

Return completed form as needed to:
Office of Educational Facilities
325 West Gaines Street, Room 1054
Tallahassee, Florida 32399-0400
(850) 245-0494
Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

OEF USE ONLY

BUILDING PERMIT APPLICATION

Permit # _____

INSTRUCTIONS: Submit one copy of the completed form for each project for which you are requesting a building permit. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use. Include two complete sets of corrected project drawings/specifications with all appropriate permit stamps affixed to the drawings.

Project Number _____
District/College Name _____
Facility Name _____
Facility Code Number _____
Project Name and Scope _____

1. Date of Application _____ 2. Building Code in Effect _____ 3. Proposed Occupancy _____

4. Certified District Statement

I certify that all other permits* have been obtained; all contractor=s insurance coverages and certificates of insurance are current and have been verified; and firesafety plan review has been approved pursuant to s. 633.081, F.S., by Certified Fire Safety Inspector _____ of _____ fire district.

_____ Date Superintendent, President, or Designee Signature

* Other permits include, but are not limited to: Department of Environmental Protection, water management district, Department of Health, Department of Agriculture and Consumer Services, Department of Transportation, utility connections.

5. General Contractor Information _____
Name License Number Phone Number

Mailing Address (Street Number & Name, City, State, Zip Code)

Qualifying Agent _____
Name License Number Phone Number

Mailing Address (Street Number & Name, City, State, Zip Code)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law regulating construction or performance of construction.

_____ Date Qualifying Agent's Signature

OEF Use ONLY Architect Civil/Structural Mechanical Electrical G.C.=s License Verification	Phase III Docs. Reviewed by: _____ _____ _____ _____ _____	Date _____ _____ _____ _____ _____
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6. Construction Cost \$ _____	7. Student Stations (Additional) _____	8. Area (Gross Square Feet) _____
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9. Design Consultants (Fill in all that apply)

Architect	_____	_____	_____
	Name	License Number	Phone Number
Civil Engineer	_____	_____	_____
	Name	License Number	Phone Number
Structural Engineer	_____	_____	_____
	Name	License Number	Phone Number
Mechanical Engineer	_____	_____	_____
	Name	License Number	Phone Number
Electrical Engineer	_____	_____	_____
	Name	License Number	Phone Number

10. Sub-Contractors (Fill in all that apply)

Roofing	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Plumbing	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Gas	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Mechanical	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Electrical	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		