

BUILDING PERMIT APPLICATION

(Please fill in all spaces)

Applicant:

Contractor Name _____ Date _____

Mailing Address _____

Phone Number _____ Fax Number _____ Email Address _____

Fla. Dept. of Business & Professional Regulation License No. _____

Qualifying Agent's Name (Please Print) _____

Qualifying Agent's Signature (must be signed) _____

Authorized Contact Name _____ Phone _____

Application is hereby made to obtain a permit to do the work described below. I certify work has not commenced prior to permit issuance and that all work performed will meet the standards of all laws regulating construction for the University of Florida. This application is valid for 80 days upon date of filing. All work to comply with the Florida Building Code (current edition – see website).

Project:

Project Name _____ Project Number: _____

Estimated Project Area (sq. ft.): _____ Room Number(s): _____

Street Address _____

Building Number _____ Building Name: _____

\$ Value of Work (labor & material) _____

Description of Work (please provide summary – “see attached” is not acceptable):

University Project Manager/Owner Contact: _____ Phone: _____

Email: _____

Architect/Engineer/Designer:

Name: _____ Phone: _____ Email: _____

Click to submit via email