



Miramar | Building Division

Community & Economic Development Department
 2200 Civic Center Place | Miramar, Florida 33025
 Tel: 954.602.3200 | Fax: 954.602.3635
 www.miramarfl.gov

Commercial Interior Build-Out & Renovation Package

Who Can Apply

A. Licensed Contractors: Licensed Contractors as per Florida Statutes Chapter 489, and Broward County Construction Licensing. Contractors shall be properly registered in the Building Division. Properly registered means updated licenses and insurances provided prior the application process.

For all new projects, commercial interior build-out and renovations, additionally to the paper application and plans, a CD will be required with specifications and Plans in PDF format.

Required Documents

Disclaimer: Because of proposed projects vary widely respect to different procedures and the way to be completed, the information shown below does not necessarily reflect all requirements needed for permit application. This information is intended only for minimum guidelines about how to proceed with the application for permit. **As per Florida Building Code**, the construction documents shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this Code and relevant laws, ordinances, rules and regulations, as determined by the **Building Official**. Therefore, it will be the entire responsibility of contractors/applicants to provide all required documentation to apply for permit.

- All required applications based on the scope of work (Structural, Plumbing, Electrical, Mechanical, etc.). The application forms must indicate the square footage & description of the proposed work. All applications shall be submitted prior to issue the permits, and approved set of plans.
- Attention applicant → Based on the scope of work, you may need to make additional copies of the standard application form.**
- Job contract → Completed & signed by all parties. Contract shall indicate the job value for every discipline
- (Schedule of Value). **Job contract shall include labor & materials.**
- Plans signed & sealed by Professional Engineer or Registered Architect. Plans shall indicate type of Occupancy, Occupancy Load, Type of Constructions, all details and information related to the scope of work. **Plans for submittal shall be less than 24" X 36" sheet size.** Four (4) sets of plans are required and may be as follow:
 - Two (2) sets of plans originally signed & sealed by Professional Designer.
 - Two (2) sets of copied plans from the original set of plans (Not required to be Signed & Sealed by the Professional Designer).
- All applicable current Product Approvals (N.O.A,s) & any other applicable specifications.
- Heating - Cooling Load Specifications & Energy Calculations.
- Approval from **Broward Development & Environmental Regulation Division (DERD)**. 1 North University Drive, Suite A-102 Plantation, Florida 33324 Phone: (954) 357-6666.
- Health Department** (For Sale of Food). Refer to the attached address list for more information
- Division of Hotels & Restaurants (For the sale & consumption of food). Refer to the attached address list for more information
- Statement of Responsibilities Regarding Asbestos** (If the scope of work includes demolition). Refer to the attached address list for more information.

Attention Applicant: As per Florida Statutes 713.13, a Recorded Notice of Commencement is required when construction, renovation, alterations values exceed \$2,500. This subsection does not apply to a direct contract to repair or replace an existing heating or air-conditioning system in an amount less than \$7,500. Construction cost (Including labor & material) will be based on contract signed by both parties (owner & contractor) and/or as determined by the Building Official (FBC 109.3). **Notice of commencement can be recorded at the office of Broward County Government Center / Records Division 115 S. Andrews Ave. Fort Lauderdale, FL 33301.**



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Application Checklist For Commercial Build-Out & Renovation

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Project Name: _____

Project Address: _____

Folio No.: _____

FOR REVIEW PURPOSE THE FOLLOWING ARE REQUIRED:

- FOUR SETS OF PLANS: TWO (2) ORIGINALLY SIGNED & SEALED BY PROFESSIONAL DESIGNER, AND TWO (2) COPIES OF THE ORIGINAL PLANS. **PLANS SHALL NOT BE MORE THAN 24"X36" SHEET SIZE**
- CONTRACT SIGNED BY BOTH PARTIES (OWNER & CONTRACTOR), AND SCHEDULE OF VALUES INDICATING THE COST PER DISCIPLINE (COST SHALL INCLUDE LABOR & MATERIALS).
- **ALL APPLICATION FORMS BASED ON THE SCOPE OF WORK:**

<input type="checkbox"/> STRUCTURAL / BUILDING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> WALKING COOLER
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> FIRE ALARMS	<input type="checkbox"/> LV, DATA COMMUNICATIONS
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE SPRINKLERS	<input type="checkbox"/> LANDSCAPING
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE SUPPRESSION	<input type="checkbox"/> IRRIGATION

*OTHER APPLICATION FORMS MAY BE REQUIRED BASED ON THE PROPOSED WORKS AND PLANS.

REQUIRED DOCUMENTS

<input type="checkbox"/> ENERGY CALCULATIONS	<input type="checkbox"/> SPECIAL INSPECTOR FORMS (ORIGINAL SIGNED & SEALED) FOR SPECIALTY STRUCTURAL
<input type="checkbox"/> HEAT LOAD CALCULATIONS	<input type="checkbox"/> IDENTICAL DOCUMENT AFFIDAVIT FOR PLANS IN DIGITAL FORMT ALONG WITH CD (PDF FORMAT)
<input type="checkbox"/> GEOTECHNICAL REPORT (ORIGINAL SIGNED & SEALED)	<input type="checkbox"/> BROWARD CO. ENVIRONMENTAL REVIEW & TRANSPORTATION CERTIFICATES
<input type="checkbox"/> STRUCTURAL CALCULATIONS (ORIGINAL SIGNED & SEALED) FOR MAJOR STRUCTURAL CHANGES	<input type="checkbox"/> DIVISION OF HOTELS & RESTAURANTS (FOR THE SALE & CONSUMPTION OF FOOD).
<input type="checkbox"/> BROWARD HEALTH DEPARTMENT (FOR SALE OF FOOD).	<input type="checkbox"/> PROOF OF PROPERTY OWNERSHIP COPY

PRIOR SUBMITTAL, APPLICANT SHALL VERIFY THE FOLLOWING:

- APPROVAL FROM PLANNING & ZONING DEVELOPMENT REVIEW COMMITTEE (DRC).
- APPROVAL FROM PLANNING & ZONING COMMUNITY APPEARANCE BOARD (CAB)
- APPROVAL FROM ENGINEERING SERVICES. CITY OF MIRAMAR
- PAYMENT OF ALL IMPACT FEES FOR BROWARD COUNTY AND CITY OF MIRAMAR



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Digital Folder Distribution

IMPORTANT: All digital applications (CDs/DVDs) that do not follow the format shown below will be rejected. Each discipline's drawings shall be on the CD (Compact disc) in the order shown below. **ALL FILES SHALL BE PROVIDED ONLY IN PDF FORMAT.**

-  COVER SHEET
-  CIVIL - SITE PLANS
-  LANDSCAPING
-  IRRIGATION PLANS
-  ARCHITECTURAL
-  STRUCTURAL
-  PLUMBING – FIRE SPRINKLERS
-  ELECTRICAL – ELECTRICAL FIRE ALARM – LOW VOLTAGE – DATA-CCTV
-  MECHANICAL – FIRE SUPPRESSION & KITCHEN HOOD – WALKING COOLER
-  OTHER DOCUMENTS AND SPECIFICATIONS

NOTE: ALL INFORMATION FOR EQUIPMENT (FREEZERS, REFRIGERATORS, ETC.) AND OTHERS PRE-MANUFACTURED ITEMS THAT ARE BUILT-IN AND NEED TO BE CONNECTED TO WATER, SEWER, ELECTRICITY OR GAS SHALL BE ON THE DIGITAL FORMAT FOLLOWING THE ORDER SHOWN ABOVE.

FOR MORE INFORMATION ABOUT FILES DISTRIBUTION, PLEASE CONTACT MR. HECTOR ACOSTA AT 954-602-3245 [hjcosta@miramarfl.gov](mailto:hjacosta@miramarfl.gov)

ATTENTION: BESIDES THE CD WITH PLANS IN DIGITAL FORMAT (PDF FILES), ALSO APPLICANT SHALL PROVIDE THE AFFIDAVIT OF IDENTICAL DOCUMENTS, SIGNED & SEALED BY THE PROFESSIONAL DESIGNER OF RECORD.



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Affidavit of Identical Documents

CD/ DVD DIGITAL APPLICATION PLANS REVIEW.

PDF Files:

I, *(print full name)* _____ **Architect/Engineer of Record** with registration number AR/PE # _____ with the Architectural/Engineering Firm (Name) _____, hereby attest or affirm that the electronic files submittal of the plans for project located at the location shown below are an exact and accurate duplicate of the complete hardcopy set of plans submitted to the Building Division.

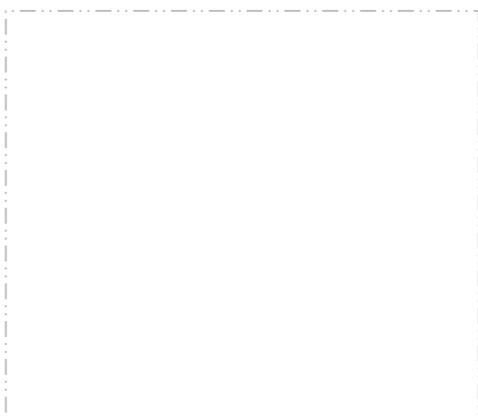
Project Name _____

Property Address: _____

Folio No.; _____

I also hereby acknowledge that if there are any discrepancies between the two versions, the review process for said project will be terminated, become null and void, and require re-application under a new permit application number. Previously reviewed plans and comments will be discarded. This affidavit will apply to all documents submitted electronically throughout the life of the project including initial submittal, re-works, revisions, shop drawings, etc.

Plan's reference/job identification number from title block: _____



Designer of Record Contact Phone: _____

Contact Email: _____

Architect/Engineer of Record Signature & Seal

Sworn to (Or affirmed) and subscribed before me this _____ day of _____ 20_____,

Notary Name: _____

Notary Signature: _____ *Notary Seal* _____

Personally known Produced Identification _____ I.D. No. _____



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<http://www.ci.miramar.fl.us>

<p>NOTICE OF COMMENCEMENT Recording Fees apply. Contact the office of Broward County Records Division</p>	<p>BROWARD COUNTY RECORDS DIVISION BROWARD COUNTY GOVERNMENT CENTER 115 S. ANDREWS AVE ROOM #114 • FORT LAUDERDALE, FL 33301 PHONE (954) 357-7283</p>
<p><u>SOUTH BROWARD DRAINAGE DISTRICT</u></p> <p>6591 S.W. 160 Avenue Southwest Ranches. Florida 33331 Phone (954) 680-3337 • Fax (954) 680-3339 http://www.sbdd.org/contact.html</p>	<p><u>SOUTH BROWARD DRAINAGE DISTRICT</u> <u>PERMIT APPLICATION INFORMATION</u></p> <p>IMPROVEMENTS WITHIN DISTRICT'S EASEMENTS A permit shall be obtained from the District prior to the construction of any docks, decks, fences, brick pavers, seawalls, sprinkler intake lines or other improvements within the easements, rights-of-way or water management areas of the District</p>
<p><u>BROWARD DEVELOPMENT & ENVIRONMENTAL REVIEW SECTION</u></p>	<p>1 North University Drive, Suite 102 Plantation, FL 33324 General Information (954) 357-6666 Development Review (954)357-6623</p>
<p><u>DEPARTMENT OF BUSINESS REGULATIONS</u> <i>All restaurants, food stores, deli's, etc. (anything pertaining to food), must go to the above mentioned and have their plans stamped. This must be done prior to submitting the plans to the Building Division.</i> Bakeries, meat markets and convenient stores, contact 1-800-435-7352.</p>	<p>Division of Hotels & Restaurants 5080 Coconut Creek Parkway, Suite A, Margate, FL 33063 (850) 487-1395 http://www.myfloridalicense.com/dbpr/hr/index.html</p>
<p><u>BROWARD COUNTY CERTIFICATE OF COMPETENCY</u></p>	<p>1 N. University Drive Plantation, FL 33324 954-765-4400</p>
<p><u>BROWARD COUNTY BUSINESS TAX RECEIPT</u> Broward County Revenue Collection</p>	<p>115 South Andrews Avenue Fort Lauderdale Florida 33301 954-765-4697 (954) 831-4000.</p>
<p><u>BROWARD COUNTY PUBLIC HEALTH UNIT</u></p>	<p>2421A SW 6th AVENUE Fort Lauderdale Florida 33315 - 954-467-4700</p>

FORM FOR “SPECIAL BUILDING INSPECTOR”
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 6th Edition (2017)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____
PROJECT _____ NAME: _____
JOB ADDRESS _____ ZIP _____
LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1 Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance) *
*unless noted otherwise on plan..... Yes No
- 3) Connections – 110.10.2.3 Yes No
- 4) Metal System Buildings – Section 110.10.2.4..... Yes No
- 5) Smoke Control Systems – Section 110.10.2.5..... Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
Critical Structural Connections – Section 110.10.1.1 Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1 Yes No
- 3) Pile Driving Only – Section 110.10.1.1 Yes No
- 4) Precast Concrete Units – Section 110.10.2.1 Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2..... Yes No
- 6) Other..... Yes No

C. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Owner’s Signature: _____ Permit Holder’s Signature: _____
Printed Name: _____ Printed Name: _____
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR: _____

Registered Architect and/or Licensed Engineer Signature of Special Building Inspector, Embossed Seal and Date

Printed Name of Special Building Inspector _____

Address of Special Building Inspector _____

State of Florida Registration # _____ Fax # _____ Telephone # _____

Date: _____

Building Official (or designated representative)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____		Application Date: _____	
Job Address: _____		Unit: _____	City: _____
Tax Folio No.: _____	Flood Zone: _____	BFE: _____	Floor Area: _____ Job Value: _____
Building Use: _____		Construction Type: _____	Occupancy Group: _____
Present Use: _____		Proposed Used: _____	
Description of Work:			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____			
Legal Description: _____			<input type="checkbox"/> Attachment

2	Property Owner: _____	Phone: _____	Email: _____	
	Owner's Address: _____	City: _____	State: _____	Zip: _____

3	Contracting Co.: _____	Phone: _____	Email: _____	
	Company Address: _____	City: _____	State: _____	Zip: _____
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____	

4	Architect/Engineer's Name: _____	Phone: _____	Email: _____	
	Architect/Engineer's Address: _____	City: _____	State: _____	Zip: _____
	Bonding Company: _____			
	Bonding Company Address: _____	City: _____	State: _____	Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____			
	Fee Simple Titleholder's Address (If other than owner): _____	City: _____	State: _____	Zip: _____
	Mortgage Lender's Name: _____			
	Mortgage Lender's Address: _____	City: _____	State: _____	Zip: _____

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

Code in Effect: _____

APPROVED BY: _____ Permit Officer Issue Date: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

PERMIT NUMBER:

NOTICE OF COMMENCEMENT

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

1. **DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** _____

SUBDIVISION _____ **BLOCK** _____ **TRACT** _____ **LOT** _____ **BLDG** _____ **UNIT** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION:** a. Name _____

b. Address _____ c. Interest in property _____

d. Name and address of fee simple titleholder (if other than Owner) _____

4. **CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

5. **SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

6. **LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

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:

NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 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.

**Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager**

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

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

By _____, 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 or ____ produced the following type of identification: _____

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By _____ By _____