

BUILDING PERMIT APPLICATION



Florida State College
at Jacksonville

Date of Application: _____

Location / Building: _____

This application is titled: building permit application; however, it may also be used to obtain a single category of work. Indicate by checking the box below for the type of permit to be issued. Incomplete applications will not be accepted for submittal.

Applicant:

Contractor's name: _____

Mailing address: _____

Phone: _____ Fax: _____

Florida Department of Business & Professional Regulation (DBPR) License: _____

Qualifying agent's name: _____

Qualifying agent's signature: _____

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all the laws regulating construction in this jurisdiction. Original signature shall be submitted.

Proposed Project:

Project name: _____

Type of permit:

Building Electrical Mechanical Plumbing Roofing Sign

Site / Tree Mobiles / Portables Other: _____

Project number (if applicable): _____

Project location or address: _____

Building use – check all that apply: Assembly Business Residential Industrial

Mercantile Storage Other: _____

Occupancy classification: _____ Construction type (FBC): _____

Building area (GSF): _____ Building height: _____ Value of the work: _____

Class of work:

New construction Remodeling Renovation Other: _____

BUILDING PERMIT APPLICATION (continued)

Description of work: _____

Estimated duration of work: _____

Jobsite superintendent: _____

Phone: _____

Email address (license holder or authorized agent): _____

Note: Field inspection reports related to this permit will be transmitted electronically to the email address listed above.

YOUR SPECIAL ATTENTION is called to the following:

This application shall be submitted as an original. No copies of this application shall be accepted.

Contractor shall provide copies of license holder's current licenses and copies of certificates of insurance naming Florida State College at Jacksonville as additional insured with each building permit application.

Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans.

Permits are not valid if construction work is not started within six (6) months from date permit is issued.

Request for inspections should be made by email: bldgcode@fscj.edu. Inspection requests shall be made by 4:00 pm the business day prior to, an anticipated inspection. All inspections shall be made within forty-eight (48) hours.

Final inspection and certificate of occupancy must be obtained before occupying building or construction area as contracted.

Architect / Engineer (if applicable):

Name: _____

Mailing address: _____

Florida Department of Business & Professional Regulation (DBPR) License: _____

License holder's name: _____

Contractors submitting this application for a building permit, which includes subcontractors, shall complete and attach the subcontractor list as indicated herein; otherwise, single category permits need not attach.

BUILDING PERMIT APPLICATION (continued)

Subcontractor list project: _____

Electrical subcontractor:

Name: _____

Mailing address: _____

Florida Department of Business & Professional Regulation (DBPR) License: _____

License holder's name: _____

Plumbing subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Mechanical subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Gas subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Roofing subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

BUILDING PERMIT APPLICATION (continued)

Subcontractor list project: _____

Fire sprinkler/standpipe/pre-engineered fire suppression subcontractor: (Permit issued separately)

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Underground fire protection water piping subcontractor: (Permit issued separately)

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Fire alarm system subcontractor: (Permit issued separately)

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Other subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Other subcontractor:

Name: _____

Mailing address: _____

Florida (DBPR) License: _____

License holder's name: _____

Note: Additional subcontractors may be identified on a separate sheet and attached with this submittal.