

# BUILDING PERMIT APPLICATION

Facility/Fire Safety and Building Codes Enforcement  
916 Newell Dr, Building 179  
PO Box 112200  
Gainesville, FL 32611-2200  
Phone: 352-392-1591  
Email: codes@ehs.ufl.edu  
www.ufl.edu

NEW PERMIT  
 Existing Permit Amendment - Permit # \_\_\_\_\_  
 Renew Expired Permit - Permit # \_\_\_\_\_

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

### APPLICANT INFORMATION

CONTRACTOR       University/SBAC Internal Project

Qualifier/Applicant Name: \_\_\_\_\_ Florida Contractor's License No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Qualifier/Applicant Email: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Authorized Designee: \_\_\_\_\_  
Designee Phone: \_\_\_\_\_ Designee Email: \_\_\_\_\_

### PROJECT CONTACT INFORMATION

UF/SBAC Project Manager (PM): \_\_\_\_\_ Design Professional: \_\_\_\_\_  
PM Phone: \_\_\_\_\_ Design Prof. Phone: \_\_\_\_\_  
PM Email: \_\_\_\_\_ Design Prof. Email: \_\_\_\_\_

### PROJECT INFORMATION\*

\* List only one building and address per application

UF/SBAC Project Name: \_\_\_\_\_ UF/SBAC Project No: \_\_\_\_\_  
UF Building Name (SBAC School/Site Name): \_\_\_\_\_ UF/SBAC Building No: \_\_\_\_\_  
Project Street Address: \_\_\_\_\_  
Permit Type: \_\_\_\_\_ Room No's: \_\_\_\_\_  
Project Area (Sq.ft.): \_\_\_\_\_ Building Occupancy: \_\_\_\_\_

**Valuation:**(Include cost of all equipment, labor & owner furnished items.) \$ \_\_\_\_\_

Description of work being performed (provide detailed summary - "see attached" is not acceptable).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SUPPLEMENTAL FORM REQUIREMENTS

If applicable, the following shall be submitted before permit issuance ([available at http://www.ehs.ufl.edu/programs/buildcode/forms/](http://www.ehs.ufl.edu/programs/buildcode/forms/)):

- 1. Provide a completed Florida Product Approval (FPA) Information Sheet . The FPA Information Sheet shall be submitted in conjunction with the Building Permit Application Form.**
- 2. Miami-Dade & Broward County - HVHZ Uniform Roofing Permit Application - Required for any roofing work within these counties and shall be submitted in conjunction with the Building Permit Application Form.**
- 3. Provide a completed sub-contractors list A completed list shall be submitted in conjunction with the Building Permit Application Form.**
- 4. Notice of Commencement: The Building Department will contact you if your project requires a NOC.**
- 5. Signature Authorization Form: Required when someone other than the Qualifier is signing for the permit/application.**

**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. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction.

Qualifier/  
Applicant  
Signature\* : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*University and School Board employees may sign as the applicant for projects valued up to \$200,000 per Florida Statute 489.103(3).**