



**ORANGE COUNTY
DIVISION OF BUILDING SAFETY
PLANS COORDINATION**

PROJECT DOCUMENTATION/ROUTE SHEET

DATE: _____ **PERMIT NUMBER(S):** _____

INSTRUCTIONS: MAKE SURE ALL APPLICABLE CHECKBOXES ARE MARKED BELOW.
Permit Analyst will acknowledge the documentation is received for the above listed permit number(s).
Customers please sign acknowledging the documentation checked off is submitted.

Copies of this document must be attached as follows:

- One (1) shall be attached as cover sheet with each layer
- One (1) shall be given to the customer.

Layer # _____

Reviewer: _____

Date: _____

ROUTE SECTION

Project name: _____

Coordinating Company: _____

Contact Name: _____ Phone #: (_____) _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Division of Building Safety Use Only: New Construction Alterations Site Work Only

1. # _____ plans routed to: Zoning Engineering Fire PUD EPD Arch Health CPR

Plans: Rolled In Folder Comments: _____ **By:** _____

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<u>Customer Submittal Documentation</u>		<u>Documents Verified/ Scanned</u>
A P P L I C A T I O N	<input checked="" type="checkbox"/> Check off verification box	
	<input type="checkbox"/> Set of plans submitted: <i>*collated & stapled, no loose sheets</i>	(9)___ (6)___ (Other)___ <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Application	(Application/file) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Page two (2)	(Application/file) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Notice of Commencement	(Application/file) <input type="checkbox"/> Yes <input type="checkbox"/> No
P R O J E C T D O C U M E N T A T I O N	<input type="checkbox"/> OC Product Approval Cover Sheet	
	<input type="checkbox"/> Window/Door/Roofing & Prod Approval	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Truss Eng.	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Threshold Insp. Plan	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Energy Calculations	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Structural Calculations	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Spec Books	(2: 1 CPR & 1 Fire) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Soils Report	(2: 1 CPR & 1 ENG) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Hydraulic Calculations - SPR	(3: 1 Fire & 2 PUD) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Fire Flow Calculations - Hydrants	(3: 1 Fire & 2 PUD) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 61G15-32 for Sprinklers	(4: 1 Fire & 3 CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Site Work Cost Estimate	(2: PUD & ENG) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drainage/Stormwater Calculations	(2: ENG) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Exterior Light Fixture Cut Sheets	(3: CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Other: _____	

Customer Print Name _____ **Customer Signature** _____

Permit Analyst Initials _____

Note: If any further information is required, please contact **Plans Coordination at (407) 836-5760** or by Email at: PlansCoordination@ocfl.net