



**Business Affairs**  
 Division of Environmental Health & Safety  
 Facility/Fire Safety and Building Codes Enforcement

Building 179, PO Box 112200  
 Gainesville FL 32611-2200  
 Phone **352-392-1591**  
 Fax **352-392-6367**  
 www.ehs.ufl.edu

**BUILDING PERMIT APPLICATION**

(Please fill in all spaces)

**Applicant:**

Contractor Name \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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.): \_\_\_\_\_

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: \_\_\_\_\_

**Architect/Engineer/Designer:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_