

**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.*