



Engineering & Utilities Policy & Procedure #11

TITLE: CODE COMPLIANCE & CONSTRUCTION PERMIT ADMINISTRATION

OBJECTIVE AND PURPOSE: To establish a consistent, knowledgeable and non-discriminatory review and building inspection process for the university construction projects that will help ensure compliance with the Florida Building Code.

RESPONSIBILITY: ACTION

BUILDING PERMIT

**A/E of RECORD
Step 1**

- ◆ Prepares five (5) signed and sealed sets of construction permit documents which comply with the submittal document criteria set forth in the Florida Building Code. Submit the completed State Fire Marshal (SFM) Application for Plan Review (**Attachment "A"**).

**CONTRACTOR
Step 2**

- ◆ Submits five (5) sets of signed and sealed construction permit documents with the SFM Application for Plan Review (**Attachment "A"**) along with the Building Permit Application (**Attachment "B"**) to the FAU Engineering & Utilities (E&U) department, attention FAU Building Code Administrator.
- ◆ Submits two (2) signed Stormwater Pollution Prevention Plan (SWPPP – **Attachment "C"**) and a copy of the Notice of Intent (NOI) (**Attachment "D"**) to the FAU Engineering & Utilities department, attention FAU Building Code Administrator. The Contractor shall forward the original NOI to the Florida Department of Environmental Protection (DEP).
- ◆ The general contractor or construction manager and all his subcontractors engaged to do work, shall be duly licensed and insured as required by the state of Florida and the county/city in which the work is to be performed. The general contractor or construction manager shall verify that all his subcontractors are duly licensed as stated above and shall maintain a complete and current listing of all subcontractors on the project and provide the Owner a copy of this listing upon request.

**FAU BLDG. CODE ADMINISTRATOR
Step 3**

- ◆ Transmits one (1) signed Stormwater Pollution Prevention Plan (SWPPP) (**Attachment "C"**) to the Architect/Engineer of record for review.
- ◆ Logs-in and reviews construction permit documents, SFM Application for Plan Review (**Attachment "A"**) and the Building Permit Application (**Attachment "B"**), then assigns and affixes an FAU file number to all sets of documents received.

Issued by: H. Smith	Date Issued: 3/2002	Date Revised: 1.2012	Effective Date: 3/2002
Approved	VP for Facilities	E&U Director	FP Director

- ◆ Verifies and obtains approval with FAU Risk Manager of contractor's license and insurance.
- ◆ Affixes FAU stamp (**Attachment "E"**) on cover and index sheet of five (5) sets of Construction Permit drawings.
- ◆ Transmits two (2) sets of signed/sealed construction permit documents to the SFM office for review and approval (**Attachments "A" & "E"**).
- ◆ Affixes FAU stamp (**Attachment "F"**) on front sheet and index page of five (5) sets of Construction Permit specifications.
- ◆ Transmits three (3) sets of stamped construction permit documents to the FAU Building Code Administrator for review.

**SFM REVIEWER
Step 4**

- ◆ Reviews construction permit documents for compliance with the Fire Prevention Code and returns one set with comments to the FAU Engineering & Utilities department, attention FAU Building Code Administrator along with the SFM approval letter. SFM retains one set of plans for their records,

**FAU BLDG. CODE
ADMINISTRATOR
Step 5**

- ◆ Reviews construction permit documents for compliance with the Florida Building Code (FBC).
- ◆ Records all deviations on Technical Reviewers Comment Sheet (**Attachment "H"**).
- ◆ If no deviations are noted, signs and dates signature blocks on FAU BCA approval stamp. The FAU Code Administrator then returns two (2) approved sets (jobsite and office plan sets) of construction permit documents and a plan certification letter to the FAU Engineering & Utilities department, attention FAU Building Code Administrator. Proceed to **Step 10**.
- ◆ Affixes date and signs company stamp to front of each drawing sheet.
- ◆ If deviations are noted and revisions are required, retains all (3) document sets and transmits the technical review comment sheet to the FAU Building Code Administrator. Proceed to **Step 6**.

RE-SUBMITTAL PROCESS

**FAU BLDG. CODE
ADMINISTRATOR
Step 6**

- ◆ Logs-in documents and comment sheets from the SFM and the FAU Building Code Administrator and transmit copies to contractor and A/E of record for correction.

**A/E of RECORD
Step 7**

- ◆ As required, address all technical review comments and re-submit five (5) signed and sealed sets of revised drawings (only revised sheets) or specifications to the FAU Building Code Administrator.
- ◆ All revised sets to include an indexed cover sheet.

**FAU BLDG. CODE
ADMINISTRATOR
Step 8**

- ◆ Affixes FAU stamp (**Attachment "E"**) on the front of each sheet of revised documents five (5) sets.
- ◆ Affixes FAU stamp (**Attachment "F"**) on the front sheet index of revised specifications, if applicable.
- ◆ Transmits five (5) sets of stamped revised documents to the FAU Building Code Administrator for review and two (2) sets to SFM if required.

**FAU BLDG. CODE
ADMINISTRATOR
Step 9**

- ◆ Reviews technical review comment responses and revised documents from A/E.
- ◆ Once review comments have been satisfactorily addressed, voids old sheets and incorporates revised plans into all three (3) drawing/specification sets.
- ◆ Technical reviewer signs and dates signature blocks with FAU Building Code Administrator's approval stamp.
- ◆ Transmits (jobsite and office plan sets) two (2) sets of construction permit documents along with a plan certification letter and required inspections list to the FAU Engineering & Utilities department, attention FAU Building Code Administrator.

APPROVAL PROCESS

FAU BLDG. CODE ADMINISTRATOR Step 10

- ◆ Logs-in approved documents and comment sheets from the SFM and the FAU Building Code Administrator and transmits copies to contractor and A/E of record.
- ◆ Verifies that all applicable permits have been obtained (i.e. SFWMD, DEP, HRS, LWDD). (**Attachment "G"**). Verifies that all the appropriate disciplines have initialed and dated on the sign-off block on each sheet of both sets of drawings by the FAU Building Code Administrator.
- ◆ Assembles the following: SFM approval letter, FAU Building Code Administrator's approval letter, with cover memo stating that all drawings have been reviewed and approved and it is recommended that a building permit be issued.
- ◆ Prepares a Building Permit (**Attachment "H"**) for the FAU Building Code Administrator's signature. Prepares two (2) sets of reviewed/approved construction permit documents for the FAU Building Code Administrator's signature.

FAU BLDG. CODE ADMINISTRATOR Step 11

- ◆ Signs and dates FAU stamp on cover of both sets of drawings and front cover and index of specifications then signs building permit.

FAU BLDG. CODE ADMINISTRATOR Step 12

- ◆ Transmits Building Permit, jobsite permit set reviewed by the FAU Code Administrator, and SFM approved permit set of documents to the Contractor and inserts a copy of the Building Permit into the job folder.
- ◆ Mounts one (1) set of approved permit documents stamped 'APPROVED DRAWINGS, DO NOT REMOVE' with permit sets with the FAU Building Code Administrator.

BUILDING INSPECTION

FAU BLDG. CODE ADMINISTRATOR Step 1

- ◆ Schedules and chairs a coordination meeting with the project Contractor, FP Project Manager, and the FAU Building Code Administrator to review inspection processes, scope of responsibilities, and verify contact information. Meeting agenda shall include a discussion regarding the SWPPP as it relates to EH&S Policy & Procedure #22.

CONTRACTOR Step 2

- ◆ Posts the Building Permit on site in accordance with the Building Permit Posting Methods (**Attachment "I"**).
- ◆ Phones, faxes, or emails Inspection Request/Report Form (**Attachment "J"**) to the FAU Building Code Administrator by 2:00 p.m. in accordance with inspection scope allowing minimum 24 hours for inspection.
- ◆ Maintains Building Inspection Log, jobsite permit set and SFM approved set.
- ◆ Maintains SWPPP event reports (**Attachment "K"**) and makes sure that all aspects of SWPPP are being followed.
- ◆ Notifies the FAU Building Code Administrator when requesting a SFM inspection. The request shall be made using the SFM form (**Attachment "L"**) after the form is completely filled in by the Contractor.

FAU BLDG. CODE ADMINISTRATOR
Step 3

- ◆ Upon request from the contractor, the FAU Building Code Administrator schedules inspections with appropriate technical inspector.
- ◆ Outlines area to be inspected on the jobsite permit set, then initials and dates that area.
- ◆ If inspection passes, inspector initials the Inspection Log.
- ◆ If inspection fails, re-inspection is scheduled by the Contractor thru the FAU Building Code Administrator.
- ◆ Within 48 hours of all inspections, completes an Inspection Report Form and faxes or emails, copies to the Contractor, FP Project Managers, Architect/Engineer of record, and FAU's Building Code Administrator.

FINAL INSPECTION

CONTRACTOR
Step 1

- ◆ Submits in writing a request for final inspection of the work to the FAU Building Code Administrator two (2) weeks prior to inspection date.
- ◆ Re-schedules final inspections thru the FAU Building Code Administrator if SFM or other technical inspections fail.

FAU BLDG. CODE ADMINISTRATOR
Step 2

- ◆ Schedules final inspection by SFM.
- ◆ Schedules final inspections by the FAU Building Code Administrator.
- ◆ Advises Director of Engineering & Utilities, Director of Facilities Planning, Facilities Planning Project Manager, and FAU's Building Code Administrator of SFM's final inspection dates.

SFM and FAU BLDG. CODE ADMINISTRATOR
Step 3

- ◆ Walks entire facility and completes final inspection report. Transmits five (5) copies to the FAU Building Code Administrator for distribution.

FAU BLDG. CODE ADMINISTRATOR
Step 4

- ◆ Reviews all Inspection Reports to verify that all failed inspections have been re-inspected.
- ◆ Assembles SFM Letter of Acceptance, Code Consultant Final Inspection Report, FAU certificate of Substantial Completion, and Elevator Approval (if applicable) to the FAU Building Code Administrator with letter of transmittal recommending that a Certificate of Occupancy or Certificate of Completion be issued.
- ◆ Completes Certificate of Occupancy or Certificate of Completion (**Attachment "M"**) for FAU Building Code Administrator's signature.

FAU BLDG. CODE ADMINISTRATOR
Step 5

- ◆ Issues Certificate of Occupancy or Certificate of Completion.

**FAU BLDG. CODE
ADMINISTRATOR
Step 6**

- ◆ Assembles all inspection and review records, SFM documentation and Certificate along with the Record set of drawings and places all in folder, and retains for (12) months. At end of (12) months, all retained documents are to be scanned, including one set of Contract Documents, and the scanned documents are to be maintained on a server.

REFERENCE

- ◆ Environmental Health & Safety Policy & Procedure #22

ATTACHMENTS

- ◆ *Attachment "A" – SFM Application for Plan Review*
- ◆ *Attachment "B" - Building Permit Issuance Checklist*
- ◆ *Attachment "C"- Stormwater Pollution Prevention Plan*
- ◆ *Attachment "D" - Notice of Intent (NOI)*
- ◆ *Attachment "E" - Reviewed for Code Compliance/Signature Date Stamp*
- ◆ *Attachment "F" - Submission of Plans to State Fire Marshall*
- ◆ *Attachment "G" - Technical Reviewers Comment Sheet*
- ◆ *Attachment "H" - Building Permit*
- ◆ *Attachment "I" - Permit Posting Diagram*
- ◆ *Attachment "J"- Inspection Request/Report*
- ◆ *Attachment "K" - Stormwater Inspection Report*
- ◆ *Attachment "L" - SFM Inspection Report*
- ◆ *Attachment "M"- Certification of Occupancy/Completion Form*
- ◆ *Attachment "N"- Check Request*



APPLICATION FOR PLAN REVIEW

By submitting this form you are requesting that the State Fire Marshal's Office complete a plan review in accordance with F.S. 633. This form must be completed in its entirety.		
1. TYPE OF SUBMITTAL	a. <input type="checkbox"/> Design Development (<100% Construction Documents) b. <input type="checkbox"/> 100% Construction Documents c. <input type="checkbox"/> Revision for SFM # : (Complete items 2, 3a and 7 only) d. <input type="checkbox"/> Shop Drawings for SFM # : (Complete items 2, 3a and 7 only) e. <input type="checkbox"/> Other:	
2. PROJECT NAME OR DESCRIPTION		
3. CONTACT INFORMATION		
a. Applicant's Name:	Email:	Phone:
b. State Agency Contact:	Email:	Phone:
c. Architect of Record:	Email:	Phone:
d. Engineer of Record for Fire Alarm System:	Email:	Phone:
e. Engineer of Record for Fire Sprinkler System:	Email:	Phone:
4. BUILDING INFORMATION		
a. <input type="checkbox"/> State Owned*	b. <input type="checkbox"/> State-Leased,** lease #:	
c. Design or State Agency Project #:		
d. Project Square Footage:	e. State Agency or University:	
f. Building Name:	g. Building #:	
h. Building Street Address:		
i. City/State/Zip:		j. County:
k. NFPA Occupancy Type: (check all that apply)		
Ambulatory Health Care <input type="checkbox"/>	Apartments <input type="checkbox"/>	
Detention and Correctional <input type="checkbox"/>	Day-Care <input type="checkbox"/>	
One and Two Family <input type="checkbox"/>	Mercantile <input type="checkbox"/>	
Hotels and Dormitories <input type="checkbox"/>	Health Care <input type="checkbox"/>	
Lodging or Rooming Houses <input type="checkbox"/>	Business <input type="checkbox"/>	
Residential Board and Care <input type="checkbox"/>	Industrial <input type="checkbox"/>	
Storage <input type="checkbox"/>	Assembly <input type="checkbox"/>	
l. Is this a change in occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		m. FBC Construction Type:
n. Building Height:	o. Number of Stories:	
p. Life Safety Systems: (check all that apply)		
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Standpipe		
<input type="checkbox"/> Other:		
q. Estimated Construction Cost (not including the cost of land, site improvement, civil work or furniture and equipment):		

ATTACHMENT "A" – 2 pgs



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Prevention

APPLICATION FOR PLAN REVIEW

5. SITE INFORMATION	a. Site Name:				
	b. Site Street Address:				
	c. City/State/Zip:				
6. FEES	a. Person/Company responsible for payment of fees:				
	b. Street Address:				
	c. City/State/Zip:	d. Phone:			
7. RETURN PLANS	a. Plans should be returned to:				
	b. Street Address:				
	c. City/State/Zip:	d. Phone:			
<p>Plans and specification shall be signed and sealed in accordance with Florida Statute 471 and 481. Submit this completed application with two sets of contract documents and one set of specifications to:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><u>If Sending By Regular Mail</u> Division of State Fire Marshal Plans Review Section 200 East Gaines Street Tallahassee, Florida 32399-0342</p> </td> <td style="vertical-align: top;"> <p><u>If Sending By Overnight Service</u> Division of State Fire Marshal Plans Review Section 325 John Knox Road, Atrium Building Tallahassee, Florida 32303</p> </td> </tr> </table>				<p><u>If Sending By Regular Mail</u> Division of State Fire Marshal Plans Review Section 200 East Gaines Street Tallahassee, Florida 32399-0342</p>	<p><u>If Sending By Overnight Service</u> Division of State Fire Marshal Plans Review Section 325 John Knox Road, Atrium Building Tallahassee, Florida 32303</p>
<p><u>If Sending By Regular Mail</u> Division of State Fire Marshal Plans Review Section 200 East Gaines Street Tallahassee, Florida 32399-0342</p>	<p><u>If Sending By Overnight Service</u> Division of State Fire Marshal Plans Review Section 325 John Knox Road, Atrium Building Tallahassee, Florida 32303</p>				
<p>* 69A-3.009 (12), FAC, defines a state owned building as: (a) "State-owned building," as used in Chapter 633, F.S., and any rule adopted by the State Fire Marshal, except as provided in paragraph (b) of this subsection, means any structure used or intended for supporting or sheltering any use or occupancy of which the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the record owner of the legal title to such structure.(b) "State-owned building" does not mean or include a pole barn, a picnic shelter, a lift station, an animal pen, an animal feeder, a pump house, a one-family private residence, a two-family private residence, a forestry fire tower or other fire tower, a radio tower, a building no longer in use, an empty building, or a greenhouse.</p>					
<p>** 69A-3.009 (13), FAC, defines a state leased space as: "State-leased" means that the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the lessee which is leasing the building or space from a lessor.</p> <p>If this is a state lease at a Department of Management Services facility, please send a copy of this completed form to:</p> <p>Real Property Administrator 4050 Esplanade Way, Suite 315 Tallahassee, FL 32399-0950</p>					



BUILDING PERMIT APPLICATION

To be submitted by the Project Contractor or Construction Manager

Applicant:

Name: _____
 Street Address: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____
 Contractor Type/License No.: _____ Expiration Date: _____
 Qualifying Agent's Names: _____

Qualifying Agent's Signature: _____
 Date: _____

Type of Work: New - Remodeling - Addition - Renovation - Repair - Alteration - Demo

Project:

Name: _____ Project No: _____
 Location: _____
 \$ Value/Description of Work: _____

Occupancy Classification	Construction Type	Floor Area Gross Square Feet	Building Height (Feet)

Architect/Engineer:

Name: _____
 Street Address: _____
 Mailing Address: _____
 Phone No.: _____ Email: _____
 A/E License No: _____ Expiration Date: _____

To be completed by Owner only:

FAU File Number: _____

Date Received: _____

ATTACHMENT "B"



Stormwater Pollution Prevention Plan

The following statement must be included on the front sheet of the SWPPP:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name (Operator and/or Responsible Authority)

Date

Project Name and location information:	
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A site map must be developed and must contain, at a minimum, the following information:

1. Drainage patterns,
2. Approximate slopes after major grading activities,
3. Areas of soil disturbance,
4. Outline all areas that are not to be disturbed,
5. Location of all major structural and non-structural controls,
6. The location of expected stabilization practices,
7. Wetlands and surface waters, and
8. Locations where stormwater may discharge to a surface water or MS4.

ATTACHMENT "C"



NOTICE OF INTENT TO USE GENERIC PERMIT FOR STORMWATER DISCHARGE FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES (RULE 62-621.300(4), F.A.C.)

This Notice of Intent (NOI) form is to be completed and submitted to the Department before use of the Generic Permit for Stormwater Discharge from Large and Small Construction Activities provided in Rule 62-621.300(4), F.A.C. The type of project or activity that qualifies for use of the generic permit, the conditions of the permit, and additional requirements to request coverage are specified in the generic permit document [DEP Document 62-621.300(4)(a)]. **The appropriate generic permit fee, as specified in Rule 62-4.050(4)(d), F.A.C., shall be submitted with this NOI in order to obtain permit coverage. Permit coverage will not be granted without submittal of the appropriate generic permit fee.** You should familiarize yourself with the generic permit document and the attached instructions before completing this NOI form. **Please print or type information in the appropriate areas below.**

I. IDENTIFICATION NUMBER: Project ID

II. APPLICANT INFORMATION:

A. Operator Name:		
B. Address:		
C. City:	D. State:	E. Zip Code:
F. Operator Status:	G. Responsible Authority:	
	H. Phone No.:	

III. PROJECT/SITE LOCATION INFORMATION:

A. Project Name:		
B. Project Address/Location:		
C. City:	D. State:	E. Zip Code:
F. County:	G. Latitude: ° ' "	Longitude: ° ' "
H. Is the site located on Indian lands? No <input type="checkbox"/> Yes <input type="checkbox"/>		I. Water Management District:
J. Project Contact:		K. Phone No.:

ATTACHMENT "D" – 5 pages

IV. PROJECT/SITE ACTIVITY INFORMATION:

A. Indicate whether Large or Small Construction (check only one):	<input type="checkbox"/> Large Construction (Project will disturb five or more acres of land.) <input type="checkbox"/> Small Construction (Project will disturb one or more acres but less than five acres of land.)	
B. Approximate total area of land disturbance from commencement through completion of construction: _____ Acres		
C. SWPPP Location	<input type="checkbox"/> Address in Part II above <input type="checkbox"/> Address in Part III above <input type="checkbox"/> Other address (specify below)	
D. SWPPP Address:		
E. City:	F. State:	G. Zip Code:
H. Construction Period	Start Date:	Completion Date:

V. DISCHARGE INFORMATION

A. MS4 Operator Name (if applicable):
B. Receiving Water Name:

VI. CERTIFICATION¹:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title (Type or Print):

Signature: _____

Date Signed: _____

¹ Signatory requirements are contained in Rule 62-620.305, F.A.C.

INSTRUCTIONS – DEP FORM 62-621.300(4)(b)
NOTICE OF INTENT (NOI) TO USE GENERIC PERMIT FOR STORMWATER DISCHARGE
FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES

Who Must File an NOI:

Federal law at 40 CFR Part 122 prohibits the point source discharge of pollutants, including the discharge of stormwater associated with large construction activities as defined at 40 CFR 122.26(b)(14)(x) or small construction activities as defined at 40 CFR 122.26(b)(15), to waters of the United States without a National Pollutant Discharge Elimination System (NPDES) permit. Under the State of Florida’s authority to administer the NPDES stormwater program at 403.0885, F.S., operators that have stormwater discharge associated with large or small construction activities to surface waters of the State, including through a Municipal Separate Storm Sewer System (MS4), must obtain coverage either under a generic permit issued pursuant to Chapter 62-621, F.A.C., or an individual permit issued pursuant to Chapter 62-620, F.A.C.

Where to File NOI:

NOIs for coverage under this generic permit must be sent to the following address:

NPDES Stormwater Notices Center, MS #2510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Permit Fee:

Permit fees for large and small construction activities to be covered under the generic permit are specified in Rule 62-4.050(4)(d), F.A.C. The appropriate generic permit fee (either for large or small construction activities) must be submitted along with the completed NOI in order to obtain coverage under the generic permit. **Generic permit coverage will not be granted without payment of the appropriate permit fee.**

The permit fee shall be paid by either check or money order made payable to: “Florida Department of Environmental Protection”

Part I – Identification Number

Enter the project’s DEP identification number (generic permit coverage number) if known. If an ID number has not yet been assigned to this project (i.e., if this is a new project), leave this item blank.

Part II – Applicant Information

Item A.: Provide the legal name of the person, firm, contractor, public organization, or other legal entity that owns or operates the construction activity described in this NOI. The operator is the legal entity that has authority to control those activities at the project necessary to ensure compliance with the terms and conditions of the generic permit.

Items B. – E.: Provide the complete mailing address of the operator, including city, state, and zip code.

Item F.: Enter the appropriate one letter code from the list below to indicate the legal status of the operator:

F = Federal; S = State; P = Private; M = Public (other than federal or state); O = Other

Items G. – H.: Provide the name and telephone number (including area code) of the person authorized to submit this NOI on behalf of the operator (e.g., Jane Smith, President of Smith Construction Company on behalf of the operator, Smith Construction Company; John Doe, Public Works Director on behalf of the operator, City of Townsville; etc.). This should be the same person as indicated in the certification in Part VI.

Part III – Project/Site Location Information

Items A. – E.: Enter the official or legal name and complete street address, including city, state, and zip code of the project. Do not provide a P.O. Box number as the street address. If it lacks a street address, describe the project site location (e.g., intersection of State Road 1 and Smith Street).

Item F.: Enter the county in which the project is located.

Item G.: Enter the latitude and longitude, **in degrees-minutes-seconds format**, of the approximate center of the project.

Item H.: Indicate whether the project is located on Indian lands.

Item I.: Enter the appropriate five or six letter code from the list below to indicate the Water Management District the project is located within:

NFWWMD = Northwest Florida Water Management District
SRWMD = Suwannee River Water Management District
SFWMD = South Florida Water Management District
SWFWMD = Southwest Florida Water Management District
SJRWMD = St. John's River Water Management District

Items J. – K.: Give the name, title, and telephone number (including area code) of the project contact person. The project contact is the person who is thoroughly familiar with the project, with the facts reported in this NOI, and who can be contacted by the Department if necessary.

Part IV – Project/Site Activity Information:

Item A.: Check the appropriate box to indicate whether the project involves large construction activity or small construction activity. **Check one box only.**

“Large Construction Activity” means construction activity that results in the disturbance of five (5) or more acres of total land area. Large construction activity also includes the disturbance of less than five acres of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more.

“Small Construction Activity” means construction activity that result in the disturbance of equal to or greater than one (1) acre and less than five (5) acres of total land area. Small construction activity also includes the disturbance of less than one acre of total land area that is part of a larger common plan of development or sale that will ultimately disturb equal to or greater than one acre and less than five acres.

Item B.: Provide the approximate total area of land disturbance in acres that the project will involve from commencement of construction through completion.

Items C. - G.: Indicate the location where the Stormwater Pollution Prevention Plan (SWPPP) can be viewed. Provide the address where the SWPPP can be viewed if other than as provided in Parts II or III of the NOI. **Note that to be eligible for coverage under the generic permit, the SWPPP must have been prepared prior to filing this NOI.**

Item H.: Enter the estimated construction start and completion dates in the MM/DD/YY format.

Part V – Discharge Information

Item A.: If stormwater from the project discharges to a municipal separate storm sewer system (MS4), enter the name of the operator of the MS4 (e.g., City of Tallahassee MS4, Orange County MS4, FDOT MS4, etc.). If stormwater from the project does not discharge to an MS4 but rather discharges to surface waters of the State, leave this item blank or indicate “N/A” and skip to Item B of this part. **Please note that if the project discharges stormwater to an MS4, you must provide the MS4 operator with a copy of the completed NOI.**

Item B.: If the project discharges stormwater to surface waters of the State, and not to an MS4, enter the name of the receiving water body to which the stormwater is discharged. Please provide the first named water body to which the stormwater from the project is discharged (e.g., Cypress Creek, Tampa Bay, unnamed ditch to St. Johns River, Tate’s Hell Swamp, etc.).

Part VI – Certification

Type or print the name and official title of the person signing the certification. Please note that this should be the same person as indicated in Item II.G. as the Responsible Authority. Sign and date the certification.

Section 403.161, F.S., provides severe penalties for submitting false information on this application (NOI) or any reports or records required by a permit. There are both civil and criminal penalties, in addition to the revocation of permit coverage for submitting false information.

Rule 62-620.305, F.A.C., requires that the NOI and any reports required by the permit to be signed as follows:

- A. For a corporation, by a responsible corporate officer as described in Rule 62-620.305, F.A.C.;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or,
- C. For a municipality, state, federal or other public facility, by a principal executive officer or elected official.



Signature/Date Stamp: _____

REVIEWED FOR CODE COMPLIANCE

FLORIDA ATLANTIC UNIVERSITY DEPARTMENT OF ENGINEERING & UTILITIES BUILDING CODE ADMINISTRATOR			
PLANS EXAM.DIV	APPROVED	APPROVED AS NOTED	DATE
CIVIL			
BUILDING/ADA			
STRUCTURAL			
ELECTRICAL			
PLUMBING			
MECHANICAL/ENERGY			
FIRE MARSHAL			
ANY DEVIATION FROM THE BUILDING CODE ON THESE PLANS BY OVERSIGHT, ERROR OR OMISSION RENDER THIS PERMIT VOID. NO INSPECTIONS WILL BE MADE WITHOUT THIS PLAN ON SITE, AND IF NO INSPECTION HAS BEEN MADE WITHIN 180 DAYS OF ABOVE DATE THIS PERMIT IS VOID.			
_____ BUILDING CODE ADMINISTRATOR		_____ DATE	

ATTACHMENT "E"



DEPARTMENT OF ENGINEERING AND UTILITIES
777 Glades Road • P.O. Box 3091
Bldg. CO#69 • Room 111
Boca Raton, Florida 33431-0991

SUBMISSION OF PLANS TO STATE FIRE MARSHALL

Submission of Plans. The university shall encourage all architects/engineers under contract for major projects to review their designs with the State Fire Marshal (SFM) early in the design process. For every project, upon completion of 100% Construction Documents, the university shall submit two signed and sealed sets of documents to the SFM for review and approval. Universities are encouraged to send plans via UPS or other overnight service. If sent overnight, plans should be sent to: Division of State Fire Marshal, Plans Review Section, 325 John Knox Road, Atrium Building, Tallahassee, Florida 32301, telephone (904) 413-3736, Suncom 292-3736. When mailing, use the mailing address of: Division of State Fire Marshal, Plans Review Section, 200 E. Gaines Street, Tallahassee, Florida 32399-0342. The transmittal letter must include the project construction budget and the architect/engineer's name address and phone number.

SFM invoices. The SFM will send an invoice for review fees to the university facilities planning director within 4-5 days following receipt of the plans. Fees shall be invoiced on an individual project basis. The invoice will include the project name, project number (BR number), SFM number, and SFM reviewer assigned. For projects without a BR number, the invoice will reference the title of the project as it appears in the title block of the drawings.

University payment. For fees greater than \$1,000.00, the university shall make payments to the SFM by issuing a Purchase Order. For fees less than \$1,000.00, an FAU Check Request form (**Attachment "N"**) will be used to issue payments to the SFM.

SFM review comments. The State Fire Marshal will send its approval letter and review comments to the university, together with a set of approved plans, within 30 days.

Plans approved by the SFM. The plans approved by the SFM must be kept at the project site at all times.

University authority. The University may seek authority from the SFM to designate an individual on campus to determine which projects do not require review by the SFM. The university will coordinate with the SFM in making this appointment.

ATTACHMENT "F"



REVIEWED BY FIRM: _____

Phase Submittal: **Phase X - X%**

Date of Review Completion:

Facility Name: **XXXXX Campus**

Building: **#**

Project Name: **Name**

Project No.: **#**

Building Code: **Florida Building Code 20**____

A/E: **Name of Firm**

Plans Received:

REVIEW

REVIEW STATUS: REVISE and RESUBMIT

SAMPLE
FAU Plan Review Comments

Discipline

Reviewer

License No(s).

Plan Disposition: DISAPPROVED

Comments to be responded to in writing. For your convenience, you may type responses in the response rows provided in this electronic document. Submit for Review: Two (2) sets of any revised sheets, signed and sealed with responses.

Code compliance review of the documents is a general cursory, Non-constructability review which is not implied, warranted or guaranteed to be a comprehensive disclosure or identification of all non-compliant code items that may or may not exist. Completeness and code compliance responsibility remains with the Architect and Engineers of record.

ATTACHMENT "G" – Page 1 of 2



Phase Submittal: **Phase X-X%**
 Facility Name: **XXXX Campus**
 Building: **#**
 Project Name: **Name**
 Project No.: **#**
 Building Code: **Florida Building Code 20**____
M= Mandatory
R= Recommendation

Date of Plans:

Discipline(s) Review:
ARCHITECTURAL

Sheet No.	Item No.	M / R		Comments	Complete	Date
	1		<i>Comment:</i>			
			<i>Response:</i>			
	2		<i>Comment:</i>			
			<i>Response:</i>			
	3		<i>Comment:</i>			
			<i>Response:</i>			
	4		<i>Comment:</i>			
			<i>Response:</i>			
	5		<i>Comment:</i>			
			<i>Response:</i>			
	6		<i>Comment:</i>			
			<i>Response:</i>			
	7		<i>Comment:</i>			
			<i>Response:</i>			
	8		<i>Comment:</i>			
			<i>Response:</i>			
	9		<i>Comment:</i>			
			<i>Response:</i>			
	10.		<i>Comment:</i>			
			<i>Response:</i>			

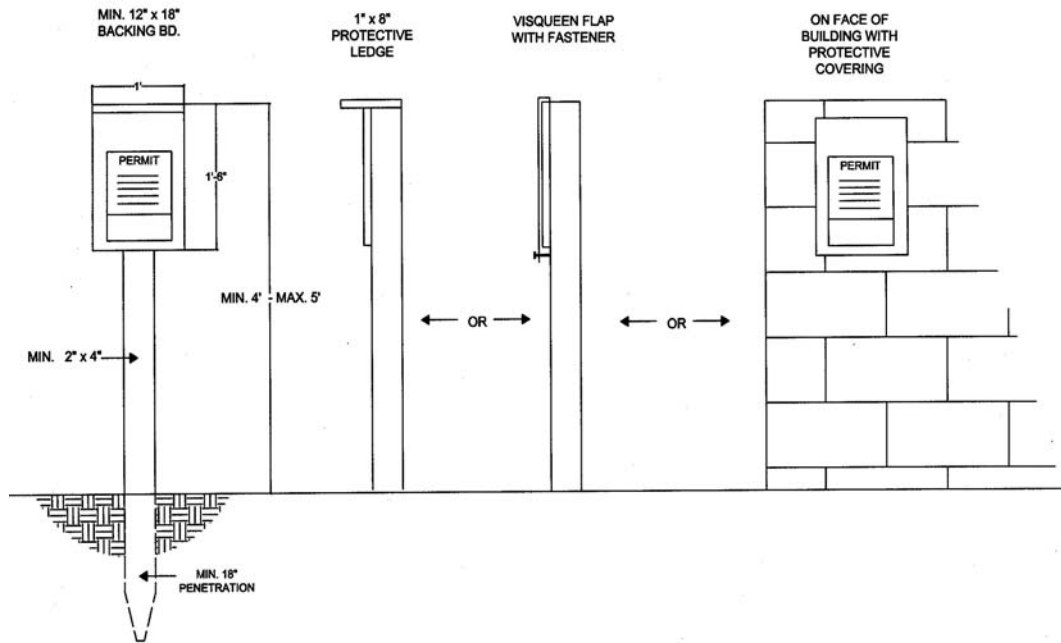


BUILDING PERMIT

FAU BUILDING PERMIT NUMBER:		SFM NUMBER:	
PROJECT (WO)#:		JOB LOCATION:	
CONTRACTOR:	MAIL ADDRESS:	PHONE:	REGISTRATION NO.:
ARCHITECT/DESIGNER:	MAIL ADDRESS:	PHONE:	REGISTRATION NO.:
USE OF BUILDING:	CLASS OF WORK:	VALUATION OF WORK:	
DESCRIPTION OF WORK:			
<p>In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies. * FAU requires Hot Work Permits; if required see EH&S Policy & Procedure #19.</p>			
DATE OF ISSUE:	BLDG. AREA: (Total Sq.Ft)	BLDG. HEIGHT:	OTHER:
	FIRE ALARM:	FIRE SPRINKLER:	
NOTICES:			
<p>ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION</p>			
<p>THIS PERMIT SHALL BE POSTED AT THE PERMITTED WORK AND BE READILY ACCESSIBLE TO THE CODE OFFICIAL. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p>			
<p>ANY WORK UNDER THIS PERMIT FOR THE DEMOLITION OR RENOVATION OF AN EXISTING STRUCTURE WILL COMPLY WITH THE PROVISIONS OF 469.003 FLA. STATUTES.</p>			
<p>REVIEW AND APPROVAL OF CONSTRUCTION DOCUMENTS BY THE BUILDING CODE ADMINISTRATION DOES NOT RELIEVE THE CONTRACTOR AND/OR HIS SUBCONTRACTORS FROM THE RESPONSIBILITY OF COMPLYING WITH ALL APPLICABLE CODES AND STANDARDS AS ADOPTED BY THE STATE, UNIVERSITY, OR BOARD OF TRUSTEES GOVERNING BUILDING CODE 2004.</p>			
SIGNATURE OF BUILDING CODE ADMINISTRATOR			DATE

ATTACHMENT "H"

**THIS PERMIT PACKAGE MUST BE
 DISPLAYED ON THE FRONT OF
 THE JOB BY ONE OF THE
 FOLLOWING METHODS OR NO
 INSPECTION WILL BE MADE**



ATTACHMENT "I"



INSPECTION REQUEST/REPORT FORM

PROJECT: _____ PERMIT NO: _____
 Location: _____ Date Ready: _____
 Requestor: _____ Phone No.: _____
 Received By: _____ Email: _____

FILL IN ALL APPLICABLE AREAS OF INSPECTIONS IN THE APPROPRIATE SPACES BELOW

Building/Structural	Electrical	Plumbing	Mechanical
Final Bldg.	Final Electrical	Final Plumbing	Final Mechanical

Contractor fill-in above dotted line

Inspector: Firm/Organization _____
 Inspector: State License Number _____ E-Mail _____
 Inspector: Telephone _____ Fax _____

Inspection Results: (Circle/Underline One) **PASSED** **FAILED**

List areas inspected and result for each. Describe in detail any code violation

Inspection Date: _____ Time In: _____ Time Out: _____

Inspector's Signature: _____

ATTACHMENT "J" – 4 pages

FLORIDA ATLANTIC UNIVERSITY INSPECTION CODES

STRUCTURAL INSPECTION CODES	
Code #	Description
100	Foundation/Footing
101	Pole Foundation
102	CMU Walls / Cell \ Reinf.
103	Tilt Wall Panel
104	Slab on grade
105	Deck Slab
106	Concrete Columns
107	Concrete wall / shearwall
108	Concrete Beam / Lintel
110	Precast Joists / Beams
111	Specialty Wall Panels
112	Steel Columns
114	Steel Joists & Beams
116	Metal Roof Floor Deck
120	Shoring, Slabs / Beams
122	Truss Install
124	Truss Connections
126	Roof mounting equipment

BUILDING INSPECTION CODES	
Code #	Description
164	Site Drive / Walkway
168	Structure Removal
169	Awning Installation / Final
170	Paving / Drainage
172	Tent Temporary
174	Shutters
178	Sign Structure
179	Stucco Scratch / Final
180	Demolition/Bldg. Insp.
182	Shed / Specialty Structure Install
183	Stairs
184	Fence Installation
189	Landscape Final
199	Building Final

BUILDING INSPECTION CODES	
Code #	Description
128	Interior Framing
129	Suspended Ceiling
130	Soffit / Exterior Framing
131	Sheathing Exterior Install
132	Bldg Insulation
133	Lath / Plaster
134	Drywall Screw
136	Fire Stop / Penetrations - partitions
138	Spray Fire Proofing
140	Window / Door Frame
142	Window / Door Glazing
144	Storefront System
146	Interior Equipment
148	ADA Accessibility
149	Waterproofing
150	Structural Repairs

ROOFING INSPECTION CODES	
Code #	Description
652	Roof Sheathing (Non Metal)
653	Metal Roof In Progress
654	Roof Insulation (In Progress)
656	Roof Base / Interply
658	Roof Cap Sheet
660	Roof Flashing
669	Roofing System Final
996	Jobsite Meeting
997	PreCon Walkthru
998	Construction Trailer

* This reference list is subject to change at the discretion of the Building Official.

FLORIDA ATLANTIC UNIVERSITY INSPECTION CODES

PLUMBING INSPECTION CODES	
Code #	Description
200	Plumbing Underground
201	Plumbing Site Utilities
202	Plumbing Rough / Partial
204	Plumbing Test - Sanitary / Vent
205	Plumbing Test - Pressure
206	Water/ Sewer Line Site
208	Roof Drains
210	Storm Line
215	Condensate Drain Line
216	Plumbing Change Out
218	Gas Line/Tank P-Test
219	Gas Line/Tank Final
220	Sprinkler/Irrigation
222	Pump / Lift Station

ELECTRICAL INSPECTION CODES	
Code #	Description
300	Electrical Underground
301	Electrical Site Utilities
302	Elect Rough / Partial
303	Elect Grounding Conduct
304	Electrical Slab
306	Elect. Temp. Service
307	Elect Meter / Switch Room
310	Electrical Manhole Vault
311	Lightning Protection
312	Low Voltage Rough
313	Site Lighting / Pole Installation
316	Emergency Generator Install
317	Emergency Generator Test
318	Emergency Lighting Test
326	Roof mounting equipment
336	Fire Stop / Penetrations-floor & wall
342	Fire Alarm Rough
349	Fire Alarm Final
399	Electrical Final

PLUMBING INSPECTION CODES	
Code #	Description
224	Pool Heater Install
228	Backflow Preventor
230	Backflow Compliance
232	Grease Trap / Tank
234	Water Heater Replacement
236	Fire Stop / Penetrations-floor & wall
238	Medical Gas Install / Test
239	Kitchen Plumbing Final
242	Special System Install
243	Water Service Tie-in
244	Sanitary Tie-in
246	Fuel Tank Install
247	Tank Install non fuel
248	Plumbing System Flush
299	Plumbing Final

MECHANICAL INSPECTION CODES	
Code #	Description
400	Mechanical Underground
401	Chiller Line Install / Insulation
402	Mechanical Rough
404	Thermal Storage Tank
405	Chiller Line Pressure Test
406	Expansion Loop / Reheat Sys Test
407	VAV / Heater Install
408	Fire / Smoke Dampers Install
410	Duct Detector Install
413	Refrigerant Lines
414	Refrigerant Lines Pressure Test
415	Condensate Drain Line
416	Kitchen Hood Rough
419	Kitchen Hood Final
420	Smoke Evac Test
429	Test & Balance Final
426	Roof mounting equipment
430	Boiler Installation
436	Fire Stop / Penetrations-floor & wall
499	Mechanical Final

FLORIDA ATLANTIC UNIVERSITY INSPECTION CODES

FIRE / SAFETY INSPECTION CODES	
Code #	Description
535	Spray Fire Proofing
536	Fire Stop / thru Penetrations
537	Fire Smoke Damper Install
540	Fire Line / Underground P-Test
550	Fire Sprinkler / Underground P-Test
551	Fire Sprinkler / Above ground P-Test
552	Fire Sprinkler Rough
555	Fire Pump Install
556	Fire Pump Test
558	Fire Sprinkler Flow Test
559	Fire Sprinkler Final
560	Hazardous Storage
562	Fire Suppression Rough
569	Fire Suppression Final
572	Fire Alarm Rough
579	Fire Alarm Final
581	Smoke Evac Test
589	Fire Safety Final
599	Fire Marshall Final

FBC SECTION 109 - INSPECTIONS

109.1 General. Construction or work for which a permit is required shall be subject to inspection by the building official and such **construction or work shall remain accessible and exposed for inspection purposes until approved.** Approval as a result of an inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. Inspections presuming to give authority to violate or cancel the provisions of this code or of other ordinances of the jurisdiction shall not be valid. **It shall be the duty of the permit applicant to cause the work to remain accessible and exposed for inspection purposes. Neither the building official nor the jurisdiction shall be liable for expense entailed in the removal or replacement of any material required to allow inspection.**



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Prevention

**REQUEST FOR BUILDING SITE INSPECTION
 PLANS AND REVIEW SECTION**

GENERAL INFORMATION

REQUESTOR'S NAME: _____
 PHONE NO: _____
 EMAIL ADDRESS: _____
 STATE AGENCY: _____

TYPE OF INSPECTION (CHECK APPROPRIATE ONE)

- | | |
|--|---|
| <input type="checkbox"/> FINAL | <input type="checkbox"/> SPRINKLER SYSTEM (above or below ground) |
| <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> LEASE, PRE-OCCUPANCY |
| <input type="checkbox"/> FIRE ALARM SYSTEM | <input type="checkbox"/> LEASE, RENEWAL |
| <input type="checkbox"/> HOOD SYSTEM | <input type="checkbox"/> OTHER (SPECIFY) |

NAME, STREET ADDRESS OR EXACT LOCATION OF FACILITY:

INSPECTION DATE:

(PROVIDE THIS OFFICE WITH A **MINIMUM** OF FIVE (5) WORKING DAYS PRIOR TO REQUESTED DATE OF INSPECTION. THE SFM INSPECTOR FOR THIS FACILITY WILL CONTACT YOU FOR FINAL SCHEDULING).

STATE FIRE MARSHAL'S FILE #:

(WITHOUT THIS FILE # YOUR REQUEST WILL NOT BE GRANTED. CONTACT THIS OFFICE SHOULD YOU NEED ASSISTANCE.)

OCCUPANCY CLASSIFICATION:

 (Business, Assembly, etc)

SQUARE FOOTAGE & HEIGHT OF BUILDING:

LIST THE FACILITY'S LIFE SAFETY FEATURES:

(Sprinkler, Standpipe, Fire Alarm, Smoke Control, other)

TYPE OF BUILDING CONSTRUCTION:

E-MAIL ALL REQUESTS TO:

Fire.prevention@myfloridacfo.com

(OR)

MAIL: Bureau of Fire Prevention – Plans Review Section
 200 East Gaines Street
 Tallahassee, Florida 32399-0342

COURIER: 325 John Knox Road, Atrium Building 3rd Floor
 Tallahassee, Florida 32301

PHONE: (850) 413-3171 FAX: 850-922-2553

ATTACHMENT "L"



Certificate of Occupancy
Permit Number

NAME OF PROJECT
ADDRESS
CAMPUS

CONTRACTOR

Florida Building Code: (fill in year of code edition permit was issued)

Type of Construction: (Per Florida Building Code Chapter 6)

Building Use: Building Occupancy: (Per Florida Building Code Chapter 3)

Description of Structure:

Automatic Sprinkler System Provided: Yes or No (Circle one)

Automatic Sprinkler System Required: Yes or No (Circle one)

To the best of my knowledge, the structure has been inspected for compliance with the requirements of the Florida Building Code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

Maximum Occupancy shall be per the Florida Building Code

FAU Building Code Administrator

Date

ATTACHMENT "M"

FLORIDA ATLANTIC UNIVERSITY

CHECK REQUEST

Pick-up Check

Payees Full Name	Department Name

Payee's Z number Street Address City State Zip Code				

Original receipts for all items equal to or greater than \$1.00 must be attached to a separate sheet and submitted with this Voucher

Index	Account Code	Description	Amount

I hereby certify that the amounts scheduled above are true in all respects and were expended for State purposes by the payee and that payment therefore has not been received.

Preparer's Signature	Authorized Signature

Title	Title

Date	Date

Extension	Extension

I confirm that I have received the check and it will distributed immediately.

Authorized receiver	Date

Controller's Office use only

Z number	Reviewed by	Date

ATTACHMENT "N"