

## **New Commercial Construction Permit Application Check List**

The following procedure is required to expedite the permit application and inspection process for new Commercial Construction.

The plan review process by Building Services is to be sure that all code requirements are met. Therefore, a completed application package will be required prior to review and issuance of a permit.

1. **Complete a Commercial Development Order** with the Planning & Zoning Department. This must be approved through planning and zoning before permit will be issued.  
**Note: If the construction is being built in the city limits, this step is not required, but you must obtain a development order from the city's City Hall.**
  
2. **Building Permit Application.** A current Building Permit Application form is to be completed and submitted for all construction projects. Please use the appropriate form.
  
3. **Septic Tank Permit or Sewer Tap Receipt.** A copy of the Septic Tank Permit or existing Septic Tank approval from Environmental Health (850) 482-9227, or the paid sewer tap receipt.
  
4. **Plans**
  - a. All commercial projects require three complete sets of engineered, sealed building plans and construction details to include foundation plans.
  - b. Plans must include location of any electrical, mechanical, fire safety and plumbing connections to the building. They must also include Elevation (front, rear and end view) wall section, door & window sizes
  - c. Square footage calculations.
  
5. **Notice of Commencement.** The recorded Notice of Commencement is required if the project's cost is \$2,500 or more. Blank forms are located at the Building Services Office for your convenience. The form is to be completed, notarized and recorded with the Clerk of Courts located at the Court House. The recorded copy of the Notice of Commencement is to be submitted to the Building Services Office before any inspections will be made **and** a copy must be posted on the job site.
  
6. **Special Flood Hazard Area.** All new construction located in a special flood hazard area will provide an original certified Elevation Certificate **before** any rough inspections are done. The permit holder has 21 days from the date the lowest floor is established to provide an Elevation Certificate.
  
7. **Termite Treatment.** Written verification of termite treatment method used to include; area treated, chemical used, number of gallons, product used, linear feet treated, date treated, time, applicator, and stage of treatment (Horizontal, Vertical, Adjoining Slab, retreat of disturbed area) must be provided to this department before a Certificate of Occupancy will be issued.

### **Permit, Inspection Card, Recorded Notice of Commencement and Approved Drawings**

All of the above items shall be posted on the job **before any new construction may commence. Permit board shall be installed so that it may be viewed from the street.** Permits, prints, and inspection card shall be protected from the elements. Failure to meet these requirements will result in the inspection not being done by Building Services.

**Adequate sanitary facilities for the convenience of all workmen shall be provided.**

### **Inspection Procedure**

**Prior to any inspection being made, proper permits (building, plumbing, electrical and mechanical) must** be issued, posted, and all fees paid. All inspections must be called in by **2:30 P.M.** for following day inspections as scheduling allows. **THERE WILL BE NO EXCEPTIONS.** If any emergency exists, the Building Official may grant same day inspection. Specific time inspections will be given consideration if inspectors routing will allow.

**YOU MUST HAVE THE PERMIT NUMBER AND TYPE OF INSPECTION WHEN CALLING FOR INSPECTION.**

**To keep permit active be sure to have an inspection at least every 6 months.**

It is permit holder's responsibility to call Building Services when each inspection phase is ready. **Do not proceed with work until inspection is made and approved.**

### **Reinspections**

Any inspection requests called in and not ready when inspector gets to site or inspections that fail will need reinspection. Reinspection requests will be handled the same as first inspection request, with the exception you will identify it as a reinspection. Also, a reinspection fee of \$40.00 for the first reinspection, \$80 for the second, \$120 for the third and any additional thereafter must be paid before the inspection will be made.

**SITE SHOULD BE SAFE AT ALL TIMES!!!**

# FILE CHECK LIST FOR NEW COMMERCIAL

**NO PLANS WILL BE ACCEPTED IF ANY OF THE REQUIRED ITEMS  
ARE MISSING.**

**\*\*\*\*\*NO EXCEPTIONS\*\*\*\*\***

- Approved Development Order
- Completed Permit Application
- 3 Sets of Engineered, Signed and Sealed, Plans

*The Design Criteria **MUST** be completed by an Engineer/Architect.* The Minimum Plan Review Criteria for buildings must be followed according to Florida Building Code 7<sup>th</sup> Edition (2020).

- 3 Sets of Truss Details
- Copy of Septic Tank Permit (From: Environmental Health Dept.)
- Energy Efficiency Report
- Filed Copy of Notice of Commencement (Jackson County Clerk of Court)

**I have acknowledged by signing below that all items listed above are included.**

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**Signature**

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**Date**

PLEASE **DO NOT** SUBMIT PLANS UNTIL ALL THE ABOVE HAVE BEEN DONE.

**\* NO EXCEPTIONS \***

**JACKSON COUNTY BUILDING SERVICES  
PERMIT APPLICATION**

If this is related to another permit number, please provide the MasterPermit Number: \_\_\_\_\_

OWNER INFORMATION	GENERAL INFORMATION
Owner Name:	Type of Construction: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Project Address:	Cost of Construction: _____ Square Footage: _____
City,State,Zip:	<b>CLASS OF WORK</b>
Owner Phone Number:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alterations
Parcel ID #:	<input type="checkbox"/> Other – List Type: _____
Email:	<b>PERMIT TYPE</b>
<b>CONTRACTOR INFORMATION</b>	<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical
Contractor License #:	<b>ATTACH COUNT SHEET FOR COMMERCIAL ELECTRICAL, MECHANICAL, AND PLUMBING</b>
Comp Card # if Applicable:	
License Holder Name:	<b>PURPOSE OF BUILDING:</b>
Company Name:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Foundation
Address:	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Generator
City,State,Zip:	<input type="checkbox"/> Modular <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Solar <input type="checkbox"/> Roofing
Phone:	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fire Suppression
Email:	<b>ROOFING INFORMATION ONLY</b>
<b>ENGINEER/ARCHITECT INFORMATION</b>	<b>ATTACH ROOF INSPECTION AFFIDAVIT</b>
Engineer/Architect Name:	<input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile
Address:	Number of Squares: _____ Slope: _____ /12
Phone:	Deck Material: _____
Email:	Underlayment: _____
Florida License #:	<b>Built-Up Roofs Only</b>
<b>NOTES</b>	Type Roof Deck: _____
	Base Ply: _____
	Roof Contract Value: _____

I understand that separate permits must be obtained for other items (i.e. electrical, plumbing, roofing, etc.), unless specifically covered by this permit. In signing this application, I am responsible for the supervision and completion of the construction in accordance with the plans and specifications and for compliance with all federal, state, and county laws applicable.

**Florida Statutes, 489.103 (7)**

Owners of property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors, when building or improving farm outbuildings or one-family or two-family residences on such property for the occupancy or use of such owners and not offered for sale or lease, or building or improving commercial buildings, at a cost not to exceed \$75,000, on such property for the occupancy or use of such owners and not offered for sale or lease. In an action brought under this part, proof of the sale or lease, or offering for sale or lease, of any such structure by the owner-builder within 1 year after completion of same creates a presumption that the construction was undertaken for purposes of sale or lease. This subsection does not exempt any person who is employed by or has a contract with such owner and who acts in the capacity of a contractor. The owner may not delegate the owner's responsibility to directly supervise all work to any other person unless that person is registered or certified under this part and the work being performed is within the scope of that person's license. For the purposes of this subsection, the term "owners of property" include the owner of a mobile home situated on a leased lot. To qualify for exemption under this subsection, an owner must personally appear and sign the building permit application.

**I REPRESENT, WARRANT, AND CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.**

\_\_\_\_\_  
Signature of Owner/Agent/Contractor

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,

(Notary Seal)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_

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

Permit Number: \_\_\_\_\_  
 Folio/Parcel ID #: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Return to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

State of Florida, County of Jackson

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

1. **Description of property** (legal description of the property, and street address if available)  
 \_\_\_\_\_
2. **General description of improvement**  
 \_\_\_\_\_
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Interest in Property \_\_\_\_\_  
**Name and address of fee simple titleholder** (if different from Owner listed above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. **Contractor**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
5. **Surety** (if applicable, a copy of the payment bond is attached)  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**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.**

\_\_\_\_\_  
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

\_\_\_\_\_  
 Signatory's Title/Office

State of Florida, County of Jackson

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,

(Notary Seal)

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

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
 Type of Identification \_\_\_\_\_