



TITLE: **CODE COMPLIANCE & CONSTRUCTION PERMIT ADMINISTRATION**

OBJECTIVE AND PURPOSE: To establish a consistent, knowledgeable and non-discriminatory review and building inspection process for the university construction projects that will help ensure

APPROVAL PROCESS

**FAU BLDG. CODE
ADMINISTRATOR**
Step 10

Logs-in approved documents and comment sheets from the SFM and the FAU Building Code Administrator and transmits copies to contractor and A/E of record.

**FAU BLDG. CODE
ADMINISTRATOR
Step 3**

**FAU BLDG. CODE
ADMINISTRATOR
Step 6**

Assembles all inspection and review records, SFM documentation and Certificate along with the Record set of drawings and places all in folder, and retains for (12) months. At end of (12) months, all retained documents are to be scanned, including one set of Contract Documents, and the scanned documents are to be maintained on a server.

REFERENCE

Environmental Health & Safety Policy & Procedure #22

ATTACHMENTS

Attachment "A" – SFM Application for Plan Review
Attachment "B" - Building Permit Issuance Checklist
Attachment "C"- Stormwater Pollution Prevention Plan
Attachment "D" - Notice of Intent (NOI)
Attachment "E" - Reviewed for Code Compliance/Signature Date Stamp
Attachment "F" - Submission of Plans to State Fire Marshall
Attachment "G" - Technical Reviewers Comment Sheet
Attachment "H" - Building Permit
Attachment "I" - Permit Posting Diagram
Attachment "J"- Inspection Request/Report
Attachment "K" - Stormwater Inspection Report
Attachment "L" - SFM Inspection Report

DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Prevention

APPLICATION FOR PLAN REVIEW

5. SITE INFORMATION

a. Site Name:



e e t S

BUILDING PERMIT APPLICATION



Stormwater Pollution Prevention Plan

The following statement must be included on the front sheet of the SWPPP:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name (Operator and/or Responsible Authority)

Date

Project Name and location information:	
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A site map must be developed and must contain, at a minimum, the following information:

1. Drainage patterns,
2. Approximate slopes after major grading activities,
3. Areas of soil disturbance,
4. Outline all areas that are not to be disturbed,
5. Location of all major structural and non-structural controls,
6. The location of expected stabilization practices,
7. Wetlands and surface waters, and
8. Locations where stormwater may discharge to a surface water or MS4.

INSTRUCTIONS – DEP FORM 62-621.300(4)(b)
NOTICE OF INTENT (NOI) TO USE GENERIC PERMIT FOR STORMWATER DISCHARGE
FROM LARGE AND SMALL CONSTRUCTION ACTIVITIES

Who Must File an NOI:

Federal law at 40 CFR Part 122 prohibits the point source discharge of pollutants, including the discharge of stormwater associated with large construction activities as defined at 40 CFR 122.26(b)(14)(x) or small construction activities as defined at 40 CFR 122.26(b)(15), to waters of the United States without a National Pollutant Discharge Elimination System (NPDES) permit. Under the State of Florida's authority to administer the NPDES stormwater program at 403.0885, F.S., operators that have stormwater discharge associated with large or small construction activities to surface waters of the State, including through a Municipal Separate Storm Sewer System (MS4), must obtain coverage either under a generic permit issued pursuant to Chapter 62-621, F.A.C., or an individual permit issued pursuant to Chapter 62-620, F.A.C.

Where to File NOI:

NOIs for coverage under this generic permit must be sent to the following address:

NPDES Stormwater Notices Center, MS #2510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Permit Fee:

Items B. – E.: Provide the complete mailing address of the operator, including city, state, and zip code.

Item F.: Enter the appropriate one letter code from the list below to indicate the legal status of the operator:

Item B.: Provide the approximate total area of land disturbance in acres that the project will involve from commencement of construction through completion.

Items C. - G.: Indicate the location where the Stormwater Pollution Prevention Plan (SWPPP) can be viewed. Provide the address where the SWPPP can be viewed if other than as provided in Parts II or III of the NOI. **Note that to be eligible for coverage under the generic permit, the SWPPP must have been prepared prior to filing this NOI.**

Item H.: Enter the estimated construction start and completion dates in the MM/DD/YY format.

Part V – Discharge Information

Item A.: If stormwater from the project discharges to a municipal separate storm sewer system (MS4), enter the name of the operator of the MS4 (e.g., City of Tallahassee MS4, Orange County MS4, FDOT MS4, etc.). If stormwater from the project does not discharge to an MS4 but rather discharges to surface waters of the State, leave this item blank or indicate “N/A” and skip to Item B of this part. **Please note that if the project discharges stormwater to an MS4, you must provide the MS4 operator with a copy of the completed NOI.**

Item B.: If the project discharges stormwater to surface waters of the State, and not to an MS4, enter the name of the receiving water body to which the stormwater is discharged. Please provide the first named water body to which the stormwater from the project is discharged (e.g., Cypress Creek, Tampa Bay, unnamed ditch to St. Johns River, Tate’s Hell Swamp, etc.).

Part VI – Certification

Type or print the name and official title of the person signing the certification. Please note that this should be the same person as indicated in Item II.G. as the Responsible Authority. Sign and date the certification.

Section 403.161, F.S., provides severe penalties for submitting false information on this application (NOI) or any reports or records required by a permit. There are both civil and criminal penalties, in addition to the revocation of permit coverage for submitting false information.

Rule 62-620.305, F.A.C., requires that the NOI and any reports required by the permit to be signed as follows:

- A. For a corporation, by a responsible corporate officer as described in Rule 62-620.305, F.A.C.;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or,
- C. For a municipality, state, federal or other public facility, by a principal executive officer or elected official.



Signature/Date Stamp: _____

REVIEWED FOR CODE COMPLIANCE

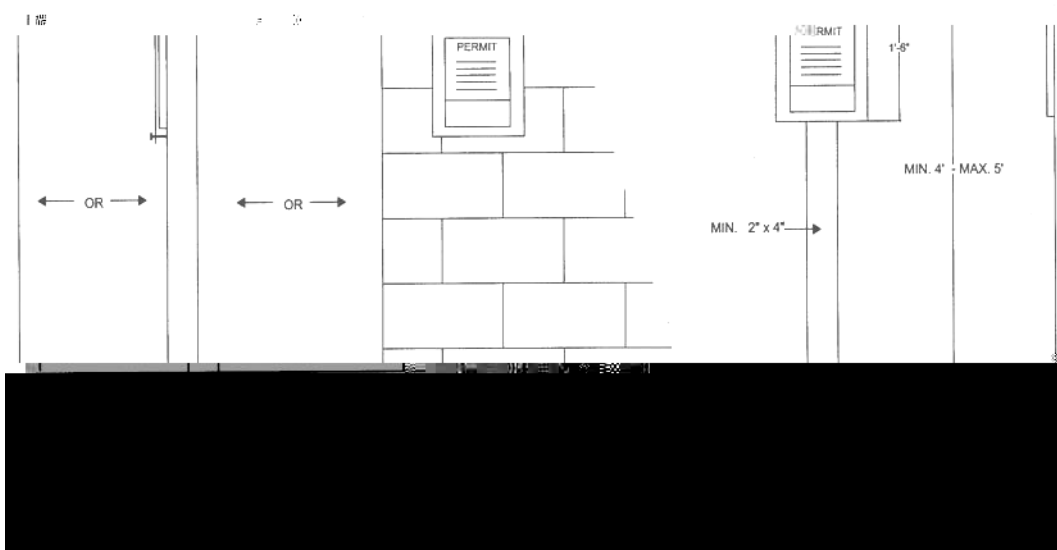
**FLORIDA ATLANTIC UNIVERSITY
DEPARTMENT OF ENGINEERING & UTILITIES
BUILDING CODE ADMINISTRATOR**

PLANS EXAM.DIV	APPROVED	APPROVED AS NOTED	DATE





THIS PERMIT PACKAGE MUST BE
~~DISP~~ ~~AYED~~ ~~ON~~ ~~THE~~ ~~FRONT~~ ~~OF~~
THE JOB BY ONE OF THE
FOLLOWING METHODS OR NO
INSPECTION



ATTACHMENT "I"

FLORIDA ATLANTIC UNIVERSITY INSPECTION CODES

PLUMBING INSPECTION CODES	
Code #	Description
200	Plumbing Underground
201	Plumbing Site Utilities
202	Plumbing Rough / Partial

PLUMBING INSPECTION CODES	
Code #	Description
224	Pool Heater Install
228	Backflow Preventor
230	Backflow Compliance

FLORIDA ATLANTIC UNIVERSITY INSPECTION CODES

FBC SECTION 109 - INSPECTIONS

109.1 General. Construction or work for wh

Stormwater Pollution Prevention Plan Inspection Report Form

Inspections must occur at least once a week and within 24 hours of the end of a storm event that is 0.50 inches or greater.

Project Name: _____ **FDEP NPDES**
Stormwater Identification Number: FLR10_____

Location	Rain data	Type of control (see below)	Date installed /
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DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal – Bureau of Fire Prevention

**REQUEST FOR BUILDING SITE INSPECTION
PLANS AND REVIEW SECTION**

GENERAL INFORMATION

REQUESTOR'S NAME: _____

PHONE NO: _____

EMAIL ADDRESS: _____

STATE AGENCY: _____

TYPE OF INSPECTION (CHECK APPROPRIATE ONE)

FINAL

INTERMEDIATE

FIRE ALARM SYSTEM

HOOD SYSTEM

SPRINKLER SYSTEM (above or below ground)

LEASE, PRE-OCCUPANCY

LEASE, RENEWAL

OTHER (SPECIFY)

NAME, STREET ADDRESS OR EXACT LOCATION OF FACILITY:

INSPECTION DATE: _____

(PROVIDE THIS OFFICE WITH A **MINIMUM** OF FIVE (5) WORKING DAYS PRIOR TO REQUESTED DATE OF INSPECTION. THE SFM INSPECTOR FOR THIS FACILITY WILL CONTACT YOU FOR FINAL SCHEDULING).

STATE FIRE MARSHAL' S FILE #: _____

(WITHOUT THIS FILE # YOUR REQUEST WILL NOT BE GRANTED. CONTACT THIS OFFICE SHOULD YOU NEED ASSISTANCE.)



Certificate of Occupancy
Permit Number

NAME OF PROJECT _____
ADDRESS _____
CAMPUS _____

CONTRACTOR _____

Florida Building Code: _____ (fill in year of code edition permit was issued)

Type of Construction: _____
(Per Florida Building Code Chapter 6)

Building Use: _____ Building Occupancy: _____
(Per Florida Building Code Chapter 3) (Per Florida Building Code Chapter 3)

Description of Structure: _____

Automatic Sprinkler System Provided: Yes or No (Circle one)

Automatic Sprinkler System Required: Yes or No (Circle one)

To the best of my knowledge, the structure has been inspected for compliance with the requirements of the Florida Building Code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

Maximum Occupancy shall be per the Florida Building Code

FAU Building Code Administrator

Date

ATTACHMENT "M"

FLORIDA ATLANTIC UNIVERSITY

CHECK REQUEST

Payees Full Name

Department Name

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Original receipts for all items equal to or greater than \$1.00 must be attached to a separate sheet and submitted with this Voucher

I hereby certify that the amounts scheduled above are true in all respects and were expended for State purposes by the payee and that payment therefore has not been received.

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I confirm that I have received the check and it will distributed immediately.

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Controller's Office use only