

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

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

TEMPORARY BUILDING PERMIT APPLICATION

Applicant:

Name of Department: _____

Department Street Address: _____

Department Mailing Address: _____

Department Contact Person: _____ Phone Number: _____

Temporary Building Erector Company Name: _____

Company Contact Person: _____ Phone Number: _____

Erection Date: _____ Date of Event: _____ Removal Date: _____

Special Events Form Completed & Approved: Yes No

Authorized Signature: _____

Project:

Temporary Building Location: _____

Street Address: _____

Building Square Footage: _____

Occupant Load: (Use 15 s.f./person if tables & chairs provided; 7 s.f./person standing only) _____

Building Open on all sides: Yes No

If enclosed are Exit Signs Provided Yes No

Any Open Flame Devices (including candles and food warmers) Yes No

Structure is Flame Retardant: Yes No

Will a portable generator be used on-site? Yes No

Minimum "2-A:10B:C" (5#) Extinguishers Provided: Yes No

Is extinguisher tag current & inspected by a Florida Fire Equipment Dealer: Yes No