

BUILDING PERMIT APPLICATION



Date: _____

Location: _____

Applicant:

Name: _____

Mailing address: _____

Phone: _____ Fax: _____

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

Qualifying agent's name: _____

Qualifying agent's signature: _____

Proposed Project:

Project name: _____

Type of permit:

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Gas | <input type="checkbox"/> Other: _____ |

Project number: _____

Project location or address: _____

Building use – check all that apply:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Assembly Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> Storage | <input type="checkbox"/> Other: _____ |

Occupancy classification: _____ Construction type (FBC): _____

Building area (GSF): _____ Building height: _____

Value of the work: _____

Class of work:

- New Remodel Renovation Repair Demolition Other

BUILDING PERMIT APPLICATION (continued)

Description of work: _____

Estimated duration of work: _____

Project manager: _____ Department: _____

General Contractor / Construction Manager

Date

Signature

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 application.

Architect / Engineer (if applicable):

Name: _____

Mailing address: _____

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

License holder's name: _____

BUILDING PERMIT APPLICATION (continued)

Subcontractor list project: _____

Electrical subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Plumbing subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Mechanical subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Gas subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Roofing subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

BUILDING PERMIT APPLICATION (continued)

Subcontractor list project: _____

Fire sprinkler / standpipe / pre-engineered fire suppression subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Underground fire protection water piping subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Fire alarm system subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Other subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____

Other subcontractor's name:

Name: _____

Mailing address: _____

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

License holder's name: _____