



## 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

## Storage Rack-Shelving System Application Package

### GENERAL REQUIREMENTS

**Disclaimer:** The information shown above 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 and start the review process in the Building Division. **As per Florida Building Code**, 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 (FBC) 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.

- Plans shall be signed & sealed by Professional Engineer: Two (2) sets of plans are required.
- Provide contract signed both parties (Owner & Contractor), along with the application.
- Based on the scope of work, you may need to provide additional applications (i.e. Electrical, Fire Sprinklers, etc.)

#### **A. 2 sets of Floor Plans (Interior of Warehouse) to include:**

- Warehouse Floor Plans with dimensions and showing existing conditions and the proposed work
- Description of stored product to determine Commodity Classification
- Occupancy Group, S1 (Moderate-hazard) or S2 (Low-hazard storage)
- Location of rack aisles, passageways, exit signs, detailed path of egress to exit(s)
- Locations and distance of sprinkler deflectors to top of storage (if applicable).
- Show fire hose stations, diameter and length of hose info.
- Location of roof-support columns (Do they need to be protected?)
- Verify that the path of egress follows designed emergency lighting layout.
- Submit photometric information.
- Clearly define whether rack shelving is the open or closed type.

#### **B. 2 sets of cross- section of proposed storage racks to include:**

- Rack manufacturer's brochure showing all rack-to-rack connections.
- Material used for racks.
- Rack Leg floor anchor information (Type, number, embedment depth to concrete, etc.)
- Racking system design weight limit information.
- Engineer Letter Certification (2 sets) indicating that concrete slab will support the imposed loads.
- Locations and height of sprinklers.
- Height and width of racks including the space dimensions
- Material used for racks.
- Design weight limits.
- Rack to rack connections (type & number).
- Rack to floor connections (type & number).

**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.**

**BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION**

Select Trade:  Building  Electrical  Plumbing  Mechanical  Other \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

1	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 \_\_\_\_\_