

TEMPORARY BUILDING PERMIT APPLICATION

**Complete all applicable sections below (Type or Print). If a required field does not apply type N/A
SUBMIT completed application to: codes@ehs.ufl.edu**

APPLICANT INFORMATION

Department Name: _____

Dept. Contact Person: _____ Contact Phone No.: _____

Contact Email: _____

Temporary Building Erector Company Name: _____

Company Contact: _____ Contact Phone No.: _____

Contact Email: _____

PROJECT INFORMATION

Temporary Building Location (Closest UF Building Name or Area) *: _____

*** Provide a sitemap of the area that shows the location and number of temporary buildings being erected.**

Street Address: _____

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

Combined Building Square Footage (L x W) of all temporary buildings: _____

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

Special Events Form Completed & Approved? _____ YES _____ NO

Building open on all sides? _____ YES _____ NO

If enclosed, are EXIT signs provided? _____ YES _____ NO

Is structure flame retardant (provide flame retardant certificate)? _____ YES _____ NO

Any open flame devices being used (including candles and food warmers)? _____ YES _____ NO

Will a portable generator be used on site? _____ YES _____ NO

Will a minimum of one (1) 2A:10B:C 5-pound Fire Extinguisher be provided? _____ YES _____ NO

Is the extinguisher tag current & inspected by a Florida Fire Equipment Dealer? _____ YES _____ NO

APPLICANT'S STATEMENT: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. All work shall comply with edition of the Florida Building Code and all applicable codes and standards in affect at the time of application. This application is valid for 180 days upon the date received by the Building Department and shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. **The Issued Permit is limited from the Erection date to the Removal date indicated above and shall not be permitted to exceed 180 days.** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction.

Applicant Signature: _____ Date: _____