

BUILDING PERMIT APPLICATION - PLAYGROUNDS AND SHADED PAVILIONS

SBBC Office use only Project Manager: _____ Proj./W.O. No.: _____ Account No.: _____	BUILDING PERMIT APPLICATION (PLAYGROUNDS AND SHADED PAVILIONS)
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.: _____ <div style="text-align: right;">BCC Office Use Only</div>	
1. Applicant: _____ <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <div style="display: flex; justify-content: space-around; width: 100%;"> First MI Last </div>	
2. Facility/School: _____ School: # _____ Address: _____ City: _____ Legal Description: _____ Tax Folio No.: _____	
3. Proposed Work: ___ Shaded Pavilion ___ Playgrounds <div style="text-align: center;">Check the proposed work</div>	
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:

Playgrounds - must have:

- Three (3) copies of the property survey, showing the proposed playground equipment location,
- Three (3) copies of the drawings, to scale, showing the proposed playground equipment type and location, showing required setback to all playground equipment and fencing if required show (chain link), total length and height.
- Three (3) copies of the playground equipment approval number (IPEMA Certified)

Shaded Pavilion Structures - must have:

- Three (3) copies of the property survey, to scale, showing the location of the proposed construction, with FDOE (Fish #) New Number of Building.
- Three (3) complete sets, project drawings/specifications, signed & sealed by the Architect/Engineer.

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 _____

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**OTHER**

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: _____

OTHER

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: _____

OTHER

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: _____

**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 _____ No. of Stories _____ Height _____ Area _____	_____ Hours Separation Required _____ Principle Group Type _____ Accessory Group Type	Type _____ ___ Protected ___ Unprotected ___ Sprinkler System ___ Central Fire Alarm ___ Monitored Fire Alarm	_____ _____ _____ _____ _____ _____ _____ _____

2/11/10