Commercial Project Data

(As per FBC 107 – Submittal Documents)

Application #: _____ **Contact & Phone No:** _____

Project Name: _____

Site Address: _____

Classification of Work (FBC-EB 601.1)**:** ☐ Level 1 Alteration   ☐ Level 2 Alteration   ☐ Level 3 Alteration

☐ Repair   ☐ Change of Use   ☐ Change of Occupancy   ☐ Addition   ☐ New Construction

Occupancy/Use: _____ (FBC-B Section 302)   **Occupant Load:** _____

If changing Occupancy/Use, please indicate: Existing Use: _____   Proposed Use: _____

Construction Type: _____ (FBC-B Section 602)   **# of Stories:** _____

Foundation Type: ☐ Monolithic Slab   ☐ Stem Wall / Slab   ☐ Stem Wall / Wood Floor   ☐ Other

Existing Fire Alarm System: ☐ Yes or ☐ No   **Existing Fire Sprinkler System:** ☐ Yes or ☐ No

Special Conditions: _____

Indicate the Code Edition used in the design / scope of the proposed project:

Florida Building Code: _____   Florida Fire Prevention Code: _____   National Electrical Code: _____

CHECK ALL THE BOXES THAT APPLY TO THE PROPOSED SCOPE OF WORK:

SITE	☐ Yes, see drawings.	☐	No site work being done.
TREES	☐ Yes, see drawings.	☐	No trees affected by work being done.
BUILDING (INTERIOR)	☐ Yes, see drawings.	☐ ☐	No interior work being done. No structural work being done.
BUILDING (EXTERIOR)	☐ Yes, see drawings.	☐ ☐	No exterior work being done. No structural work being done.
MECHANICAL	☐ Yes, see drawings.	☐	No mechanical work being done.
ELECTRICAL	☐ Yes, see drawings.	☐	No electrical work being done.
PLUMBING	☐ Yes, see drawings.	☐	No plumbing work being done.
GAS	☐ Yes, see drawings.	☐	No gas work being done.
FIRE ALARM	☐ Yes, see drawings.	☐	No fire alarm work being done.
FIRE SPRINKLER	☐ Yes, see drawings.	☐	No fire sprinkler work being done.