGIES, APPROVED BY THE STATE OF FLORIDA BUILDING COMMISSION.

FOR DESIGN PURPOSES THE FOLLOWING BASIC WIND SPEEDS ARE PER FLORIDA BUILDING CODE FIGURE 1609.3 (1) THROUGH (4) ULTIMATE DESIGN WIND SPEEDS FOR RISK CATEGORY AND BUILDINGS AND OTHER STRUCTURES

GENERAL REQUIREMENTS:		Items to Include Each Box shall be Marked as Applicable		
1	All drawings must be clear, concise and drawn to scale, details that are not used shall be marked void.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2	If the design professional is an architect or engineer legally registered under the laws of this state regulating the practice of architecture as provided for in Chapter 481, Florida Statutes, Part I, or engineering as provided for in Chapter 471, Florida Statutes, then he or she shall affix his or her official seal to said drawings, specifications and accompanying data, as required by Florida Statute.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
3	The design professional signature shall be affixed to the plans	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
4	Two (2) complete sets of plans with the architecture or engineer signature and the date the affix embossed official seal was placed on the plans	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Two (2) complete sets of plans containing the following information:

Building Site Plan Requirements		Items to Include- Each Box shall be Marked as Applicable		
4	Parking, including provision Florida Building Code Accessibility Code	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5	Fire access, showing all drive way which will be accessible for emergency vehicles	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6	Driving/turning radius of parking lots	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7	Vehicle loading include truck dock loading or rail site loading	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8	Nearest or number of onsite Fire hydrant/water supply/post indicator valve (PIV)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9	Set back of all existing or proposed structures from each structure and property boundaries, Show all separation including assumed property lines	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10	Location of specific tanks (above or under ground), water lines and sewer lines and septic tank and drain fields	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

11	All structures exterior views include finished floor elevation						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
12	Total height of structure(s) form established grade						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
<p align="center">Review required by the Columbia County Fire Department Items 13th 43 (We Contact the Fire Inspector For You.)</p>											
Occupancy group use circle all uses:		Group A	Group B	Group E	Group F	Group H	Group I	Group M	Group R	Group S	Group U D
		(BUSINESS)									
13	Special occupancy requirements.						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A	-	
14	Incidental use areas (total square footage for each room of use area)						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A	-	
15	Mixed occupancies						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A	-	
16	REQUIRED SEPARATION OF OCCUPANCIES IN HOURS FBC TABLE 707.3.10						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
Minimum type of permitted construction by code for occupancy use circle the construction type FBC 602											
17	Type I (FBC:602.2)	Type II (FBC:602.2)	Type III (FBC:602.3)	Type IV (FBC:602.4)	Type V (FBC:602.5)						
Fire-resistant construction requirements shall be shown, include the following components											
18	Fire-resistant separations						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
19	Fire-resistant protection for type of construction						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
20	Protection of openings and penetrations of rated walls						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
21	Protection of corridors and penetrations of rated walls						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
22	Fire blocking and draftstopping and calculated fire resistance						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
Fire suppression systems shall be shown include:											
23	Early warning smoke evacuation systems Schematic fire sprinklers Standpipes						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-	
24	Standpipes						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-	
25	Pre-engineered systems						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-	
26	Riser diagram						Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-	
Life safety systems shall be shown include the following requirements:											
27	Occupant load and egress capacities						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
28	Early warning						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
29	Smoke control						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
30	Stair pressurization						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
31	Systems schematic						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
Occupancy load/egress requirements shall be shown include:											
32	Occupancy load						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
33	Gross occupancy load						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
34	Net occupancy load						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
35	Means of egress						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
36	Exit access						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
37	Exit discharge						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
38	Stairs construction/geometry and protection						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-	
39	Doors						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
40	Emergency lighting and exit signs						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	
41	Specific occupancy requirements						Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A	-	

42	Construction requirements	Yes	No	N/A	-
43	Horizontal exits/exit passageways	Yes	No	N/A	-

Items to Include
Each Box shall be
Marked as
Applicable

Structural requirements shall be shown include:					
44	Soil conditions/analysis	Yes	No	N/A	-
45	Termite protection	Yes	No	N/A	-
46	Design loads	Yes	No	N/A	-
47	Wind requirements	Yes	No	N/A	-
48	Building envelope	Yes	No	N/A	-
49	Structural calculations (if required)	Yes	No	N/A	-
50	Foundation For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	Yes	No	N/A	-
51	Wall systems	Yes	No	N/A	-
52	Floor systems	Yes	No	N/A	-
53	Roof systems	Yes	No	N/A	-
54	Threshold inspection plan	Yes	No	N/A	-
55	Stair systems	Yes	No	N/A	-
Materials shall be shown include the following					
56	Wood	Yes	No	N/A	-
57	Steel	Yes	No	N/A	-
58	Aluminum	Yes	No	N/A	-
59	Concrete	Yes	No	N/A	-
60	Plastic	Yes	No	N/A	-
61	Glass	Yes	No	N/A	-
62	Masonry	Yes	No	N/A	-
63	Gypsum board and plaster	Yes	No	N/A	-
64	Insulating (mechanical)	Yes	No	N/A	-
65	Roofing	Yes	No	N/A	-
66	Insulation	Yes	No	N/A	-
Accessibility requirements shall be shown include the following					
67	Site requirements	Yes	No	N/A	-
68	Accessible route	Yes	No	N/A	-
69	Vertical accessibility	Yes	No	N/A	-
70	Toilet and bathing facilities	Yes	No	N/A	-
71	Drinking fountains	Yes	No	N/A	-
72	Equipment	Yes	No	N/A	-
73	Special occupancy requirements	Yes	No	N/A	-
74	Fair housing requirements	Yes	No	N/A	-

Interior requirements shall include the following					
75	Review required by the Columbia County Fire Department Items 75 th 80	Yes	No	N/A	-
	Interior finishes (flame spread/smoke development)	✓			
76	Light and ventilation	Yes	No	N/A	-
77	Sanitation	Yes	No	N/A	-
Special systems					
78	Elevators	Yes	No	N/A	-
79	Escalators	Yes	No	N/A	-
80	Lifts	Yes	No	N/A	-
Swimming pools					
81	Barrier requirements	Yes	No	N/A	-
82	Spas and Wading pools	Yes	No	N/A	-
83	Access required per Florida Building Code 454.1.2.5	Yes	No	N/A	-

Items to Include-Each Box shall be Circled as Applicable					
Electrical					
84	Wiring	Yes	No	N/A	-
85	Services For structures with foundation which establish new electrical utility companies service connection a Concrete Encased Electrode will be required within the foundation to serve as an grounding electrode system. Per the National Electrical Code article 250.52.3	Yes	No	N/A	-
86	Feeders and branch circuits	Yes	No	N/A	-
87	Overcurrent protection	Yes	No	N/A	-
88	Grounding	Yes	No	N/A	-
89	Wiring methods and materials	Yes	No	N/A	-
90	GFCIs	Yes	No	N/A	-
91	Equipment	Yes	No	N/A	-
92	Special occupancies	Yes	No	N/A	-
93	Emergency systems	Yes	No	N/A	-
94	Communication systems	Yes	No	N/A	-
95	Low voltage	Yes	No	N/A	-
96	Load calculations	Yes	No	N/A	-
Plumbing					
97	Minimum plumbing facilities	Yes	No	N/A	-
98	Fixture requirements	Yes	No	N/A	-
99	Water supply piping	Yes	No	N/A	-
100	Sanitary drainage	Yes	No	N/A	-
101	Water heaters	Yes	No	N/A	-
102	Vents	Yes	No	N/A	-
103	Roof drainage	Yes	No	N/A	-
104	Back flow prevention	Yes	No	N/A	-

105	Irrigation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
106	Location of water supply line	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
107	Grease traps	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
108	Environmental requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
109	Plumbing riser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
Mechanical					
110	Energy calculations	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
111	Review required by the Columbia County Fire Department Items 111th 114 Exhaust systems	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
112	Clothes dryer exhaust	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
113	Kitchen equipment exhaust	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
114	Specialty exhaust systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
Equipment location					
115	Make-up air	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
116	Roof-mounted equipment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
117	Duct systems	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
118	Ventilation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
119	Laboratory	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
120	Combustion air	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
121	Chimneys, fireplaces and vents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
122	Appliances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
123	Boilers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
124	Refrigeration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
125	Bathroom ventilation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
					Items to Include- Each Box shall be Marked as Applicable
Gas					
126	Review required by the Columbia County Fire Department Items 126th 134 Gas piping	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
127	Venting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
128	Combustion air	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
129	Chimneys and vents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
130	Appliances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
131	Type of gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
132	Fireplaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
133	LP tank location	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
134	Riser diagram/shutoffs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	-
Notice of Commencement					
135	A recorded (in the Columbia County Clerk Office) notice of commencement is required to be on file with the building department . <i>Before Any Inspections Will Be Done</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-
	Disclosure Statement for Owner Builders	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	-

Private Potable Water						
136	Horse power of pump motor	SEE PAGE 7- ON HOW TO PROVIDE THIS DOCUMENTATION.	Yes	No	N/A	-
137	Capacity of pressure tank		Yes	No	N/A	-
138	Cycle stop valve if used		Yes	No	N/A	-
						Items to Include- Each Box shall be Marked as Applicable

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS

139	Building Permit Application	A Building Permit Application is to be completed by following the checklist all supporting documents must be submitted. Completed Applications can be mailed with The \$15.00 application fee.	Yes	No	N/A	-
140	Parcel Number	The parcel number (Tax ID number) from the Property Appraiser is required. A copy of property deed is also required. (386) 758-1084	Yes	No	N/A	-
141	Environmental Health Permit or Sewer Tap Approval	A copy of an approved Environmental Health (386) 758-1058 waste water disposal permit or an approved City of Lake City (386) 752-2031 OR County sewer tap letter is required before a building permit can be issued. Toilet facilities shall be provided for construction workers	Yes	No	N/A	-
142	Driveway Connection	If the property does not have an existing access to a public road, then an application for a culvert permit must be made (\$25.00). County Public Works Dept. determines the size and length of every culvert before installation and completes a final inspection before permanent power is granted. Culvert installation for commercial, industrial and other uses shall conform to the approved site plan or to the specifications of a registered engineer. Use or joint use of driveways will comply with Florida Department of Transportation specifications. If the project is to be located on an F.D.O.T. maintained road, then an F.D.O.T. access permit is required.	Yes	No	N/A	-
143	Suwannee River Water Management District Approval	All commercial projects must have an SRWMD permit issued or an exemption letter, before a building permit will be issued.	Yes	No	N/A	-
144	Flood Management	All projects within the Floodway of the Suwannee or Santa Fe Rivers shall require permitting through the Suwannee River Water Management District, before submitting application to this office. Any project located within a flood zone where the base flood elevation (100 year flood) has been established shall meet the requirements of section 8.8 of the Columbia County Land Development Regulations. Any project that is located within a flood zone where the base flood elevation (100 year flood) has not been established shall meet the requirements of section 8.7 of Columbia County Land Development Regulations. A development permit will also be required. The development permit cost is \$50.00	Yes	No	N/A	-
145	Flood Management	A CERTIFIED FINISHED FLOOR ELEVATIONS WILL BE REQUIRED ON ANY PROJECT WHERE THE BASE FLOOD ELEVATION (100 YEAR FLOOD) HAS BEEN ESTABLISHED OR IT HAS BEEN DETERMINED BY THE PLAT	Yes	No	N/A	-
146	911 Address	An application for a 911 address must be applied for and received through the Columbia County Emergency Management Office of 911 Addressing Department (386) 758-1125.	Yes	No	N/A	-