

Return completed form as needed to:  
**Office of Educational Facilities**  
 325 West Gaines Street, Room 1054  
 Tallahassee, Florida 32399-0400  
 (850) 245-0494, SUNCOM 205-0494  
 Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION  
 Office of Educational Facilities

OEF USE ONLY

**BUILDING PERMIT APPLICATION**

Permit # \_\_\_\_\_

INSTRUCTIONS: Submit one copy of the completed form for each project for which you are requesting a building permit. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use. Include two complete sets of corrected project drawings/specifications with all appropriate permit stamps affixed to the drawings.

Project Number \_\_\_\_\_  
 District Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Facility Code Number \_\_\_\_\_  
 Project Name and Scope \_\_\_\_\_

1. Date of Application _____	2. Building Code _____ In Effect	3. Proposed _____ Occupancy
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4. Certified District Statement  
 I certify that all other permits\* have been obtained; all contractor's insurance coverages and certificates of insurance are current and have been verified; and fire safety plan review has been approved pursuant to s. 633.081, Florida Statutes, by Certified Fire Safety Inspector \_\_\_\_\_ of \_\_\_\_\_ fire district.

\_\_\_\_\_ Date \_\_\_\_\_ Superintendent, President, or Designee Signature

\* Other permits include, but are not limited to: Department of Environmental Protection, Water Management, Department of Health, Department of Agriculture and Consumer Services, Department of Transportation, Utility Connections.

5. General Contractor Information \_\_\_\_\_  
 Name License Number Phone Number

\_\_\_\_\_ Mailing Address (Street Number & Name, City, State, Zip Code)

Qualifying Agent \_\_\_\_\_  
 Name License Number Phone Number

\_\_\_\_\_ Mailing Address (Street Number & Name, City, State, Zip Code)

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law regulating construction or performance of construction.

\_\_\_\_\_ Date \_\_\_\_\_ Qualifying Agent's Signature

OEF Use ONLY	Phase III Docs. Reviewed by:	Date
Architect	_____	_____
Civil/Structural	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
G.C.'s License Verification	_____	_____

6. Construction  
Cost \$ \_\_\_\_\_

7. Student Stations  
(Additional) \_\_\_\_\_

8. Area (Gross  
Square Feet) \_\_\_\_\_

9. Design Consultants (Fill in all that apply)

Architect \_\_\_\_\_  
Name License Number Phone Number

Civil Engineer \_\_\_\_\_  
Name License Number Phone Number

Structural Engineer \_\_\_\_\_  
Name License Number Phone Number

Mechanical Engineer \_\_\_\_\_  
Name License Number Phone Number

Electrical Engineer \_\_\_\_\_  
Name License Number Phone Number

10. Sub-Contractors (Fill in all that apply)

Roofing \_\_\_\_\_  
Name License Number Phone Number  
\_\_\_\_\_  
Mailing Address

Plumbing \_\_\_\_\_  
Name License Number Phone Number  
\_\_\_\_\_  
Mailing Address

Gas \_\_\_\_\_  
Name License Number Phone Number  
\_\_\_\_\_  
Mailing Address

Mechanical \_\_\_\_\_  
Name License Number Phone Number  
\_\_\_\_\_  
Mailing Address

Electrical \_\_\_\_\_  
Name License Number Phone Number  
\_\_\_\_\_  
Mailing Address