



Village of Royal Palm Beach, Florida

Community Development Department
1050 Royal Palm Beach Boulevard
Royal Palm Beach, Florida 33411
Telephone (561) 790-5128 Fax (561) 790-5129

Shutter Checklist (Impact Protection System)

This plan submittal checklist is designed to ensure that all information required to complete the review process is contained in the plans thereby providing for a more efficient review and permitting process. Any misstatement or inaccuracy will be cause for denial or revocation of the permit. Place a checkmark in the blank before each item to verify your acknowledgement of the requirement.

for office
use only

Permit application and supporting documents

- 1. _____ 1. _____ Permit application must be completed in its entirety including original, notarized signatures. (qualifier must sign application)
- 2. _____ 2. _____ Must submit signed, notarized, owner/builder affidavit and proof of Homestead Exemption (if applicable).
- 3. _____ 3. _____ A recorded "Notice of Commencement", required for all jobs in excess of \$2500 as required per Florida Statute 713.135(d).
- 4. _____ 4. _____ Residential and commercial sites require one (1) complete set of plans provided size does not exceed 12" x 18" with minimum scale of 1/8" = 1' otherwise two (2) sets required.
- 5. _____ 5. _____ One (1) product approval and raised signed and sealed plan

Product Approvals

- a. Metro-Dade product approval report with referenced engineered plans or
- b. Notice of Acceptance from the State of Florida or
- c. Engineer's signed and sealed plans and calculations for custom design

Construction Plans

- a. foot print with schedule of openings identifying shutter locations and sizes as well as means of egress
- b. details of support structure construction at window and door openings
- c. an electrical permit will be required for motor-driven shutters
- d. mark which application is being used on Engineering Plans

- 6. _____ 6. _____ HOA Acknowledgement Affidavit (if applicable)



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BUILDING PERMIT APPLICATION

Permit No. _____
 Date _____

GENERAL INSTRUCTIONS

Applicant must fill in all information relative to the work. The checklist of requirements for this permit, if any, must be completed and included with this application submittal. **Note:** Separate applications will be required for multiple structures or items on same parcel.

PROPOSTED IMPROVEMENT LOCATION

PCN _____ Subdivision _____

Address _____

Is this application related to a Code Enforcement Case? Provide Case No. _____

Does this application have a companion application (i.e., pool, structure, etc)? Permit No. _____

Has this Project had Zoning approval? Yes No Project No. _____ Date Approved ___/___/___

APPLICANT INFORMATION

Owner _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

CONTRACTOR INFORMATION

Qualifier _____ Title _____

Company _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____

Contractor License # _____

APPLICATION TYPE (CHECK ONLY ONE PER APPLICATION)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Gas Tank & Lines | <input type="checkbox"/> A/C Change Out | <input type="checkbox"/> Water Heater Change Out | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Shutters |
| <input type="checkbox"/> Slab - Patio | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Awnings |
| <input type="checkbox"/> Slab – Other: _____ | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Shed | <input type="checkbox"/> Demo |
| <input type="checkbox"/> Pool Barrier (type) _____ | <input type="checkbox"/> Hood | <input type="checkbox"/> Spa | |
| <input type="checkbox"/> Pool Screen Enclosure | <input type="checkbox"/> Generator (Electric & Gas) | <input type="checkbox"/> Canopy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Electric Svc Change | <input type="checkbox"/> Fire Alarm | |
| <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Temp Power Pole | <input type="checkbox"/> Sign Electric | <input type="checkbox"/> Other: _____ |

DESCRIPTION OF WORK

- Building Addition Interior Improvement Single Family Commercial Townhouse Condo
 Electrical Mechanical Plumbing Roofing

Further Description of work: _____

Estimated Value \$ _____ Permit Fee \$ _____ Deposit \$ _____ Cash or Check # _____

STATE STATUTE REQUIRES ALL PERMITS \$2,500.00 OR HIGHER IN VALUE HAVE A NOTICE OF COMMENCEMENT RECORDED WITH THE CLERK OF COURT. A COPY OF THE RECORDED "NOC" MUST BE PROVIDED AT TIME OF APPLICATION SUBMITTAL. FORMS ARE AVAILABE IN OUR OFFICE OR ONLINE AT www.royalpalmbeach.com.

APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I certify that all the foregoing information is accurate. I understand that a separate permit may be required for electrical, plumbing, roofing, air conditioning, etc.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and setbacks
- Issuance of a permit is not authorized to violate public or private restrictions
- Failure to comply with applicable construction regulations may result in the withholding of future permits
- Submission of any false information or misrepresentation is a violation of law and may result in permit revocation.

Warning to Owner: Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or attorney before recording your Notice of Commencement.

Signature _____ Date _____
Contractor/Qualifier (if applicable) or Owner/Builder

Print Name _____

***** NOTARY *****

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____ who is personally known to me or who has produced
(type of identification) _____ as identification and who did/did not take an oath.

Notary Public

Name of Notary (typed, printed or stamped)

(SEAL ABOVE)

STAFF COMMENTS

NEED SEPARATE PERMIT FOR: Mechanical Electrical Plumbing Roofing

STAFF APPROVAL

Zoning _____ Date _____

Building _____ Date _____