



# UCF

# BUILDING DEPARTMENT

3528 N. Perseus Loop, Orlando FL 32816-3500, Phone 407-823-5323

## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_

**Applicant:** \_\_\_\_\_

General Contractor: \_\_\_\_\_

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)*

Cost of Work: \_\_\_\_\_ Cost of Permit: \_\_\_\_\_ Account Number: \_\_\_\_\_

MP Number/ Work Order Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Type of Permit: Mechanical  Plumbing  Building  Electrical  Gas  Other: \_\_\_\_\_

**Submittal Contents:** \_\_\_\_\_

Building Number: \_\_\_\_\_ Project Location or Address: \_\_\_\_\_

**Building Use - Check all that apply:**

Assembly  Business  Educational  Industrial  Mercantile  Residential  Storage

Utility  High-Hazard

Occupancy Classification: \_\_\_\_\_

Class of Work: New  Repair  Alteration  Addition  Demolition  Re-roof

Electrical panel load calculation required  Is system commissioning required per FBC?

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:** \_\_\_\_\_

**Office use only:**  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Consultant

In house