

BUILDING PERMIT APPLICATION

DATE: _____

Applicant:

Company: _____

Mailing Address: _____

Phone Number: _____ Email: _____

FL Dept. of Business & Professional Regulation License Number: _____

Qualifying Agent's Name: _____

Qualifying Agent's Signature*: _____

*(*Page 2 must be signed by Qualifying Agent)***Project:**

Project Name: _____

Type of Permit: Mechanical Plumbing Building Electrical Gas Other: _____

Building Number: _____ Project Number: _____

Project Location or Address: _____

Building Use - Check all that apply:

Assembly Business Educational Industrial Mercantile Residential Storage

Occupancy Classification: _____

Value of Work \$: _____

Class of Work: New Repair Alteration Addition Demolition

Description of Work: _____

Estimated Duration of Work: _____

UCF Project Manager: _____ Phone Number: _____

Email: _____

Architect/Engineer (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

PERMIT APPLICATION - SUBCONTRACTOR LIST Project

Electrical Subcontractor Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Plumbing Subcontractor Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Mechanical Subcontractor Name: _____

Trade(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Gas Subcontractor Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Roofing Subcontractor Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Other Subcontractor Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

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

License Holder's Name: _____

Qualifying Agent's Signature*: _____ **Date:** _____

**Original Signed Permit Application Required For Processing.*