

CONSTRUCTION PLANS SUFFICIENCY REVIEW

| ADDRESS: | | | | | |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|--------------------|--|
| Number | Street | City | State | Zip Code | |
| Name of Person Submitting Plans: | | Telepho | Person: ne No.: ile No.: | | |
| | | | | | |
| Commercial – New (DO required) | Commercial - Addition/Alteration (DO required) | Residential - New | Residential – Addition/Alt | teration Fire Safe | |
| Γ | Completed Building Permit Application | | | | |
| | Development Order (if new or addition to commercial building) | | | | |
| | Recorded Notice of Commend | mencement | | | |
| | Sewer Tap or verification letter from ECUA or Health Department, re: Septic System | | | | |
| | SRIA approval Stamps, if build | Beach | | | |
| | Benchmark survey, except on 'X' zone 2 Sets of sealed drawings with proper wind-load certification, to include 5 th Edition (2014 <i>Florida Building Code noted on</i> plans, and if applicable, the following: | | | | |
| | | | | | |
| Γ | Floor Plan | | Mechanical Plan | | |
| | Plumbing Plan | | Electrical Plan | | |
| | Site Plan | | Metal Building plan | า | |
| | Truss Layout drawing | | Florida Energy For | rms | |
| | Termite Protection Statement | | Method of Protecti | on of Openings | |
| | Specific Florida Product Appro | oval Numbers | Scope of Work, i | f applicable | |
| | Provisions for Balanced Air | | | | |
| | Other: | | | | |
| _ | | | | | |
| FIRE | SAFETY – FIRE SUPPRESSION/S | PRINKLER | FIRE ALARM SY | 'STEM | |
| | Completed Fire Sprinkler Appl | ication (| Completed Fire Alarm App | lication | |
| | Three (3) Sets of Sealed Draw | vings 🔲 🗆 | Three (3) Sets of Sealed D | rawings | |
| | Signed Related Checklist | | Signed Related Checklist | | |
| | | | | | |
| Date:// | / 20 Time: | _: a.m | p.m | | |
| Required [| Documents Verified by: | Walk-Thro | ough Plans Reviewed by: | | |
| Plan Intake | Plan Intake Specialist | | Licensed Plans Examiner | | |