

Permitting

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Click <u>here</u> to access documents and forms provided by Community Development.

The information below is sorted as follows:

- 1. Always Required
- 2. Required Based on Custom Field Value
- 3. Document Type

Commercial

Accessory Structure

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
DCA Approval Letter	No	No	Yes	Is this structure DCA approved? = Yes
				Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes and
Energy Calculations - Sealed	Yes	No	Yes	Private Provider Plan Review? = No



				Is foundation repair or installation included? = Yes and o Are foundation plans mastered? = No and
Foundation Plans	Yes	No	Yes	Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	Is septic connection included? = Yes
Impact Fee Credit Usage Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
Master Letter	Yes	No	Yes	 Plans Mastered = Yes and Approved for Repetitive Use = No or Are foundation plans mastered? = Yes and Foundation Approved for Repetitive Use = No
MEP Plans	No	No	Yes	Does scope of work include Electrical, Mechanical, or Plumbing? = Yes and O Plans Mastered = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				•
Information	No	No	Yes	Private Provider Plan Review? = Yes
Architectural Plans	No	No	No	
Coastal A Zone Certification As- Built	No	No	No	
Coastal A Zone Certification Pre- Construction	No	No	No	
Construction Plans	No	No	No	
Engineered Plans	Yes	No	No	
Finished Construction	No.	No	No No	
Flame Spread Certification	No	No	No	
-	No	No	No	
Floodproofing Non-Residential	_		-	
Impact Letter	No	No	No	
No Rise	Yes	No	No	



Permitting

Notice of Commencement	No	No	No	
Other	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

Addition Including Remodeling

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
				Plans Mastered = No and Private Provider Plan Review? = Yes and Type of Use = Apartment / Condo 3 or 4 units Apartment / Condo 5 or more units Church, Religious Building Hospital, ALF or Institutional Building Hotel, Motel, Timeshare Industrial Building Office, Bank and Professional Building Parking Garage
Construction Plans	No	No	Yes	 Recreation Building



Deferred Submittal Form	No	No	Yes	 Restaurant Retail Building School, Educational Building Service Stations, Gas Station, Repair Garage Convenient store Is truss work being performed? = Yes and Are you including the Truss Layout in this submittal? = No
Energy Calculations - Sealed	Yes	No	Yes	Private Provider Plan Review? = No and o Will more than 200 sq. ft. of air-conditioned space be added or converted?
Engineered Plans	Yes	No	Yes	Plans Mastered = No and Private Provider Plan Review? = No and Type of Use = Apartment / Condo 3 or 4 units Apartment / Condo 5 or more units Church, Religious Building Hospital, ALF or Institutional Building Hotel, Motel, Timeshare Industrial Building Office, Bank and Professional Building Parking Garage Recreation Building Restaurant Retail Building School, Educational Building Service Stations, Gas Station, Repair Garage Convenient store
Master Letter	Voc	No	Vos	Plans Mastered = Yes and
waster Letter	Yes	No	Yes	 Approved for Repetitive Use = No Does scope of work include Electrical, Mechanical, or
MEP Plans	No	No	Yes	Plumbing? = Yes



Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
Product Approval(s)	No	No	Yes	Plans Mastered = No and o Does scope of work include either replacement/new Windows, Doors, or Roof? = Yes
Truss Layout	No	No	Yes	Is truss work being performed? = Yes and o Are you including the Truss Layout in this submittal? = Yes
50% Worksheet	No	No	No	
Architectural Plans	No	No	No	
Coastal A Zone Certification As- Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Detailed Cost Breakdown	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	



Permitting

V Zone Certification Pre-			
Construction	No	No	No

Modular Buildings

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
				 Type of Permit = New and Plans Mastered = No and Private Provider Plan Review? = Yes Type of Permit = Remodel and Does this project include structural work? = No and Plans Mastered = No Type of Permit = Remodel and Does this project include structural work? = No and Plans Mastered = No and
Construction Plans	No	No	Yes	Private Provider Plan Review? = No
				 Type of Permit = New and Plans Mastered = No and Private Provider Plan Review? = No or
Engineered Plans	Yes	No	Yes	2. Type of Permit = Remodel and



				 Does this project include structural work? = Yes and Plans Mastered = No and
				Private Provider Plan Review? = No
Engineered Stair Plans	Yes	No	Yes	Plans Mastered = No and o Does scope of work include stairs exceeding 72 inches above grade? = Yes and o Private Provider Plan Review? = No
Foundation Plans	Yes	No	Yes	Are foundation plans mastered? = No and o Is the foundation permitted separately? = No and o Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	o Private Provider Plan Review? = No Please Provide Wastewater = Septic
				 Plans Mastered = Yes and Approved for Repetitive Use = No are foundation plans mastered? = Yes and Foundation Approved for Repetitive Use
Master Letter	Yes	No	Yes	= No
MEP Plans	No	No	No	
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Sewer Letter	No	No	Yes	Please Provide Wastewater = Sewer
Mataulattau	No	Nla	Vaa	Please Provide Potable Water = Utilities Provider and o Does utilities receipt cover both Water/Sewer?
Water Letter	No	No	Yes	= No
Water/Sewer Letter	No	No	Yes	Does utilities receipt cover both Water/Sewer? = Yes
Well Affidavit	No	No	Yes	Please Provide Potable Water = Well
Architectural Plans	No	No	No	



Permitting

Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

New Buildings

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Architectural Plans	No	No	Yes	Plans Mastered = No
Construction Plans	No	No	Yes	Plans Mastered = No and o Private Provider Plan Review? = Yes



				Private Provider Plan Review? = No and
				○ Type of Use =
				 Apartment / Condo 3 or 4 units
				 Apartment / Condo 5 or more units
				or
Energy Calculations	No	No	Yes	2. Private Provider Plan Review? = Yes
				Private Provider Plan Review? = No and
				 Type of Use = all except Apartment / Condo 3
Energy Calculations - Sealed	Yes	No	Yes	or 4 units or Apartment / Condo 5 or more units
				Plans Mastered = No and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	Please Provide Wastewater = Septic
				Plans Mastered = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use = No
				Does scope of work include Electrical, Mechanical, or
MEP Plans	No	No	Yes	Plumbing? = Yes
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Plans Mastered = No and
				 Does scope of work include either
				replacement/new Windows, Doors, or Roof? =
Product Approval(s)	No	No	Yes	Yes
Sewer Letter	No	No	Yes	Please Provide Wastewater = Sewer
				Please Provide Potable Water = Utilities Provider and
				 Does utilities receipt cover both Water/Sewer?
Water Letter	No	No	Yes	= No
Water/Sewer Letter	No	No	Yes	Does utilities receipt cover both Water/Sewer? = Yes
Well Affidavit	No	No	Yes	Please Provide Potable Water = Well
Blower Door Test	No	No	No	



Permitting

Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Threshold Building Documentation	Yes	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

Other

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Foundation Plans	Yes	No	Yes	Type of Use = Foundation Only (Building) and o Are foundation plans mastered? = No and o Private Provider Plan Review? = No



Construction Plans Other	No No	No No	Yes No	 1. Plans Mastered = No and Type of Use = Antenna Alteration Concrete Restoration Lift Station Radio / TV Antenna Radio / TV Antenna Modification Structural Slab (accessory) Water Tank Or Type of Use = Foundation Only (Building) and Private Provider Plan Review? = Yes and Are foundation plans mastered? = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Master Letter	Yes	No	Yes	 Plans Mastered = Yes and Approved for Repetitive Use = No Or Are foundation plans mastered? = Yes and Foundation Approved for Repetitive Use = No
Impact Fee Credit Usage	163	INO	163	INO
Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
Private Provider Plan Review Intake Information No Rise	No Yes	No No	Yes No	Private Provider Plan Review? = Yes
Notice of Commencement	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	



Permitting

Remodel Only

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
MEP Plans	No	No	Yes	Does scope of work include Electrical, Mechanical, or Plumbing? = Yes
Deferred Submittal Form	No	No	Yes	Is truss work being performed? = Yes and o Are you including the Truss Layout in this submittal? = No
Truss Layout	No	No	Yes	Is truss work being performed? = Yes and o Are you including the Truss Layout in this submittal? = Yes
Product Approval(s)	No	No	Yes	Plans Mastered = No and o Does scope of work include either replacement/new Windows, Doors, or Roof? = Yes
Floor Plan (Existing)	No	No	Yes	Plans Mastered = No and o Does this project include structural work? = No
				Plans Mastered = No and o Does this project include structural work? = No or o Does this project include structural work? = Yes and
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes
				Plans Mastered = No and o Does this project include structural work? = Yes and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
Master Letter	Yes	No	Yes	Plans Mastered = Yes and o Approved for Repetitive Use = No



Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				· ·
Information	No	No	Yes	Private Provider Plan Review? = Yes
Energy Calculations - Sealed	Yes	No	Yes	Private Provider Plan Review? = No and o Will more than 200 sq. ft. of air-conditioned space be added or converted?
Response Letter	No	No	No	Required for Resubmittal Only
50% Worksheet	No	No	No	Required for Resubmittal Only
Coastal A Zone Certification As- Built	No	No	No	
Coastal A Zone Certification Pre- Construction	No	No	No	
Detailed Cost Breakdown	No	No	No	
Energy Calculations Cover Sheet	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre- Construction	No	No	No	



Permitting

Child Records

Revision & Revision Prior to Issuance

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
				 Does this Revision change the setbacks? = Yes or Is this Revision for a Change of Use or Occupancy? (Ex: Model/Sales Office to SFR) = Yes
Construction Plans	No	No	Yes	and



				 ○ Parent Record Type = ■ Residential Remodel Only
				Commercial Remodel Only
				Private Provider Plan Review? = No and
	.,		.,	 Does this revision include structural work? =
Engineered Plans	Yes	No	Yes	Yes
Notice to Building Official	No	No	Yes	Private Provider Plan Review? = Yes
Private Provider Plan Review Intake	Na	Na	Vos	Drivete Drevider Dien Deview 2 - Vee
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Is this Revision for a Change of Use or Occupancy? (Ex: Model/Sales Office to SFR) = Yes and
				 Parent Record Type = Residential New
				Primary Structure and
				 Parent Record Type of Use = Model Home
				and
Proof of Utilities	No	No	Yes	 Parent Record Dry Model = Yes
Site Plan	No	No	Yes	
Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Drainage Plan	No	No	No	
Energy Calculations	No	No	No	
Energy Calculations - Sealed	Yes	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Floor Plan	No	No	No	
Other	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



Permitting

Survey	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

Fence

Commercial Fence

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	 Type of Permit = Retaining and Height > 2 and Private Provider Plan Review? = Yes or Type of Permit = Wall or Fence and Height > 6 and Private Provider Plan Review? = Yes
				 Type of Permit = Retaining and Height > 2 and Private Provider Plan Review? = No or Type of Permit = Wall or Fence and Height > 6 and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
Fence Details	No	No	Yes	 Type of Permit = Retaining and Height <= 2



Permitting

				or 2. Type of Permit = Wall or Fence and ○ Heigh <= 6
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Pool Barrier Details	No	No	Yes	Pool Enclosure = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Easement Disclosure and Acknowledgement	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	

Residential Fence

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
				 Type of Permit = Retaining and Height > 2 and Private Provider Plan Review? = Yes or Type of Permit = Wall or Fence and Height > 6 and
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes
Engineered Plans	Yes	No	Yes	 Type of Permit = Retaining and Height > 2 and



				 Private Provider Plan Review? = No or Type of Permit = Wall or Fence and Height > 6 and Private Provider Plan Review? = No
Fence Details	No	No	Yes	 Type of Permit = Retaining and Height <= 2 or Type of Permit = Wall or Fence and Heigh <= 6
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Pool Barrier Details	No	No	Yes	Pool Enclosure = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Easement Disclosure and Acknowledgement	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Owner Authorization	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	



Permitting

Fire

Commercial Fire

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	No	Yes	Will you be using a Simplified System per F.S. 553.7932? = Yes
Anchoring Drawings	No	No	Yes	Tanks or Tank & Lines are checked
Floor Plan	No	No	Yes	Improvement Location = o Interior o Both
Master Letter	Yes	No	Yes	Master Plan = Yes and O Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
				Type of Permit = Sprinklers or Fire Alarms and
Shop Drawings	No	No	Yes	System per F.S. 553.7932? = No
Fire Alarm	No	No	No	
Fire Protection	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	



Permitting

Response Letter No	No	No	Required for Resubmittal Only
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Residential Fire

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	No	Yes	Will you be using a Simplified System per F.S. 553.7932? = Yes
Anchoring Drawings	No	No	Yes	Tanks or Tank & Lines are checked
Floor Plan	No	No	Yes	Improvement Location = o Interior o Both
Master Letter	Yes	No	Yes	Master Plan = Yes and O Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Shop Drawings	No	No	Yes	Type of Permit = Sprinklers or Fire Alarms and o Master Plan = No and o Action Type = New
Fire Alarm	No	No	No	, ·
Fire Protection	No	No	No	
Foundation Engineering (to Resist Tank Floatation)	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



Permitting

Masters

Commercial Master

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Construction Plans	No	No	Yes	Private Provider Plan Review = Yes
Engineered Plans	Yes	No	Yes	Private Provider Plan Review = No
Master Letter	Yes	No	Yes	Private Provider Plan Review = No
Notice to Building Official	No	No	Yes	Private Provider Plan Review = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review = Yes
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Fire Master

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Construction Plans	No	No	Yes	Private Provider Plan Review = Yes
Engineered Plans	Yes	No	Yes	Private Provider Plan Review = No
Master Letter	Yes	No	Yes	Private Provider Plan Review = No
Notice to Building Official	No	No	Yes	Private Provider Plan Review = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review = Yes
Fire Alarm	No	No	No	
Fire Protection	No	No	No	
Other	No	No	No	



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Response Letter	No	No	No	Required for Resubmittal Only

Mobile Home/RV Master

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Construction Plans	No	No	Yes	Private Provider Plan Review = Yes
Engineered Plans	Yes	No	Yes	Private Provider Plan Review = No
Master Letter	Yes	No	Yes	Private Provider Plan Review = No
Notice to Building Official	No	No	Yes	Private Provider Plan Review = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review = Yes
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Pool Master

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Construction Plans	No	No	Yes	Private Provider Plan Review = Yes
Engineered Plans	Yes	No	Yes	Private Provider Plan Review = No
Master Letter	Yes	No	Yes	Private Provider Plan Review = No
Notice to Building Official	No	No	Yes	Private Provider Plan Review = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review = Yes
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



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Residential Master

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Construction Plans	No	No	Yes	Private Provider Plan Review = Yes
Engineered Plans	Yes	No	Yes	Private Provider Plan Review = No
Master Letter	Yes	No	Yes	Private Provider Plan Review = No
Notice to Building Official	No	No	Yes	Private Provider Plan Review = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review = Yes
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Other

Board of Administrative Appeals

Document Type	Digital Signature & Seal Required		Required Based on Custom Field Value	Custom Field Requirement(s)
Application	No	Yes	No	
Engineered Plans	Yes	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



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Building Move

Building Move				
Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Drainage Plan	No	No	Yes	Drainage Plan Req'd = Yes
Foundation Plans	Yes	No	Yes	Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	Is this building move taking place on the same parcel where it originates from? = No and o Please Provide Wastewater = Septic
Impact Fee Credit Usage Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
MEP Plans	No	No	Yes	Does scope of work include Electrical, Mechanical, or Plumbing? = Yes
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Sewer Letter	No	No	Yes	Is this building move taking place on the same parcel where it originates from? = No and O Please Provide Wastewater = Sewer and O Does utilities receipt cover both Water/Sewer? = No
Water Letter	No	No	Yes	Is this building move taking place on the same parcel where it originates from? = No and O Please Provide Potable Water = Utilities Provider and O Does utilities receipt cover both Water/Sewer? = No
Water/Sewer Letter	No	No	Yes	Does utilities receipt cover both Water/Sewer? = Yes
Well Affidavit	No	No	Yes	Is this building move taking place on the same parcel where it originates from? = No and



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				 Please Provide Potable Water = Well
Coastal A Zone Certification As- Built	No	No	No	
Coastal A Zone Certification Pre- Construction	No	No	No	
Construction Plans	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre- Construction	No	No	No	

Demolition

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
				Interior Only = Yes and o Are the walls being removed Load Bearing walls? = No
Construction Plans	No	No	Yes	or



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				 Are the walls being removed Load Bearing walls? = Yes and Private Provider Plan Review? = Yes
Engineered Plans	Yes	No	Yes	Are the walls being removed Load Bearing walls? = Yes and o Interior Only = Yes and o Private Provider Plan Review? = No
Notice of Commencement	No	No	Yes	Job Value >= 5001
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Owner/HOA Authorization	No	No	Yes	Job Value <= 5000
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
Purchase Order	No	No	Yes	County Ordered Demo = Yes
Asbestos Affidavit	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Dock

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	 Type of Use = Commercial or Multi-Family Residential and Type of Permit =



Boatlift
Davits
Dock
Dredging
■ Dune Walkover
Other
Repair Deck
Repair Other
Rip Rap, Seawall
■ Wetland Boardwalk
or Time of Downit - Fishing Diay/Oheamistics
 Type of Permit = Fishing Pier/Observation
Deck and Private Provider Plan Review? =
Yes
or
2. Type of Use = 1 & 2 Family and
Type of Permit =
Boatlift, Davits
Dock
Dredging
Dune Walkover
Other
Repair Deck
Repair Other
■ Rip Rap
Seawall
 Wetland Boardwalk
 Fishing Pier/Observation Deck
or
3. Type of Permit = Retaining Wall and
Height < 2 or
Height > 2 and
o Holynt's Z unu



				 Private Provider Plan Review? = Yes or 4. Type of Permit = Boathouse and o Private Provider Plan Review? = Yes
Electrical Plans	No	No	Yes	Electrical Permit Required = Yes
				 Type of Use = Commercial or Multi-Family and Type or Permit = Fishing Pier/Observation Deck and Private Provider Plan Review? = No Type of Permit = Boathouse and Private Provider Plan Review? = No Type of Permit = Retaining Wall and Height > 2 and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Architectural Plans	No	No	No	
DEP/Army Corps of Engineers	No	No	No	
Manatee Protection Plan	No	No	No	
Master Letter	Yes	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	



Permitting

Exterior Openings (Windows/Shutters/Doors)

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Floor Plan	No	Yes	No	
Custom Windows System Letter	No	No	Yes	Acrylic/Vinyl Window Replacement is checked
				Type of Use = Commercial Building or Multi- Family/Condo(3+ Units) and o Is the existing opening currently fire rated? =
Fire Rated UL Glass	No	No	Yes	Yes
HOA Approval Letter	No	No	Yes	Type of Use = Multi-Family/Condo(3+ Units)
Individual Pressure Calculations	No	No	Yes	Engineering = Providing Individual Calculations
Individual Pressure Engineering	Yes	No	Yes	Engineering = Providing Individual Engineering and o Private Provider Plan Review? = No
Master Letter	Yes	No	Yes	Plans Mastered = Yes and o Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Window Tinting	No	No	Yes	Do any windows or doors with glass face the beach? = Yes
Notice of Commencement	No	No	No	
Other	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



Permitting

Mobile Home/RV

Document Type	Digital Signature & Seal Required	Always Require d	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Complete Manufacturer Set Up	No	No	Yes	Type of Permit = Mobile Home, Park Model, Recreational Vehicle, or Temporary Housing (Mobile Home) and
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes and Will a State Approved Plan/Manual be used? = No and Type of Permit = Mobile Home, Modular Home, Park Model, Recreational Vehicle, or Temporary Housing (Mobile Home) or Will a State Approved Plan/Manual be used? = Yes and Are all components of setup covered in the State App'd Plan/Manual or LEECO Master? = No
Drainage Plan	No	No	Yes	Drainage Plan Req'd = Yes
				Private Provider Plan Review? = No and
Engineered Plans	Yes	No	Yes	Housing (Mobile Home)



				or
				Will a State Approved Plan/Manual be used? =
				Yes and
				Are all components of setup covered
				in the State App'd Plan/Manual or LEECO Master? = No
Haalth Danastorant Danaint	N1 -	NI-	V	
Health Department Receipt	No	No	Yes	Please Provide Wastewater = Septic
Impact Fee Credit Usage	NI.	NI.	Vaa	
Authorization	No	No	Yes	And the decorate details accepted with Lee Occuption.
				Are tie-down details mastered with Lee County? = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake	INO	INO	165	Frivate Frovider inspections? – res
Information	No	No	Yes	Private Provider Plan Review? = Yes
	No	-	Yes	
Sewer Letter	NO	No	res	Please Provide Wastewater = Sewer
				 Will skirting be installed? = Yes
Skirting Detail	No	No	Yes	Type of Permit = Mobile Home or Park Model
Okirting Betain	140	140	103	Please Provide Potable Water = Utilities Provider and
				Does utilities receipt cover both Water/Sewer? =
Water Letter	No	No	Yes	No
Water/Sewer Letter	No	No	Yes	Does utilities receipt cover both Water/Sewer? = Yes
Well Affidavit	No	No	Yes	Please Provide Potable Water = Well
Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Cross Section (NAVD Elevations)	No	No	No	
Finished Construction	No	No	No	



Permitting

Floodproofing Non-Residential	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	
Wind Zone 3 Letter	No	No	No	

Occupancy

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Interior Layout	No	No	Yes	Type of Use = O Doggie Dining Executive Suite New Occupancy Shared Space – Office Shared Space – Other Tenant Change
Other	No	No	Yes	



Permitting

Sign

Sign	D: '(I	A1	D : 1D	0 (5: 110 : 1/2
Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Consent to Erect	No	Yes	No	
Sign Details	No	Yes	No	
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes and Type of Permit = Billboard Type of Permit = Ground and Height > 6 or Type of Permit = Flag Pole (Over 20 ft.) and Height > 6 Private Provider Plan Review? = No and Type of Permit = Billboard or Type of Permit = Ground and Height > 6 or Type of Permit = Flag Pole (Over 20 ft.) and
Engineered Plans	Yes	No	Yes	■ Height > 6
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only



Permitting

Temporary

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Complete Manufacturer Set Up Manual	No	No	Yes	Type of Permit = Construction Trailer and o Will a State Approved Plan/Manual be used? = Yes
Completed Candidate Statement	No	No	Yes	Type of Permit = Political Sign
Completed Special Event Sign Off Packet	No	No	Yes	Type of Permit = Special Event per Ord. 17-08 and o Have you received all required agency sign offs? = Yes
				 1. Private Provider Plan Review? = Yes and Type of Permit = Construction Trailer and Will a State Approved Plan/Manual be used? = No or Are all components of setup covered in the State App'd Plan/Manual or LEECO Master? = No Will a State Approved Plan/Manual be used? = Yes
Construction Plans	No	No	Yes	Type of Permit = Equipment Shed
				Private Provider Plan Review? = No and Type of Permit = Construction Trailer and Will a State Approved Plan/Manual be used? = No or Are all components of setup covered in the State
Engineered Plans	Yes	No	Yes	App'd Plan/Manual or LEECO Master? = No and



				Will a State Approved Plan/Manual be
				used? = Yes
				1. Will there be side walls? = Yes
				or
Flower Comment Contification	NI -	NI -	V	2. Will there be side walls? = No and
Flame Spread Certification	No	No	Yes	o Area Per Tent > 900
Floor Plan	No	No	Yes	Type of Permit = Tent
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Political Sign Location	No	No	Yes	Type of Permit = Political Sign
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Type of Permit =
				 Fireworks Display
				General Temporary Use
				o Other
				o Parking Lot
				Political Sign
				Seasonal Farmer's Market
				Special Event per Ord. 17-08 Tages are Mail Distribution.
				Temporary Mail Distribution Temporary Storage Facilities
Proof of Liability Insurance	No	No	Yes	Temporary Storage FacilitiesTent
Proof of Liability insurance	INU	INO	162	O Tent Type of Permit =
				o Temporary Housing (RV)
Proof of Potable Water	No	No	Yes	Construction Trailer
1 1001 011 Otubic Water	140	140	100	Type of Permit =
				Construction Trailer,
				 General Temporary Use,
				Seasonal Farmer's Market
				Temporary Housing (RV)
Proof of Sanitary Facilities	No	No	Yes	o Tent



Permitting

Pyrotechnician Credentials	No	No	Yes	Type of Permit = Fireworks Display
				Type of Permit = Construction Trailer Equipment Shed Fireworks Display General Temporary Use Other Parking Lot Seasonal Farmer's Market Special Event per Ord. 17-08 Temporary Housing (RV) Temporary Mail Distribution Temporary Sign Temporary Storage Facilities
Site Plan	No	No	Yes	o Tent
Other	No	No	No	
Owner Authorization	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	

Pool

Commercial Pool

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Pool Layout	No	Yes	No	
Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes



				or
				2. Type of Permit = Renovation and
				Pool Resurface = Yes
				Private Provider Plan Review? = No and
				 Type of Permit = Pool - Below Ground, Pool w/
				Spa - Below Ground, Fountain, Spa - Below
				Ground and
				Pool Const. Drawings Mastered = No
				or
				Type of Permit = Renovation and
Engineered Plans	Yes	No	Yes	Pool Resurface = No
				Type of Permit =
				 Pool - Below Ground
				 Pool w/ Spa - Below Ground
				o Fountain
Health Department Receipt	No	No	Yes	 Spa - Below Ground
				Private Provider Plan Review? = No and
				Type of Permit = Renovation and
				Is the pool size changing? = Yes
				or
				Type of Permit =
				Pool - Below Ground
				Pool w/ Spa - Below Ground
Hydraulic Calculations	Yes	No	Yes	Spa - Below Ground
				Pool Const. Drawings Mastered = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	



Permitting

Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	

Residential Pool

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
	N	N-	V	Private Provider Plan Review? = Yes and Pool Const. Drawings Mastered = No and Type of Permit = Pool - Below Ground Pool w/ Spa - Below Ground Renovation
Construction Plans	No	No	Yes	 Spa - Below Ground Private Provider Plan Review? = No and
				 Pool Const. Drawings Mastered = No and Type of Permit = Pool - Below Ground Pool w/ Spa - Below Ground Renovation
Engineered Plans	Yes	No	Yes	■ Spa - Below Ground
				Private Provider Plan Review? = No and Type of Permit = Pool - Below Ground Pool w/ Spa - Below Ground Renovation
Hydraulic Calculations	Yes	No	Yes	Spa - Below Ground
Ladder Specifications	No	No	Yes	Type of Permit =



				 Pool - Above Ground 16 ft. diameter or greater
				 Pool - Above Ground less than 16 ft. diameter
				Type of Permit =
				o Pool - Above Ground 16 ft. diameter or greater
Manufacturer's Specifications	No	No	Yes	 Pool - Above Ground less than 16 ft. diameter
				Pool Const. Drawings Mastered = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
				Type of Permit =
				o Pool - Below Ground
				o Pool w/ Spa - Below Ground
				o Renovation
Pool Layout	No	No	Yes	Spa - Below Ground
Private Provider Plan Review Intake	NI -	NI.	V	Drivete Deviden Blee Device O. Ven
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Type of Permit =
Pump Manual	No	No	Yes	 Pool - Above Ground 16 ft. diameter or greater Pool - Above Ground less than 16 ft. diameter
		-		6 Fooi - Above Ground less triain to it. diameter
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Owner Authorization	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	



Permitting

Residential

Accessory Structure

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
DCA Approval Letter	No	No	Yes	Is this structure DCA approved? = Yes
Energy Calculations	No	No	Yes	Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes
Energy Calculations Cover Sheet	No	No	Yes	Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes
Foundation Plans	Yes	No	Yes	o Are foundation plans mastered? = Yes and Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	Is septic connection included? = Yes
Impact Fee Credit Usage Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
Master Letter	Yes	No	Yes	 Master Plan? = Yes and Approved for Repetitive Use = No or Are foundation plans mastered? = Yes and Foundation Approved for Repetitive Use = No
				Does scope of work include Electrical, Mechanical, or Plumbing? = Yes and
MEP Plans	No	No	Yes	Plans Mastered = No Private Provider Inspections? = Vec
Notice to Building Official Private Provider Plan Review Intake Information	No No	No No	Yes Yes	Private Provider Inspections? = Yes Private Provider Plan Review? = Yes



Architectural Plans	No	No	No	
Coastal A Zone Certification As-	110	110	110	
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Construction Plans	No	No	No	
Engineered Plans	Yes	No	No	
Finished Construction	No	No	No	
Flame Spread Certification	No	No	No	
Floodproofing Non-Residential	No	No	No	
HOA Approval Letter	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Owner Authorization	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	



Permitting

Addition Including Remodeling

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	Master Plan? = No and o Private Provider Plan Review? = Yes
Deferred Submittal Form	No	No	Yes	Is truss work being performed? = Yes and o Are you including the Truss Layout in this submittal? = No
Drainage Plan	No	No	Yes	Drainage Plan Req'd = Yes
Energy Calculations	No	No	Yes	Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes
Energy Calculations Cover Sheet	No	No	Yes	Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes
Engineered Plans	Yes	No	Yes	Master Plan? = No and o Private Provider Plan Review? = No
Impact Fee Credit Usage Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
Master Letter	Yes	No	Yes	Master Plan? = Yes and o Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Product Approval(s)	No	No	Yes	Are the Product Approvals(s) included with the Engineered Plans? = Yes
				Is truss work being performed? = Yes and o Are you including the Truss Layout in this
Truss Layout	No	No	Yes	submittal? = Yes
50% Worksheet	No	No	No	
Architectural Plans	No	No	No	



Permitting

Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Detailed Cost Breakdown	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Health Department Approval	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Survey	No	No	No	
Termite Certificate	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

New Primary Structure

Document Type	Digital Signature & Seal Required	_	Required Based on Custom Field Value	Custom Field Requirement(s)
Energy Calculations	No	Yes	No	
Energy Calculations Cover Sheet	No	Yes	No	
Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	Master Plan? = No and



				Private Provider Plan Review? = Yes
Drainage Plan	No	No	Yes	Drainage Plan Req'd = Yes
				Master Plan? = No and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
Health Department Receipt	No	No	Yes	Please Provide Wastewater = Septic
Impact Fee Credit Usage Authorization	No	No	Yes	Will Contractor Credits be used? = Yes
Master Letter	Yes	No	Yes	Master Plan? = Yes and o Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes and o Private Provider Plan Review? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Product Approval(s)	No	No	Yes	Master Plan? = No and O Are Product Approval(s) included with Engineered Plans? = No
Sewer Letter	No	No	Yes	Please Provide Wastewater = Sewer and o Does utilities receipt cover both Water/Sewer? = No
Water Letter	No	No	Yes	Please Provide Potable Water = Utilities Provider and o Does utilities receipt cover both Water/Sewer? = No
Water/Sewer Letter	No	No	Yes	Does utilities receipt cover both Water/Sewer? = Yes
Well Affidavit	No	No	Yes	Please Provide Potable Water = Well
Architectural Plans	No	No	No	
Blower Door Test	No	No	No	
Coastal A Zone Certification As- Built	No	No	No	
Coastal A Zone Certification Pre- Construction	No	No	No	



Permitting

Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
HOA Approval Letter	No	No	No	
Impact Letter	No	No	No	
No Rise	Yes	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Stamped Septic Approval	No	No	No	
Survey	No	No	No	
Termite Certificate	No	No	No	
Truss Layout	No	No	No	
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

Remodel Only

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
				Master Plan? = No and o Does this project include structural work? = No or o Does this project include structural work? = Yes and
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes



				Is truss work being performed? = Yes and
				 Are you including the Truss Layout in this
Deferred Submittal Form	No	No	Yes	submittal? = No
Drainage Plan	No	No	Yes	Drainage Plan Req'd = Yes
				Type of Use = Interior Remodel and o Will more than 200 sq. ft. of air-conditioned
Energy Calculations	No	No	Yes	space be added or converted? = Yes and o Private Provider Plan Review? = No
Energy Calculations Cover Sheet	No	No	Yes	Type of Use = Interior Remodel and o Will more than 200 sq. ft. of air-conditioned space be added or converted? = Yes
Facility and Disput	V	NI	V	Does this project include structural work? = Yes and o Master Plan? = No and
Engineered Plans	Yes	No	Yes	o Private Provider Plan Review? = No
Floor Dian (Evipting)	No	No	Yes	Master Plan? = No and
Floor Plan (Existing)	INO	INO	162	Master Plan? = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use = No
MEP Plans	No	No	Yes	Does scope of work include Electrical, Mechanical, or Plumbing? = Yes
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Product Approval(s)	No	No	Yes	Master Plan? = No and o Does scope of work include either replacement/new Windows, Doors, or Roof? = Yes
Τοσαστ Αρρισταίζο)	110	140	100	Is truss work being performed? = Yes and
				 Are you including the Truss Layout in this
Truss Layout	No	No	Yes	submittal? = Yes
50% Worksheet	No	No	No	



Permitting

Coastal A Zone Certification As-				
Built	No	No	No	
Coastal A Zone Certification Pre-				
Construction	No	No	No	
Detailed Cost Breakdown	No	No	No	
Finished Construction	No	No	No	
Floodproofing Non-Residential	No	No	No	
Health Department Approval	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Under Construction	No	No	No	
V Zone Certification As-Built	No	No	No	
V Zone Certification Pre-				
Construction	No	No	No	

Roofover or Roof Mitigation/Retrofit

Commercial

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial Overview	No	Yes	No	
Construction Plans	No	No	Yes	Construction Details Mastered? = No and o Private Provider Plan Review? = Yes
Engineered Plans	Yes	No	Yes	Construction Details Mastered? = No and o Private Provider Plan Review? = No
Master Letter	Yes	No	Yes	Construction Details Mastered? = Yes and



Permitting

				 Approved for Repetitive Use
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Are the Product Approvals(s) included with the
				Engineered Plans? = No and
Product Approval(s)	No	No	Yes	 Construction Details Mastered? = No
HOA Approval Letter	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Residential

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial Overview	No	Yes	No	
				Construction Details Mastered? = No and
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes
				Construction Details Mastered? = No and
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No
				Construction Details Mastered? = Yes and
Master Letter	Yes	No	Yes	 Approved for Repetitive Use
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Are the Product Approvals(s) included with the
				Engineered Plans? = No and
Product Approval(s)	No	No	Yes	 Construction Details Mastered? = No



Permitting

HOA Approval Letter	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Trades

Electrical

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
				Private Provider Plan Review? = Yes and Type = Electrical and
Construction Plans	No	No	Yes	 Job Value > 125000
Engineered Plans	Yes	No	Yes	Private Provider Plan Review? = No and Type = Electrical and



Permitting

				or Volts = 277/480 or Commercial/Residential = Residential and # Amps > 600 or Volts = 277/480 or Job Value > 125000
Low Voltage Plans	No	No	Yes	Is Low Voltage work included under an active COM Permit? = Yes and O Job Value > 5000
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Mechanical

This record type also uses Custom List* values to determine required documents.

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field/List Value	Custom Field/Custom List Requirement(s)
Aerial/Site Plan	No	Yes	No	
				1. Valuation > 125000
				or
				2. Occupancy Load > 100
Floor Plan	No	No	Yes	or



Permitting

				3. Action* = New
Load Calculations	No	No	Yes	Action* = New and Type of Permit* = Split System Mini-Split System Package Unit Duct Work
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
				Commercial/Residential = Commercial and o Action Type* = New and
Product Details (Hood Type 2)	No	No	Yes	 Type of System* = Heat Hood (Type II)
Commencement Plan	No	No	No	
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Plumbing

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Engineered Plans	Yes	No	Yes	Type of Permit = Plumbing and o Job Value > 125000 and o Private Provider Plan Review? = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
				Type of Permit = Plumbing and o Type of Use = New/Addition or
Plumbing Plans	No	No	Yes	 Job Value > 125000 and



Permitting

				Private Provider Plan Review? = Yes
Private Provider Plan Review Intake				
Information	No	No	Yes	Private Provider Plan Review? = Yes
Sewer Letter	No	No	Yes	Type of Permit = Sewer
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only

Roof

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Construction Plans	No	No	Voc	Plans Mastered = No and Type of Roof = Single Ply, TPO System, or Modified and Property Use Type = Mobile Home and Private Provider Plan Review? = Yes
Construction Plans	No	No	Yes	Private Provider Plan Review? = Yes Plans Mastered = No and
				 Type of Roof = Single Ply, TPO System, or Modified and Property Use Type = Mobile Home and or
Engineered Plans	Yes	No	Yes	2. Private Provider Plan Review? = No
Master Letter	Yes	No	Yes	Plans Mastered = Yes and o Approved for Repetitive Use = No
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes



Permitting

Roof Plan	No	No	Yes	Partial Roof Replacement = Yes
Notice of Commencement	No	No	No	
Other	No	No	No	
Product Approval(s)	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only
Roof Inspection Affidavit	No	No	No	
Roof Pitch Agreement	No	No	No	
Roof to Wall Connections	No	No	No	

Solar

Document Type	Digital Signature & Seal Required	Always Required	Required Based on Custom Field Value	Custom Field Requirement(s)
Aerial/Site Plan	No	Yes	No	
Construction Plans	No	No	Yes	Type of Permit = Photovoltaic System and o Private Provider Plan Review? = Yes
Notice to Building Official	No	No	Yes	Private Provider Inspections? = Yes
Photovoltaic Plans	Yes	No	Yes	Type of Permit = Photovoltaic System and o Private Provider Plan Review? = No
Private Provider Plan Review Intake Information	No	No	Yes	Private Provider Plan Review? = Yes
				Type of Permit = Pool Heater, Pool & Water Heater, or Water Heater and
Roof Affidavit	No	No	Yes	 Roof/Ground Mounted = Roof Mounted
Notice of Commencement	No	No	No	
Other	No	No	No	
Response Letter	No	No	No	Required for Resubmittal Only