



# Town of Manalapan

Building Department • 600 South Ocean Blvd., Manalapan, Florida 33462  
Website: <http://www.manalapan.org> • Phone: 561-585-9477 • Fax: 561-585-9498

## MECHANICAL CHECKLIST FORM - (FBC 8<sup>th</sup> Edition 2023)

### THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

The Town of Manalapan Building utilizes a new all-digital platform called My Government Online (MGO). You must first create an account to submit permits and schedule inspections which can be done by visiting: [MGOconnect.org](http://MGOconnect.org)

- Completed Building Permit Application
- Cost estimate on contractor letterhead. The cost estimate must include a description of the work and a breakdown of costs.
- Construction documents/plans indication compliance with FBC 8th Edition 2023. (If plans are prepared by registered design professional, then plans must be signed, sealed, dated, and have a digitally verifiable signature.)
- For commercial applications plans must be approved by PBC Fire Department prior to submittal
- Owner/Builder Affidavit, if applicable
- Notice of Commencement, if applicable



FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

<sup>9</sup>  
**Fee Simple Titleholder's Name** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_

**Fee Simple Titleholder's Address** (If other than owner): \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Same as Owner

<sup>10</sup>  
**Bonding Company:** \_\_\_\_\_  
\_\_\_\_\_

**Bonding Company Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Not Applicable

<sup>11</sup>  
**Architect/Engineer's Name:** \_\_\_\_\_  
\_\_\_\_\_

**Architect/Engineer's Name Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Not Applicable

<sup>12</sup>  
**Mortgage Lender's Name:** \_\_\_\_\_  
\_\_\_\_\_

**Mortgage Lender's Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Not Applicable

**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.

**NOTICE TO CONTRACTOR:** FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

**OFFICE USE ONLY BELOW THIS LINE**

<sup>13</sup>  
**CODE EDITION/NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup>  
**USE (CHECK ONE):**

1 & 2 FAMILY     TOWNHOUSE     CONDOMINIUM

MULTI-FAMILY     COMMERCIAL     INDUSTRIAL

AGRICULTURAL - BLDG CODE EXEMPT     OTHER: \_\_\_\_\_

USE CHANGE: \_\_\_\_\_  
\_\_\_\_\_



# TOWN OF MANALAPAN

600 South Ocean Boulevard, Manalapan, FL 33462  
(561) 585-9477

## CONSTRUCTION SITE MAINTENANCE

(refer to Construction Site Standards Sec. 152.110 of Town of Manalapan Code)

Construction Site Address; \_\_\_\_\_

Permit Number; \_\_\_\_\_

- No vehicles may be parked on the swale (public right-of-way)
- Any permission granted for off-site parking within the Town of Manalapan shall be provided in writing by the property owner and a copy received by Town Officials prior to parking off-site
- Contractor shall install a minimum six foot (6'-0") high temporary, fabric-lined chain link fence for the project per Town code Sec. 152.110. Please note: this fence may be required to be on all sides of the property
- Dumpsters must be covered and emptied when full and placed inside the fenced site
- Port-a-potties must be placed inside the fenced site and cannot be visible from the street
- No dirt piles shall be greater than six feet (6'-0") in height above the crown of the road
- All construction sites must be watered down daily or with more frequency as required OR covered in order to prevent dust and debris from escaping to adjacent properties
- Whenever possible/feasible, the Contractor shall notify adjacent property owners 24 hours in advance of any activity which is anticipated to create unusually loud noise, prolonged disturbance, or unusual occurrence (i.e... Demolition)
- Contractor shall contact Town Utilities at 561-586-3699 prior to starting work. Any damage including tampering, to water meter boxes, water meter box lids, and Town owned water lines shall be the responsibility of the Contractor.
- Meters should be visibly marked and kept clear of vehicles, building materials or dirt piles in order to facilitate meter readings and/or emergency shut offs

Contractor Signature; \_\_\_\_\_ Date \_\_\_\_\_



PALM BEACH COUNTY FIRE RESCUE  
PLANS REVIEW APPLICATION



No. \_\_\_\_\_

FP# \_\_\_\_\_

Permit# \_\_\_\_\_

**To be Completed by the Applicant**

The Undersigned Hereby Applies for Plans to be Reviewed for Compliance with the Current Edition of the Florida Fire Prevention Code and PBCFR Local Amendments to this Code.

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

- |                    |                        |                         |
|--------------------|------------------------|-------------------------|
| _____ Alteration   | _____ Fire Sprinkler   | _____ Interior          |
| _____ Civil        | _____ Fire Suppression | _____ LP Gas            |
| _____ Commercial   | _____ Fuel Tanks/Lines | _____ Multiple Dwelling |
| _____ Construction | _____ Hood System      | _____ Revise            |
| _____ Fire Alarm   | _____ HVAC             | _____ Other _____       |

\_\_\_\_\_  
Name of Owner or Engineer                      Address of Owner or Engineer

\_\_\_\_\_  
Name of Contractor                              Address of Contractor

\_\_\_\_\_  
Applicant / Contact Name (Print)              Application Date

\_\_\_\_\_  
Contact Number                                  Fax Number                                  \$ \_\_\_\_\_  
Valuation of Proposed Project

**For Office Use Only - Palm Beach County Fire Rescue**

Fire Review Fee \$	Voucher	Check#	MSTU	Fire Dept. Official
		Date Recv'd		

Make Checks Payable to "BCCPBC" or "Board of County Commissioner's Palm Beach County"

Instrument Prepared By:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

STATE OF: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

TAX FOLIO NO.: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** \_\_\_\_\_  
\_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

**3. OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: \_\_\_\_\_

b. Interest in property: \_\_\_\_\_

c. Name and address of fee simple titleholder (if different from Owner listed above): \_\_\_\_\_

4. a. **CONTRACTOR:** Name & Address \_\_\_\_\_

b. Phone number: \_\_\_\_\_

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: \_\_\_\_\_

b. Phone number: \_\_\_\_\_ c. Amount of bond: \$ \_\_\_\_\_

6. a. **LENDER:** Name and address: \_\_\_\_\_

b. 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:

a. Name and address: \_\_\_\_\_

b. Phone numbers of designated persons: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date will be 1 year after 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 SITE OF THE IMPROVEMENT 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 Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)**

\_\_\_\_\_  
**(Print Name and Provide Signatory's Title/Office)**

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or sworn to (or affirmed) by \_\_\_\_\_ online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(name of person)

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

\_\_\_\_\_  
**(Signature of Notary Public)**  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification Produced \_\_\_\_\_