



BUILDING PERMIT APPLICATION

(please fill in all spaces)

APPLICANT:

Contractor Name: _____ Date: _____

Mailing Address: _____

Phone No.: _____ E-Mail: _____

Qualifying Agent: _____ Signature: _____
(printed name)

Contractor Type: _____

DBPR License No.: _____

PM Name: _____ Cell #: _____ E-Mail: _____
(printed name)

Application is hereby made to obtain a permit to perform the work described below: I certify work has not commenced prior to permit issuance and that all work completed will meet the standards of all laws regulating construction for Florida State University and comply with the current Florida Building Code.

PROJECT:

Anticipated Start Date: _____ FSU Project No.: _____ PO/GMP Value \$ _____

Project Name and Address: _____

Description of Work: _____

ARCHITECT/ENGINEER:

Name: _____

Address: _____

Phone Number: _____ Contact Email: _____

ARCHITECT/ENGINEER:

Name: _____

Address: _____

Phone Number: _____ Contact Email: _____

Permit Application Sub-Contractor List

Project Name _____ **Location:** _____

Electrical Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Mechanical Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Plumbing Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Roofing Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Gas Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Fire Protection Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Fire Alarm Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Demolition Subcontractor Name/License #: _____

Mailing Address: _____

Phone Number: _____ Contact E-Mail: _____

Other Subcontractor Name/License #: _____

Application Checklist: (also see Permit Checklist)

- ❖ **Certificates of Insurance** – Current general liability and workers' compensation or valid exemption for GC/CM and all Subcontractors (required for every project)
- ❖ **DEP Notices/Approval Letter** (project specific)
- ❖ **Product Approval Form** (project specific)
- ❖ **Inspection Schedule**
- ❖ **Other** _____

Contractor's Signature: _____ Date: _____