



# DERM COMMERCIAL SUBMITTAL CHECKLIST

DERM OFFICE OF PLAN REVIEW SERVICES, 11805 SW 26 Street, #124, 786-315-2800  
DERM PLAN REVIEW, 701 NW 1<sup>st</sup> Court, 2nd Floor, 305-372-6899

---

This checklist is for the processing of any commercial, industrial, or multi-unit, four (4) or more, residential projects through DERM.

**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_ **Suite #:** \_\_\_\_\_

**Property Folio Number:** \_\_\_\_\_

Please verify that all documents submitted (plans, applications, surveys, etc.) show the same project address and information.

**Instructions for using this form:**

- 1) This form gives a general list of items required for approval of a Building Permit by DERM. Please be aware that this is a general list; not all items apply to all projects.
- 2) Items have been listed under a broad category with various more specific required items listed under those categories. Please check the boxes for those general headings that apply for your project, and then check off the items you have provided.
- 3) All items are shown with either a white check box or a shaded check box. Items, be it a broad category or a specific item, with a white box are required when applicable. *Those items with a shaded box are absolutely required.* Any specific item with a shaded box, which is listed under a broad category with a white box, is only required if the broad category applies.
- 4) This list is formatted to be submitted as a statement or affirmation regarding the items listed. This checklist is required to be signed.

**Current Property Survey/ Site Plan; Shows all lot dimensions including elevations (\*Required)**

**FLOOD PLAIN:** Site Plan showing the following elevations; See Sheet(s); \_\_\_\_\_

**\*REQUIRED FOR NEW CONSTRUCTION, ADDITIONS, AND MAJOR REMODELING (i.e. Cost of work > 50% value of buiding)**  
**NOT REQUIRED FOR PROJECTS WITHIN A MUNICIPALITY**  
(\* The items below marked with an \* are required if the "Flood Plain" option above has been selected)

Highest Crown of the Road\*

Lowest floor (Including Basements/Sunken Areas) \*

Lowest Catch Basin \*

Lowest Adjacent grade. (Grade immediately adjacent to proposed structure) \*

Flood Legend and flood notes included on Site Plan\*

**Property contains more than 2 acres of impervious area.** Provide a copy of the DERM Environmental Resources Permit (ERP)/ SFWMD Surface Water Management Permit, or Application Process Number along with a copy of the ERP/SWFMD permit application submitted. CONTACT: DERM WATER CONTROL SECTION.

**Property is served or is to be served by a Public Water Supply.**

There is existing water service to this property, Water Account # \_\_\_\_\_

FOR NEW or ADDITIONAL SERVICE or CHANGE OF USE, Provide Water Verification Form from the corresponding utility company.

A Public Water Main extension is required for this project. Provide a copy of the Department of Health Water Extension Approval or provide the record copies of the executed service agreement.

**Property is served or is to be served by a Sanitary Sewers.**

There is existing sewer service to this property, Sewer Account # \_\_\_\_\_

FOR NEW or ADDITIONAL SERVICE or CHANGE OF USE, Provided Sewer Verification Form from the corresponding utility company, **and** Sewer Capacity Certification/Allocation Letter.

A sanitary sewer main extension is required for this project. The DERM Sewer Extension Approval is **SE#** \_\_\_\_\_, or provide the recorded copies of the executed service agreement.

<input type="checkbox"/>	<b>Property is served or is to be served by a Septic Tank/Drainfield.</b>
<input checked="" type="checkbox"/>	Project was previously approved by DERM for the use of a Septic Tank, see the attached approval letter, ie. EQCB, MDR or Letter of Interpretation. (* Required if the "Septic Tank/Drainfield" option above has been selected)
<input type="checkbox"/>	This is a transfer or remodeling, there is no change from the previously approved use on this property
<input type="checkbox"/>	There is a Restrictive Land Use Covenant on file (Attach Copy)
<input type="checkbox"/>	A properly completed Restrictive Land Use Covenant and all the required recording fees are attached.

<input type="checkbox"/>	<b>For Projects Served by a Municipal Water/Sewer Utility:</b>
	In conjunction to the Water and/or Sewer Verification Form from the utility company serving the property, a Resolution Letter from Miami-Dade Water and Sewer Department must also be provided.
	CONTACT: MDWASD NEW BUSINESS OFFICE

For the remaining items listed, mark only the sections that apply to this specific permit application.

<input type="checkbox"/>	<b>Interior Renovations/ Demolitions:</b> Required signed and sealed Asbestos Survey or Asbestos Survey Affidavit signed by the owner of authorized representative attached.
--------------------------	--

<input type="checkbox"/>	<b>Paving &amp; Drainage:</b> Includes the required 5 sets of plans (2 set for Building Permit + 3 Sets for Public Works), Percolation Test Data (2 Sets), Drainage Calculations (2 Sets).
<input type="checkbox"/>	Proposing more than 2 acres of impervious area. Provide a copy of DERM Environmental Resource Permit (ERP)/ SFWMD Surface Water Management Permit or Application Process Number along with a copy of the ERP/SFWMD permit application submitted.

<input type="checkbox"/>	<b>INDUSTRIAL FACILITIES</b> <i>Any property, site or location where the proposed use will entail the use, handling, storage, or generation of an Industrial/Hazardous material or Waste (e.g. Manufacturing Operations, Repair Shops, Laboratories, Medical/Dental Offices with x-ray and/or lab, Photo labs, etc.).</i> <i>(The items below marked with an asterisk * are required if the "Industrial Facilities" option above has been selected)</i>
<input type="checkbox"/>	<b>Engineering Report / Process Description*</b> Provide any supporting calculations, include the following: <ul style="list-style-type: none"><li><input type="checkbox"/> What is the use of the facility?*</li><li><input type="checkbox"/> What processes are being implemented and used?*</li><li><input type="checkbox"/> What types of materials are being used? (i.e. fuels, oils, solvents, etc.)*</li><li><input type="checkbox"/> How are these materials being handled and stored?*</li><li><input type="checkbox"/> What Spill Containment and Control measures are being implemented?*</li><li><input type="checkbox"/> Does the operation create a liquid waste? If so, how is it disposed of?*</li><li><input type="checkbox"/> Is there any type of Wastewater treatment (i.e. Oil/Water Separator, Silver Recovery, Pre-treatment, etc.)?*</li><li><input type="checkbox"/> How is the equipment cleaned and maintained, and does that create a waste product?*</li></ul>
<input type="checkbox"/>	<b>Equipment Specifications*</b> Provide all manufacturer information and details for all proposed equipment.
<input type="checkbox"/>	<b>Site/Floor Plan showing the following;*</b> See Sheet(s); _____ <ul style="list-style-type: none"><li><input type="checkbox"/> Location of work areas*</li><li><input type="checkbox"/> Equipment Layout*</li><li><input type="checkbox"/> Material Storage Areas. Showing Spill Containment*</li><li><input type="checkbox"/> Location of any floor drains*</li></ul>



**PLUMBING PLAN SHOWING THE FOLLOWING;\***

SEE SHEET(S); \_\_\_\_\_

- The interconnection of equipment, including point of discharge.
- Waste Water Treatment System (i.e. Oil/Water Separator, Silver Recovery System, etc)
- Sampling Point/Port
- All floor drains and their point of discharge

***PROVIDE a 3<sup>rd</sup> set of plans for DERM's Records***

I have reviewed the plans and materials being submitted and hereby affirm that all the items checked off on this list are accurate and have been provided. I acknowledge that if any of the information that I have indicated is not submitted along with this checklist attached to my building permit plans, I may be subject to additional reviews and fees.

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT E-mail: \_\_\_\_\_

\_\_\_\_\_  
Owner, Design Professional (Engineer/Architect) or Authorized Person.

Sign and Date