

Miramar | Building Division

Building, Planning & Zoning 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.

REQUIRED DOCUMENTS

- Plans shall be signed & sealed by Professional Engineer: Two (2) sets of plans are required.
 For plans digitally signed & sealed by Professional Engineer, a complete Affidavit of Identical Documents is required. (Included in this package).
- Provide Permit Valuation Information. Building Permit Valuations. FBC 109.3 109.3.1 The Building Official may require an estimate of the cost utilizing RSMeans and/or other descriptive data as a basis for determining the permit fee. The applicant for a permit shall provide an estimated permit value at a time of application. Permit valuations, shall include total value of work, including materials and labor.
- Based on the scope of work, you may need to provide additional applications (i.e. Electrical, Fire Sprinklers, etc.)

۹.	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.
	Engineer Letter Certification (2 sets) indicating that concrete slab will support the imposed loads.
В.	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.
	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 \$5,000. Notice of commencement can be recorded at the office of Broward County Government Center / Records Division 115 S. Andrews Ave. Fort Lauderdale, FL 33301.

The recorded Notice of Commencement should be available at the first inspection

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-17-2022

select One Trade: Building Electrical Plumbing Mechanical Other					
pplication Number: Application Date:					
Job Address:	Unit:	City:			
Tax Folio No.: Flood Zn:	BFE: Floor Area:	Job Value:			
Building Use:	Construction Type:	Occupancy Group:			
Present Use:	Proposed Use:				
Description of Work:					
New Addition Repair	Alteration Demolition	Revision Other:			
Legal Description:		Attachment			
Property Owner:	Phone:	Email:			
Owner's Address:	City:	State: Zip:			
Contracting Co.:	Phone:	Email:			
Company Address:	City:	State: Zip:			
Qualifier's Name:	Owner-	Builder License Number:			
Architect/Engineer's Name:	Phone:	Email:			
		State: Zip:			
Bonding Company:					
		State: Zip:			
Fee Simple Titleholder's Name (If other than the owner)					
Fee Simple Titleholder's Name (If other than the owner)	City:	State: Zip:			
Mortgage Lender's Name:					
Mortgage Lender's Address:	City:	State Zin			

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: Ur	nit: City:
has commenced prior to the issuance of a permit and that all we	nd installations as indicated. I certify that no work or installation ork will be performed to meet the standards of all laws regulating permit must be secured for ELECTRICAL WORK, PLUMBING, TANKS, and AIR CONDITIONERS, etc.
OWNER'S AFFIDAVIT: I certify that all the foregoing informati all applicable laws regulating construction and zoning.	on is accurate and that all work will be done in compliance with
PAYING TWICE FOR IMPROVEMENTS TO YOUR PR RECORDED AND POSTED ON THE JOB SITE BEFORE	NOTICE OF COMMENCEMENT MAY RESULT IN YOUR OPERTY. A NOTICE OF COMMENCEMENT MUST BE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN AN ATTORNEY BEFORE COMMENCING WORK OR
X Signature of Property Owner or Agent (Including Contractor)	XSignature of Qualifier
STATE OF FLORIDA COUNTY OF	STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of	Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of
, 20 by	, 20 by
(Type/Print Property Owner or Agent Name)	(Type/Print Qualifier or Agent Name)
NOTARY'S SIGNATURE as to Owner or Agent's Signature	NOTARY'S SIGNATURE as to Qualifier or Agent's Signature
Notary Name(Print, Type or Stamp Notary's Name)	Notary Name(Print, Type or Stamp Notary's Name)
Personally Known Produced Identification	Personally Known Produced Identification
Type of Identification Produced	Type of Identification Produced
APPROVED BY: Permit Officer Issue Date	Code in Effect: FOR OFFICE USE ONLY FOR OFFICE USE ONLY

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.



City of Miramar | Building Division

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

Affidavit of Identical Documents for Digital Submittal

Attention: All documents digitally submitted for permitting purpose shall be in True PDF format. Other formats, including pictures converted to PDF won't be accepted.

I, (print full name)		Architect/Engineer of
_		with
the Architectural/Engineering Firm (Na	me)	
affirm that the electronic files submitt:	al of the plans for proje	, hereby attest or ect located at the location shown below are an
		f plans submitted to the Building Division.
Project Name		
Property Address:		
Folio No.:		
project will be terminated, become null an Previously reviewed plans and comments with the project will be terminated.	d void, and require re-apwill be discarded. This af	reen the two versions, the review process for said oplication under a new permit application number. Fidavit will apply to all documents submitted mittal, re-works, revisions, shop drawings, etc.
Description of digitally signed & sealed doo	cuments:	
Ţ	7	
:	Designer of Record	Contact Phone:
į	Control Funcil	
į	Contact Email:	
!		
1		
I :	İ	
Architect/Engineer of Record Signature & Seal		
If the above signature of Professional Engir	neer/Architect is in digita	l format, a notarization is required.
Sworn to (or affirmed and subscribed bef	ore me this da	y of
☐ Personally known ☐ Produc	ced Identification	ID #
Notary Name:		
Notary Signature:		
		Notary Seal
		/

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 Statues the following information is provided in the Notice of Commencement. 1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) TAX FOLIO NO.: _BLOCK__ SUBDIVISION TRACT LOT BLDG 2. GENERAL DESCRIPTION OF IMPROVEMENT: 3. OWNER INFORMATION: a. Name _____ c. Interest in property___ b. Address_ 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 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. Print Name and Provide Signatory's Title/Office Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager State of Florida County of Broward The foregoing instrument was acknowledged before me this day of , 20 (type of authority,...e.g. officer, trustee, attorney in fact) (name of person) (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

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

Ву__

Rev .08-09-07 (S.Recording)

belief (Section 92.525, Florida Statutes).