

## MEMORANDUM

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To: Tenant Build Out Applicant  
From: Building Official  
Date: May 3, 2016  
Subject: Required Documentation Checklist

The following documents are needed to process an application for Commercial construction:

1. Three sets of plans (matching the site plan) signed and sealed by an architect or engineer registered in the State of Florida in compliance with the most recent edition of the Florida Building Code (2014).

**AN ELECTRONIC VERSION OF ALL DOCUMENTS BEING SUBMITTED SHALL BE PROVIDED WITH THE PACKET ON A CD IN .PDF FORMAT**

**Each plan set shall include:**

**Each plan set shall include:**

- a. Breakdown of square footage.
  - b. Electric layout
  - c. Electric riser diagram, including main panel size.
  - d. Electric load calculations.
  - e. Floor plan
  - f. HVAC plans
  - g. Plumbing riser diagram
  - h. Typical interior wall sections.
2. One (1) **application for building permit** – completed, signed
  3. One (1) **subcontractor registration form for all trades** – to be completed by the General Contractor; include TECO layout number, mechanical valuation, plumbing and electrical counts.
  4. One (1) **certificate of occupancy application**—completed.
  5. Certificate of insurance for general liability & worker's comp. policies-Cert holder listed as City of Oldsmar
  6. One (1) certified copy of the **Notice of Commencement**.
  7. One (1) Complete **Fire/Range Hood** (if needed) **suppression plans** need to be supplied by Fire Suppression contractor also on CD or e-mail in PDF format.
  8. Additional Transportation Impact Fees may apply.
  9. Sign application can be submitted after all of the above.

**AN ELECTRONIC VERSION OF ALL DOCUMENTS BEING SUBMITTED SHALL BE PROVIDED WITH THE PACKET ON A CD IN .PDF FORMAT IF PLANS ARE LARGER THAN 11 X 17**

In addition, the following are to be included, **if applicable**:

1. Planning and Re-development approved architectural rendering if located in the Town Center Redevelopment are/CRA.
2. If located in Special Flood Hazard Area(SFHA), stem wall or piling construction, flood vents w/ calculation, FFE, mechanical equipment elevations.



**APPLICATION FOR BUILDING PERMIT**

CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1124 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_

PERMIT FEES DUE: \$ \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

Review Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

**FLORIDA BUILDING AND ACCESSIBILITY CODE, 2014 EDITION APPLIES**

**Inspections called in before 3:30 PM will be performed the following business day.**

**Automated inspection line 813-749-1171**

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor's State Registration No. \_\_\_\_\_ PCCLB No. \_\_\_\_\_

Job Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

Area of improvement: \_\_\_\_\_ sq. ft. Valuation: \_\_\_\_\_

Legal: Sec. \_\_\_\_ Township \_\_\_\_, Range \_\_\_\_, Subdivision \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_ 1<sup>st</sup> Floor Elev \_\_\_\_\_

Bonding Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**AN ELECTRONIC VERSION OF ALL DOCUMENTS BEING SUBMITTED SHALL BE PROVIDED WITH THE PACKET ON A CD IN .PDF FORMAT IF PLANS ARE LARGER THAN 11 X 17**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, KITCHEN HOODS, FIRE SPRINKLERS, ALARM SYSTEM, AND SHEDS, ETC.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**OWNER'S ELECTRONIC SUBMISSION OF STATEMENT:** Under penalty of perjury, I declare that all of the information contained in this building permit application is true and correct.

Building Permit Applications shall be submitted on paper and PDF format / CD, for review and contain all the items listed in the Residential or Commercial Application Packet. For manufactured homes, copies of plot plan, pier and base diagram plus tie down diagram with manufacturers name and model number must accompany application. In addition, plumbing, electrical, mechanical and environmental plans shall be submitted to secure these permits, when applicable. The construction permit fee is based on a \$40.00 fee, plus additional fees according to value per thousand of valuation or fraction thereof. A form board tie-in survey shall be required at the slab inspection.

Application is valid for 180 days.

Permit is extended for 6 months after each successful inspection. Permit expires after 1 year. Permit fee is non-refundable.

**Contractors must maintain, State License, PCCLB License, General Liability and Workman's Compensation Insurance.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**Owner / Authorized Agent / Contractor** (circle one)

APPLICATION APPROVED BY: \_\_\_\_\_  
PERMIT OFFICER DATE



**Sub-Contractor Registration List**  
 City Of Oldsmar - Planning & Redevelopment  
 100 State Street West, Oldsmar, FL 34677-3655  
 Phone: (813) 749-1124 Fax: (813) 855-2730

**THIS FORM MUST BE SUBMITTED PRIOR TO PERMIT BEING ISSUED**

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Job Address: \_\_\_\_\_  
 General Contractor/Primary Contractor: \_\_\_\_\_  
 General Contractor PCCLB License: \_\_\_\_\_ State License: \_\_\_\_\_  
 General Contractor Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Trade	Sub-Contractor Information		
<b>Building</b>	Contractor Name:		License #
	Company Name:		Contact #
<b>Electrical **</b>	Contractor Name:		License #
	Company Name:		Contact #
<b>Mechanical</b>	Contractor Name:		License #
	Company Name:		Contact #
<b>Plumbing **</b>	Contractor Name:		License #
	Company Name:		Contact #
<b>Roofing</b>	Contractor Name:		License #
	Company Name:		Contact #

**Instructions:**

1. Must be submitted and signed by the Primary Contractor or authorized agent. (Notarized letter of authorization required for authorized agent)
2. Print clearly on form.
3. For information or questions call (813)749-1124
4. Application may be faxed or emailed to City at 813-855-2730 or [planredev@myoldsmar.com](mailto:planredev@myoldsmar.com)

Mechanical Job Total Valuation : \_\_\_\_\_  
 TECO Layout #: \_\_\_\_\_  
 \*\*\*power cannot be released without TECO Layout #  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

\*\* Additional information required on page 2. Please provide a complete breakdown of Electrical & Plumbing Counts for project.

## Electrical Counts

NEW RESIDENTIAL (including closets): Room Count \_\_\_\_\_ x \$15.00 = \_\_\_\_\_ + \$ 50.00 = \_\_\_\_\_

NEW COMMERCIAL OR INDUSTRIAL: # per/amp service \_\_\_\_\_ x \$1.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

RESIDENTIAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$2.50 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

COMERICAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

### Electrical Fee Schedule

Base Fee, Residential and Commercial	\$50.00
Residential, New or Addition	Base fee plus \$15.00 per room
Residential, Alteration or Remodel	Base fee plus \$2.50 per fixture or outlet
Residential, Service Upgrade	\$50.00
Commercial, New, Addition or Service Upgrade	Base fee plus \$1.00 per Amp
Commercial, Alteration or Remodel	Base fee plus Amp upgrade plus \$3.00 per fixture or outlet
Swimming Pools	\$50.00
Signs	\$40.00
Temporary Power Pole	\$50.00
Fire Alarm	Permit is based on Total Value of project outlined in Building Permits

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## Plumbing Counts

### INSTALLATION TO BE COMPLETED—PLEASE INDICATE QUANTITY

<b>Lavatories:</b> _____	<b>Water Closet:</b> _____	<b>Sinks:</b> _____
<b>Urinals:</b> _____	<b>Bidet:</b> _____	<b>Bathtubs:</b> _____
<b>Showers:</b> _____	<b>Dishwasher:</b> _____	<b>Disposals:</b> _____
<b>Laundry Tubs:</b> _____	<b>Floor Sinks:</b> _____	<b>Washing Machine:</b> _____
<b>Drinking Fountain:</b> _____	<b>Water Heater:</b> _____	<b>Gas Fixtures:</b> _____
<b>Lift Station:</b> _____	<b>Floor Drains:</b> _____	<b>Water Softner:</b> _____
<b>Grease Traps:</b> _____	<b>Hose Bibs:</b> _____	<b>Lawn Irrigation:</b> _____

**Total Number of Fixtures to be installed:** \_\_\_\_\_

### Plumbing Fee Schedule

Base Fee:	\$50.00
Residential, New or Alteration:	Base fee plus \$5.00 per fixture
Commercial, New or Alteration: (In addition to the traditional plumbing or gas fixtures – water heaters, hose bibs, grease traps and floor drains each count as one fixture)	Base fee plus \$25.00 per fixture
Irrigation Systems:	\$35.00 per each connection to City's Reclaimed Water System
Water Heater or Water Conditioner including solar:	\$75.00
Water Service, Replacement:	\$40.00
Sewer Service Line, Replacement:	\$40.00

Permit Number \_\_\_\_\_  
Parcel ID Number \_\_\_\_\_

# NOTICE OF COMMENCEMENT

State of Florida  
County of Pinellas

THIS AREA IS RESERVED FOR CLERK OF THE COURT CERTIFICATION

**THE UNDERSIGNED** hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

**1. Description of property (legal description):** \_\_\_\_\_

a) Street (*job*) Address: \_\_\_\_\_

**2. General description of improvements:** \_\_\_\_\_

**3. Owner Information or Lessee information if the Lessee contracted for the improvement:**

a) Name and address: \_\_\_\_\_

b) Name and address of fee simple titleholder (if different than Owner listed above) \_\_\_\_\_

c) Interest in property: \_\_\_\_\_

**4. Contractor Information**

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

**5. Surety** (if applicable, a copy of the payment bond is attached)

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

c) Amount of Bond: \$ \_\_\_\_\_

**6. Lender**

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

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

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

**8.a. In addition to himself or herself, Owner designates** \_\_\_\_\_ of \_\_\_\_\_

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b) Phone Number of Person or entity designated by Owner: \_\_\_\_\_

**9. Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_, 20

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

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

by \_\_\_\_\_ as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_, as \_\_\_\_\_

(Name of Person)

(type of authority, ...e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known Produced ID

Type of ID \_\_\_\_\_

Notary Signature \_\_\_\_\_

Print name \_\_\_\_\_

NOTARY STAMP



**24 HOUR NOTICE REQUIRED FOR  
PROCESSING AFTER ALL FINAL  
INSPECTIONS HAVE BEEN  
COMPLETED**

**CITY OF OLDSMAR  
100 STATE STREET WEST  
OLDSMAR, FL 34677  
PHONE: 813-749-1100  
FAX: 813-855-2730**

**APPLICATION FOR  
CERTIFICATE OF OCCUPANCY**

**Building Permit No.** \_\_\_\_\_

I, \_\_\_\_\_ Hereby certify that the following is a complete list of all licensed Sub-Contractors who furnished labor and materials on the construction of:

Building Address: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Sprinklered  Yes  No Design Occupant Load \_\_\_\_\_ Persons

General Contractor \_\_\_\_\_ Utilities Contractor \_\_\_\_\_

Engineer/Surveyor \_\_\_\_\_ Roofing Contractor \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Mechanical Contractor \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Fire Protection Contractor \_\_\_\_\_

**THIS LIST MUST BE COMPLETED AND ACCURATE. ALL SUBCONTRACTORS SHALL BE STATE AND COUNTY LICENSED.** Final electrical, plumbing, roofing and mechanical inspections must be made and approved. No building shall be occupied or a change made in occupancy or the nature of the use of a building or part of a building until after the Building Official, Technical Services and \*Fire Department have signed the application for certificate of occupancy. Said certificate shall not be issued until all required inspections in accordance with Article III of the Land Development Code and the Florida Building Code, 2014 editions, have been performed and all outstanding fees have been paid.

Signature of Applicant: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE STRUCTURE LOCATED AT: \_\_\_\_\_  
LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
BUILDING PERMIT NO \_\_\_\_\_ HAS BEEN COMPLETED ACCORDING TO ALL REQUIREMENTS OF THE CITY OF OLDSMAR AND PERMISSION IS HEREBY GRANTED TO OCCUPY SAID STRUCTURE IN COMPLIANCE WITH ALL APPLICABLE CODES.

DATE: \_\_\_\_\_ BUILDING OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_ TECHNICAL SERVICES: \_\_\_\_\_

DATE: \_\_\_\_\_ \*FIRE OFFICIAL: \_\_\_\_\_

\*REQUIRED FOR COMMERCIAL PROPERTIES ONLY



# City of Oldsmar

*To provide leadership, innovation, environmental stewardship and excellent services in partnership with the community*

Planning & Redevelopment Department ~ 100 State St. West ~ Oldsmar, FL 34677 ~ (813) 749-1100 ~ Fax (813) 855-2730

## CERTIFICATE OF OCCUPANCY CHECKLIST

The following items must be completed before a Certificate of Occupancy can be issued:

### Site:

1. All landscaping to be installed and completed per plans and City Codes.
2. Accessible (Handicapped) parking signage and other required accessible elements must be completed and/or installed.
3. Property must be graded for positive drainage from building.
4. All construction trailers, building materials, and debris of any kind to be removed from site.
5. Neighboring and surrounding sites and properties are to be cleared of construction materials and/or debris.
6. All construction and development signs are to be removed.
7. All banners and temporary signs are to be removed.
8. **All city sidewalks that abut the project or were damaged by the construction must be replaced if they are broken or cracked.**

### Building:

1. If a special inspector has performed inspections, the Inspection Firm is to submit a signed and sealed code compliance letter certifying the inspections performed.
2. Fire Sprinkler and/or alarm and emergency lighting must be tested and passed by the Fire Marshal.
3. Building address and/or numbers to be installed including suite and the apartment numbers.
4. Screens to be on all openings as required.
5. All rated doors to be installed and labeled, with closers.
6. Soil treatment certification (horizontal and vertical), insulation certification and energy code certification to be provided.
7. The Design Engineer and the fabricator are to provide letters certifying that welds have been approved by the engineer and by the fabricator. Individual welder's certifications are also to be provided.
8. Elevators are required to have a State elevator inspection. Provide copies of the inspection certificate.

### Outside Agencies:

1. Provide Health Department release for water and sewer, certifying that the water for the project has pass the necessary bacteriological and pressure tests.
2. A Certificate of Completion is to be furnished by the design engineer, stating that the paving and drainage was installed in accordance with the plans and specifications.
3. Provide a Certificate of Completion from the Project Engineer, certifying the installation of the underground utilities.
4. Provide a copy of the final approval from FDOT for any driveways and work done on State Roads.
5. Provide that temporary water has been paid for and meter returned.



**General:**

1. Job is completely finished per the reviewed plans and specifications on file. This includes **all final inspections being required and passed** by all contractors and subcontractors, including fire, underground utilities, etc.
2. Engineering, Planning and Building Divisions to recheck and confirm compliance with all relevant ordinances, resolutions, variances, special exceptions, site plan approvals, etc.
3. Required record drawing to be submitted with ample time allowed for review.
4. Final survey is required to show all building dimensions, setback dimensions, elevations of floor, patios and sidewalks, berms and swales, delineation of drainage system and direction of drainage, location of utilities and easements. (provided in .pdf format if larger than 11 x 17)
5. Permanent signs must be installed, inspected and final inspection passed.
6. All required letters are to be signed and sealed. IF the letter is not from a Florida Licensed Design Professional, the letter must be signed and notarized.
7. The owner or tenant of any buildings, offices, apartments, stores, etc. must apply for relevant occupational license.
8. Submit signed copies of the energy calculations and the EPL Performance Card.
9. If site is in a flood zone, provide a signed and sealed copy of the elevation certificate.

Your attention and cooperation in assuring that all requirements are completed prior to requesting the Certificate of Occupancy will expedite the issuance of the certificate.

**I HAVE READ AND UNDERSTAND THE TERMS ABOVE AND WILL COMPLY WITH THE REQUIREMENTS.**

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Print Name