

BUILDING PERMIT APPLICATION

SBBC Office use only  Project Manager: _____  Proj./W.O. No.: _____  Account No.: _____	BUILDING PERMIT APPLICATION
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**Instructions: Application must be typed or printed. Submit original copy. Complete each item.**

Codes enforced by the Building Dept. Florida Building Code 2007, Florida Mechanical Code 2007, Florida Plumbing Code 2007, Florida Fuel Gas Code 2007, Florida Existing Building Code 2007, Florida Fire Prevention Code 2007, State Requirements for Educational Facilities 2007, National Electrical Code 2008

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
BCC Office Use Only

1. Applicant: \_\_\_\_\_  Contractor  Owner  
First MI Last

2. Facility/School: \_\_\_\_\_ School: # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_ Tax Folio No.: \_\_\_\_\_

3. Proposed Work  New  Addition  Remodel  Renovation  Site  Roofing  
 Check the proposed work

4. Brief Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Project Cost: \_\_\_\_\_ 6. Square Footage: \_\_\_\_\_  
 Construction Type: \_\_\_\_ Protected: \_\_\_\_ Unprotected: \_\_\_\_ Sprinkler: \_\_\_\_

7. Occupancy Classification: \_\_\_\_\_ 8. Occupancy Load: \_\_\_\_\_

9. Contracting Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

10. License Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Occ. License: \_\_\_\_\_

Please submit a copy

WC Insurance: \_\_\_\_\_ General Liability Insurance: \_\_\_\_\_

Please submit a copy

(**Certificate Holder** shall be School Board of Brevard County, 2700 Judge Fran Jamieson Way, Viera, FL 32940-6699 and **Description of Operations/Locations** box shall list name of school where work being performed & SBBC is an additional insured)

11. Bonding Company: \_\_\_\_\_

Bonding Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

12. Architect/Engineer: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Insurance: \_\_\_\_\_

13. Submit the following documents with this application:

Project Implementation Information OEF 110A noting Architect/Engineer of Record (required to be submitted to this Office on projects over \$200,000).

**Construction Documents (Phase III).** The board shall approve construction/Phase III documents, shall be sent to the Office for code review and approval.

**General Requirements.**

1. Submit OEF Form 208 - Letter of Transmittal with construction documents for review.
2. (3) Sets; signed and sealed/statements of compliance. Only complete documents, signed and sealed by the design professionals, will be accepted for review; in addition, these documents shall contain a statement of compliance by the architect or engineer of record that, **"To the best of my knowledge, these drawings and the project manual are complete and comply with the 'State Requirements for Educational Facilities.'"**
3. When requested by this Office, engineering calculations for mechanical, electrical, and structural systems shall be submitted separately from drawings and the project manual.
4. Changes to the construction documents may be made prior to contract award by addenda and/or resubmittal of documents graphically indicating the changes. Addenda and revised drawings shall be signed and sealed by the design professionals and submitted to the Office as they occur during the bidding process for complete record set documentation.
5. Life-Cycle Cost Analysis (LCCA) Data Summary Sheets 1, 2, 3. LCCA shall be signed and sealed and submitted to the Office for review and approval with the construction documents.
6. Florida Energy Efficiency Code for Building Construction (FEEC). Submit one (3) copy Florida Energy Efficiency Code for Building Construction (FEEC) forms, signed and sealed by a State of Florida registered design professional, including calculations for mechanical systems, documenting energy efficiency ratio rating of HVAC equipment, electrical systems, insulation, and building envelope.
7. "OEF Facilities Space Chart/Net and Gross Square Footages" (OEF 208a) or equivalent chart indicating all room names in the project, room numbers, the number of square feet in each room, and design occupant capacity.
8. An analysis shall be included, as required by Section 235.26(3), F.S., which evaluates building materials and systems, life cycle costs for maintenance, custodial, operating, and life expectancy against initial costs, as described in Section 235.26(2) (f) 5., F.S. Standards for evaluation of materials are available from the Department in a publication entitled "Life Cycle Cost Guidelines for Materials and Building Systems for Florida's Public Educational Facilities."

**NOTICE:** Building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of F.S. 469.003, and to notify the Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with State and Federal law.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.**

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

**OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

**Owner/Contractor Affidavit:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

14. **Signature (must be notarized)**

**Signature (must be notarized)**

\_\_\_\_\_  
**Owner/Agent**

\_\_\_\_\_  
**Contractor**

\_\_\_\_\_  
**Printed Name of Owner (Agent)**

\_\_\_\_\_  
**Printed Name of Contractor**

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

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

\_\_\_\_\_  
**Notary as to Owner (Agent)**

\_\_\_\_\_  
**Notary as to Contractor**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(name of person making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR produced Identification \_\_\_\_\_

Personally Known \_\_\_\_\_ OR produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Permit Officer Date \_\_\_\_\_

**SUBCONTRACTOR INFORMATION**

Identification of minimum premium policy. Except as otherwise provided in F.S. Chapter 440, Workers' Compensation, every employer shall, as a condition to receiving a building permit, show proof that it has secured compensation for its employees as provided in F.S. 440.10 and 440.38.

**SUBCONTRACTOR LISTING****PLUMBING CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	E-mail: _____
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**MECHANICAL CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	E-mail: _____
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**ELECTRICAL CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	E-mail: _____
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**SITE CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**UTILITY CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**GAS CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**ROOFING CONTRACTOR**

Name: _____			
Address: _____			
Phone No.: _____		Fax No.: _____	
E-mail: _____			
Qualifier: _____	License No.: _____	Exp. Date: _____	Occ. License: _____
Please submit a copy		Please submit a copy	
WC Insurance: _____		General Liability Insurance: _____	
Please submit a copy		Please submit a copy	
Signature: _____			Date: _____

**ASBESTOS CONTRACTOR**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Occ. License: \_\_\_\_\_  
Please submit a copy Please submit a copyWC Insurance: \_\_\_\_\_ General Liability Insurance: \_\_\_\_\_  
Please submit a copy Please submit a copy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOILS & CONCRETE TESTING CONTRACTOR**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Occ. License: \_\_\_\_\_  
Please submit a copy Please submit a copyWC Insurance: \_\_\_\_\_ General Liability Insurance: \_\_\_\_\_  
Please submit a copy Please submit a copy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE ALARM CONTRACTOR**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Occ. License: \_\_\_\_\_  
Please submit a copy Please submit a copyWC Insurance: \_\_\_\_\_ General Liability Insurance: \_\_\_\_\_  
Please submit a copy Please submit a copy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE SPRINKLER CONTRACTOR**

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

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifier: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Occ. License: \_\_\_\_\_  
Please submit a copy Please submit a copyWC Insurance: \_\_\_\_\_ General Liability Insurance: \_\_\_\_\_  
Please submit a copy Please submit a copy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OTHER CONTRACTOR</b>	
Name: _____	
Address: _____	
Phone No.: _____ Fax No.: _____ E-mail: _____	
Qualifier: _____	License No.: _____ Exp. Date: _____ Occ. License: _____
Please submit a copy	
WC Insurance: _____	General Liability Insurance: _____
Please submit a copy	
Signature: _____ Date: _____	

**Office Use Only  
ROUTING & RESULTS**

Date Submitted: \_\_\_\_\_ By: \_\_\_\_\_ Comments:  
\_\_\_\_\_

Date Reviewed: \_\_\_\_\_ By: \_\_\_\_\_ Comments:  
\_\_\_\_\_

Date Resubmitted: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Received Contractor Licenses: \_\_\_\_\_ Comments:  
\_\_\_\_\_

Comments:  
\_\_\_\_\_

Plan Review Tracking Permit No.: \_\_\_\_\_

Reviewed by:	Date Reviewed:	Date Forwarded:	Initials:	Reviewer's Comments:	Date Final Review:
Building Dept. Office					
Permit Technician					
Fire Inspector					
Plans Examiner					

Approved     Approved as Noted: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Plan Examiner

Approved     Approved as Noted: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Fire Inspector

Approved     Approved as Noted: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Building Official

**FIRE REVIEW**

Occupancy Type	Mixed Occupancy	Construction Type	Area Modification
Group _____ # Units _____	_____ Hours Separation Required	Type _____ ___ Protected ___ Unprotected ___ Sprinkler System ___ Central Fire Alarm ___ Monitored Fire Alarm	_____ _____ _____ _____ _____ _____ _____ _____ _____ NO
No. of Stories _____ Height _____ Area _____	_____ Principle Group Type _____ Accessory Group Type		