



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Building Code Administration

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PROJECT AUTHORIZATION FORM

Instructions: Project Manager complete and submit this form with documents for permitting review.

Action Requested: Preliminary Review Final Permit Review 100% Re-Review

Submittal Contents: Construction Documents Specs

Dwgs Signed/Sealed Other _____

Work Request No. _____ Project No. _____ Budget No. _____

Est. \$ Value of Construction: _____ Fees Paid By: _____

Project Name: _____

Project Location (e.g. Main Campus) and Address: _____

Description of Work: _____

FBC Class of Work New Repair Alteration Addition Demolition

Architect/Engineer Name: _____

Contact Name: _____ Phone: _____ E-Mail: _____

Contractor Name: _____

Estimated Start Date: _____

Other Comments: _____

FSU Project Manager _____ Department: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____