



# Columbia County

## BUILDING DEPARTMENT

Revised Jan 2018

### COMMERCIAL MINIMUM PLAN CHECKLIST

**MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR THE 2017 FLORIDA BUILDING CODE ,FLORIDA PLUMBING CODE,FLORIDA MECHINICAL CODE,FLORIDA FUEL AND GAS CODE 2017 EFFECTIVE 1 JAN 2018 AND 2014 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 (3) 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                                                     | NO | N/A | - |
| 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                                                     | NO | N/A | - |
| 3                     | The design professional signature shall be affixed to the plans                                                                                                                                                                                                                                                                                                                                                       | YES                                                     | NO | N/A | - |
| 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                                                     | NO | N/A | - |

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                                                      | No | N/A | - |
| 5                               | Fire access, showing all drive way which will be accessible for emergency vehicles                                                                | Yes                                                      | No | N/A | - |
| 6                               | Driving/turning radius of parking lots                                                                                                            | Yes                                                      | No | N/A | - |
| 7                               | Vehicle loading include truck dock loading or rail site loading                                                                                   | Yes                                                      | No | N/A | - |
| 8                               | Nearest or number of onsite Fire hydrant/water supply/post indicator valve (PIV)                                                                  | Yes                                                      | No | N/A | - |
| 9                               | Set back of all existing or proposed structures from each structure and property boundaries, Show all separation including assumed property lines | Yes                                                      | No | N/A | - |
| 10                              | Location of specific tanks(above or under grown ,water lines and sewer lines and septic tank and drain fields                                     | Yes                                                      | No | N/A | - |

|                                                                                                                                                                   |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------|-------------------------------------------------------|---------------------|--------------------|---------|--------------------------------------|---------|--------------------------------------|---------|-----------|
| 11                                                                                                                                                                | All structures exterior views include finished floor elevation              |                     |                                                       |                     |                    |         | <input checked="" type="radio"/> Yes | No      | N/A                                  | -       |           |
| 12                                                                                                                                                                | Total height of structure(s) form established grade                         |                     |                                                       |                     |                    |         | <input checked="" type="radio"/> Yes | No      | N/A                                  | -       |           |
| <p align="center"><b>Review required by the Columbia County Fire Department Items 13<sup>th</sup> 43</b><br/> <b>(We Contact the Fire Inspector For You.)</b></p> |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| <b>Occupancy group use circle all uses:</b>                                                                                                                       |                                                                             | Group A             | Group B                                               | Group E             | Group F            | Group H | Group I                              | Group M | Group R                              | Group S | Group U D |
| 13                                                                                                                                                                | Special occupancy requirements.                                             |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 14                                                                                                                                                                | Incidental use areas (total square footage for each room of use area)       |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 15                                                                                                                                                                | Mixed occupancies                                                           |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 16                                                                                                                                                                | REQUIRED SEPARATION OF OCCUPANCIES IN HOURS FBC TABLE 707.3.10              |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| <b>Minimum type of permitted construction by code for occupancy use circle the construction type FBC 602</b>                                                      |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| 17                                                                                                                                                                | Type I (FBC:602.2)                                                          | Type II (FBC:602.2) | <input checked="" type="radio"/> Type III (FBC:602.3) | Type IV (FBC:602.4) | Type V (FBC:602.5) |         |                                      |         |                                      |         |           |
| <b>Fire-resistant construction requirements shall be shown, include the following components</b>                                                                  |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| 18                                                                                                                                                                | Fire-resistant separations                                                  |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 19                                                                                                                                                                | Fire-resistant protection for type of construction                          |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 20                                                                                                                                                                | Protection of openings and penetrations of rated walls                      |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 21                                                                                                                                                                | Protection of corridors and penetrations of rated walls                     |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 22                                                                                                                                                                | Fire blocking and draftstopping and calculated fire resistance              |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| <b>Fire suppression systems shall be shown include:</b>                                                                                                           |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| 23                                                                                                                                                                | Early warning smoke evacuation systems Schematic fire sprinklers Standpipes |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 24                                                                                                                                                                | Standpipes                                                                  |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 25                                                                                                                                                                | Pre-engineered systems                                                      |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 26                                                                                                                                                                | Riser diagram                                                               |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| <b>Life safety systems shall be shown include the following requirements:</b>                                                                                     |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| 27                                                                                                                                                                | Occupant load and egress capacities                                         |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 28                                                                                                                                                                | Early warning                                                               |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 29                                                                                                                                                                | Smoke control                                                               |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 30                                                                                                                                                                | Stair pressurization                                                        |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 31                                                                                                                                                                | Systems schematic                                                           |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| <b>Occupancy load/egress requirements shall be shown include:</b>                                                                                                 |                                                                             |                     |                                                       |                     |                    |         |                                      |         |                                      |         |           |
| 32                                                                                                                                                                | Occupancy load                                                              |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 33                                                                                                                                                                | Gross occupancy load                                                        |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 34                                                                                                                                                                | Net occupancy load                                                          |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 35                                                                                                                                                                | Means of egress                                                             |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 36                                                                                                                                                                | Exit access                                                                 |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 37                                                                                                                                                                | Exit discharge                                                              |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 38                                                                                                                                                                | Stairs construction/geometry and protection                                 |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 39                                                                                                                                                                | Doors                                                                       |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 40                                                                                                                                                                | Emergency lighting and exit signs                                           |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> N/A | -       |           |
| 41                                                                                                                                                                | Specific occupancy requirements                                             |                     |                                                       |                     |                    |         | Yes                                  | No      | <input checked="" type="radio"/> 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 <b>For</b> 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.<br>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 <sup>th</sup> 80 | Yes                                 | No | N/A                                 | - |
|                                                   | Interior finishes (flame spread/smoke development)                               |                                     |    | <input checked="" type="checkbox"/> |   |
| 76                                                | Light and ventilation                                                            | <input checked="" type="checkbox"/> | No | N/A                                 | - |
| 77                                                | Sanitation                                                                       | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| Special systems                                   |                                                                                  |                                     |    |                                     |   |
| 78                                                | Elevators                                                                        | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 79                                                | Escalators                                                                       | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 80                                                | Lifts                                                                            | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| Swimming pools                                    |                                                                                  |                                     |    |                                     |   |
| 81                                                | Barrier requirements                                                             | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 82                                                | Spas and Wading pools                                                            | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 83                                                | Access required per Florida Building Code 454.1.2.5                              | Yes                                 | No | <input checked="" type="checkbox"/> | - |

| Items to Include-Each Box shall be Circled as Applicable |                                                                                                                                                                                                                                                                                        |                                     |    |                                     |   |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----|-------------------------------------|---|
| Electrical                                               |                                                                                                                                                                                                                                                                                        |                                     |    |                                     |   |
| 84                                                       | Wiring                                                                                                                                                                                                                                                                                 | Yes                                 | No | N/A                                 | - |
| 85                                                       | Services <b>For</b> 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.<br>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 | <input checked="" type="checkbox"/> | - |
| 95                                                       | Low voltage                                                                                                                                                                                                                                                                            | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 96                                                       | Load calculations                                                                                                                                                                                                                                                                      | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| Plumbing                                                 |                                                                                                                                                                                                                                                                                        |                                     |    |                                     |   |
| 97                                                       | Minimum plumbing facilities                                                                                                                                                                                                                                                            | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 98                                                       | Fixture requirements                                                                                                                                                                                                                                                                   | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 99                                                       | Water supply piping                                                                                                                                                                                                                                                                    | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 100                                                      | Sanitary drainage                                                                                                                                                                                                                                                                      | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 101                                                      | Water heaters                                                                                                                                                                                                                                                                          | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 102                                                      | Vents                                                                                                                                                                                                                                                                                  | Yes                                 | No | <input checked="" type="checkbox"/> | - |
| 103                                                      | Roof drainage                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | No | N/A                                 | - |
| 104                                                      | Back flow prevention                                                                                                                                                                                                                                                                   | Yes                                 | No | <input checked="" type="checkbox"/> | - |

|                                                |                                                                                                                                                                             |     |    |     |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------------------------------------------------------------------|
| 105                                            | Irrigation                                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 106                                            | Location of water supply line                                                                                                                                               | Yes | No | N/A | -                                                                 |
| 107                                            | Grease traps                                                                                                                                                                | Yes | No | N/A | -                                                                 |
| 108                                            | Environmental requirements                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 109                                            | Plumbing riser                                                                                                                                                              | Yes | No | N/A | -                                                                 |
| <b>Mechanical</b>                              |                                                                                                                                                                             |     |    |     |                                                                   |
| 110                                            | Energy calculations                                                                                                                                                         | Yes | No | N/A | -                                                                 |
| 111                                            | <b>Review required by the Columbia County Fire Department Items 111<sup>th</sup> 114</b><br>Exhaust systems                                                                 | Yes | No | N/A | -                                                                 |
| 112                                            | Clothes dryer exhaust                                                                                                                                                       | Yes | No | N/A | -                                                                 |
| 113                                            | Kitchen equipment exhaust                                                                                                                                                   | Yes | No | N/A | -                                                                 |
| 114                                            | Specialty exhaust systems                                                                                                                                                   | Yes | No | N/A | -                                                                 |
| <b>Equipment location</b>                      |                                                                                                                                                                             |     |    |     |                                                                   |
| 115                                            | Make-up air                                                                                                                                                                 | Yes | No | N/A | -                                                                 |
| 116                                            | Roof-mounted equipment                                                                                                                                                      | Yes | No | N/A | -                                                                 |
| 117                                            | Duct systems                                                                                                                                                                | Yes | No | N/A | -                                                                 |
| 118                                            | Ventilation                                                                                                                                                                 | Yes | No | N/A | -                                                                 |
| 119                                            | Laboratory                                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 120                                            | Combustion air                                                                                                                                                              | Yes | No | N/A | -                                                                 |
| 121                                            | Chimneys, fireplaces and vents                                                                                                                                              | Yes | No | N/A | -                                                                 |
| 122                                            | Appliances                                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 123                                            | Boilers                                                                                                                                                                     | Yes | No | N/A | -                                                                 |
| 124                                            | Refrigeration                                                                                                                                                               | Yes | No | N/A | -                                                                 |
| 125                                            | Bathroom ventilation                                                                                                                                                        | Yes | No | N/A | -                                                                 |
|                                                |                                                                                                                                                                             |     |    |     | Items to Include-<br>Each Box shall be<br>Marked as<br>Applicable |
| <b>Gas</b>                                     |                                                                                                                                                                             |     |    |     |                                                                   |
| 126                                            | <b>Review required by the Columbia County Fire Department Items 126<sup>th</sup> 134</b><br>Gas piping                                                                      | Yes | No | N/A | -                                                                 |
| 127                                            | Venting                                                                                                                                                                     | Yes | No | N/A | -                                                                 |
| 128                                            | Combustion air                                                                                                                                                              | Yes | No | N/A | -                                                                 |
| 129                                            | Chimneys and vents                                                                                                                                                          | Yes | No | N/A | -                                                                 |
| 130                                            | Appliances                                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 131                                            | Type of gas                                                                                                                                                                 | Yes | No | N/A | -                                                                 |
| 132                                            | Fireplaces                                                                                                                                                                  | Yes | No | N/A | -                                                                 |
| 133                                            | LP tank location                                                                                                                                                            | Yes | No | N/A | -                                                                 |
| 134                                            | Riser diagram/shutoffs                                                                                                                                                      | Yes | No | N/A | -                                                                 |
| <b>Notice of Commencement</b>                  |                                                                                                                                                                             |     |    |     |                                                                   |
| 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 | No | N/A | -                                                                 |
| <b>Disclosure Statement for Owner Builders</b> |                                                                                                                                                                             | Yes | No | N/A | -                                                                 |

| Private Potable Water |                           |                                                         |     |    |                                                                   |   |
|-----------------------|---------------------------|---------------------------------------------------------|-----|----|-------------------------------------------------------------------|---|
| 136                   | Horse power of pump motor | SEE PAGE 7- ON HOW<br>TO PROVIDE THIS<br>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-<br>Each Box shall be<br>Marked as<br>Applicable |   |

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH BUILDING PLANS**

|     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |     |   |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|---|
| 139 | <b>Building Permit Application</b>                       | 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 | <b>Parcel Number</b>                                     | 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 | <b>Environmental Health Permit or Sewer Tap Approval</b> | 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.<br><br><b>Toilet facilities shall be provided for construction workers</b>                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No | N/A | - |
| 142 | <b>Driveway Connection</b>                               | 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 instillation 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 | <b>Suwannee River Water Management District Approval</b> | 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 | <b>Flood Management</b>                                  | 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 | <b>Flood Management</b>                                  | 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 | <b>911 Address</b>                                       | 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 | - |

## **ONCE ZONING HAS BEEN APPROVED FOR THIS PROJECT.**

### **Private Potable Water**

Well letter provided by the well driller OR City of Lake City Utilities Department (386-752-2031) Letter of Availability OR Ellisville/County Utilities (386-758-1019) Letter of Availability.

### **Sewage Disposal**

**Septic System** – An approved signed site plan from Environmental Health (386-758-1058)

**City OR County Sewage-** A Letter of Availability from either department. (See above contact numbers.)

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Pursuant to Chapter one (administration) section 101.2 of the Florida Building Code: Section 105.3.2 **Time limitation of application.** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

Pursuant to Chapter one (administration) section 101.2 of the Florida Building Code: Section 105.4.1 **Permit intent.** A permit issued shall be constructed to be a license to proceed with the work and not as authority to violate, cancel, alter or set aside any of the provisions of the technical codes, nor shall issuance of a permit prevent the building official from thereafter requiring a correction of errors in plans, construction or violations of this code. Every permit issued shall become invalid unless the work authorized by such permit is commenced within six months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of six months after the time the work is commenced.

Section 105.4.1.1: If work has commenced and the permit is revoked, becomes null and void, or expires because of lack of progress or abandonment, a new permit covering the proposed construction shall be obtained before proceeding with the work.

Section 105.4.1.2: If a new permit is not obtained within 180 days from the date the initial permit became null and void, the building official is authorized to require that any work which has been commenced or completed be removed from the building site. Alternately, a new permit may be issued on application, providing the work in place and required to complete the structure meets all applicable regulations in effect at the time the initial permit became null and void and any regulations which may have become effective between the date of expiration and the date of issuance of the new permit.

Section 105.4.1.3: Work shall be considered to be in active progress when the permit has received an approved inspection within 180 days. This provision shall not be applicable in case of civil commotion or strike or when the building work is halted due directly to judicial injunction, order or similar process.

Section 105.4.1.4: The fee for renewal reissuance and extension of a permit shall be set forth by the administrative authority.

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**Ordinance Sec. 90-75. - Construction debris.** (c) It shall be unlawful for any person to dispose of or discard solid waste, including construction or demolition debris at any place within the county other than on an authorized disposal site or at the county's solid waste facilities. The temporary storage, not to exceed seven days of solid waste (excluding construction and demolition debris) on the premises where generated or vegetative trash pending disposition as authorized by law or ordinance, shall not be deemed a violation of this section. The temporary storage of construction and demolition debris on the premises where generated or vegetative trash pending disposition as authorized by law or ordinance shall not be deemed in violation of this section; provided, however, such construction and demolition debris must be disposed of in accordance with this article prior to the county's issuance of a certificate of occupancy for the premises. The burning of lumber from a construction or demolition project or vegetative trash when done so with legal and proper permits from the authorized agencies and in accordance with such agencies' rules and regulations, shall not be deemed a violation of this section. No person shall bury, throw, place, or deposit, or cause to be buried, thrown, placed, or deposited, any solid waste, special waste, or debris of any kind into or on any of the public streets, road right-of-way, highways, bridges, alleys, lanes, thoroughfares, waters, canals, or vacant lots or lands within the county. No person shall bury any vegetative trash on any of the public streets, road right-of-way, highways, bridges, lanes, thoroughfares, waters, canals, or lots less than ten acres in size within the county.

**When the submitted application is approved for permitting the applicant will be notified by phone as to the date and time a building permit will be prepared and issued by the Columbia County Building & Zoning Department.**