

**COLLEGE OF CENTRAL FLORIDA
Building Department Application for Permit
3001 SW College Road, Ocala, Florida 34474
(352) 854-2322**

Application Date: _____ Permit Issued Date: _____ Permit # _____

Proposed Occupancy: _____ Educational _____ Assembly _____ Utility & Misc. _____
Business _____ Storage _____

Facility Name: _____

Address: _____

Job Description: _____

Applicant Name: _____ Phone #: _____

Company Name: _____

Address: _____

Contractor's Name & Certification Number: _____

Architect Name _____ Phone #: _____

Address: _____

State Certification Number: _____

Engineer Name: _____ Phone #: _____

Address: _____

State Certification Number: _____

Application is hereby made to obtain a permit for the work and installations as indicated herein. I hereby certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the plans and specifications.

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.

Contractor or Authorized Agent Date

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____ who is personally known to me or has produced identification and who DID / DID NOT take an oath.

Notary Public

My Commission Expires

College of Central Florida Agent Date

Gregory Young, Building Official Date

COLLEGE OF CENTRAL FLORIDA
Application for Permit

CONTRACTOR LIST

MECHANICAL: _____ LICENSE #: _____
ELECTRICAL: _____ LICENSE #: _____
PLUMBING: _____ LICENSE #: _____
ROOFING: _____ LICENSE #: _____
FIRE SPRINKLER: _____ LICENSE #: _____
FIRE ALARM: _____ LICENSE #: _____
OTHER: _____ LICENSE #: _____

VALUE OF WORK \$ _____ AREA UNDER ROOF CONDITIONED: _____
AREA UNDER ROOF NOT CONDITIONED: _____ TOTAL AREA: _____

PERMIT FOR:

____ CLASSROOM ____ NON-CLASSROOM ____ ASSEMBLY ____ ACCESSORY BLDG.
____ PLUMBING ____ MECHANICAL ____ ELECTRICAL ____ MAINTENANCE
____ ROOF ____ FENCE ____ ACCESSIBILITY ____ OTHER

APPLICANT'S SUBMITTALS

____ PROOF OF CONTRACTOR LICENSE
____ PROOF OF GENERAL LIABILITY INSURANCE
____ PROOF OF WORKERS COMPENSATION INSURANCE
____ POWER OF ATTORNEY **(IF REQUIRED)**
____ SAFETY PLAN
____ SITE PLAN
____ 2 COMPLETE SETS PLANS & SPECIFICATIONS - **(WHEN NOT FURNISHED BY FACILITIES)**
____ PRODUCT APPROVAL SPECIFICATION SHEET

COLLEGE OF CENTRAL FLORIDA USE

____ OTHER PERMITS
(SJRWMD, FDOT, RIGHT-OF-WAY, ETC.) ____ LIFE CYCLE COST ANALYSIS
____ PLAN REVIEW COMPLETED ____ EHPA DESIGN
____ PLANS & SPECIFICATIONS **(2 COMPLETE SETS)** ____ BOARD APPROVAL
____ ENERGY CALCULATIONS **(ENGINEER)** ____ NOTICE TO PROCEED LETTER