

BUILDING PERMIT APPLICATION - MECHANICAL, PLUMBING, AND GAS

<p align="center">SBBC Office use only</p> <p>Project Manager: _____</p> <p>Projc./W.O. No.: _____</p> <p>Account No.: _____</p>	<p><b>BUILDING PERMIT APPLICATION (MECHANICAL, PLUMBING, AND GAS)</b></p>
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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  Mechanical  Plumbing  Gas  New System  Adding System  
Check the proposed work 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: \_\_\_\_\_

**No permit may be issued for any building construction, erection, alteration, modification, repair, or addition unless the applicant for such permit provides to the enforcing agency which issues the permit any of the following documents which apply to the construction for which the permit is to be issued and which shall be prepared by or under the direction of an engineer registered under F.S. Chapter 471:**

**Heating, ventilation, and air-conditioning documents for any new building or addition, which requires more than a 15-ton-per-system capacity which is designed to accommodate 100 or more persons or for which the system costs more than \$50,000. This paragraph does not include any document for the replacement or repair of an existing system in which the work does not require altering a structural part of the building or for work on a residential one, two, three or four-family structure.**

**An air-conditioning system may be designed by an installing air-conditioning contractor certified under Chapter 489, Florida Statutes, to serve any building or addition which is designed to accommodate fewer than 100 persons and requires an air-conditioning system with a value of \$50,000 or less; and when a 15-ton-per system or less is designed for a singular space of a building and each 15-ton system or less has an independent duct system. Systems not complying with the above require design documents that are to be sealed by a professional engineer.**

**Any specialized mechanical, electrical, or plumbing document for any new building or addition which includes a medical gas, oxygen, steam, vacuum, toxic air filtration, halon, or fire detection and alarm system which costs more than \$5,000.**

## 13. Submit the following documents with this application:

## Mechanical construction/Phase III documents:

- Submit OEF Form 208 - Letter of Transmittal with construction documents for review. (required on projects over \$200,000)
- Three (3) copies, Project Implementation Information OEF 110A noting Architect/Engineer of Record (required on projects over \$200,000).
- Three (3) complete sets, project drawings/specifications, signed & sealed by the Architect/Engineer.  
**Mechanical Plans shall indicate:** 1. Energy calculations 2. Exhaust systems: **a.** Clothes dryer exhaust **b.** Kitchen equipment exhaust **c.** Specialty exhaust systems **3.** Equipment 4. Equipment location **5.** Make-up air **6.** Roof-mounted equipment 7. Duct systems 8. Ventilation 9. Combustion air 10. Chimneys, fireplaces and vents 11. Appliances **12.** Boilers 13. Refrigeration 14. Bathroom ventilation 15. Laboratory

## Plumbing construction/Phase III documents:

- Submit OEF Form 208 - Letter of Transmittal with construction documents for review. (required on projects over \$200,000)
- Three (3) copies, Project Implementation Information OEF 110A noting Architect/Engineer of Record (required on projects over \$200,000).  
**Plumbing Plans shall indicate:** 1. Minimum-plumbing facilities 2. Fixture requirements 3. Water supply piping **4.** Sanitary drainage 5. Water heaters 6. Vents 7. Roof drainage 8. Backflows prevention 9. Irrigation **10.** Location of water supply line **11.** Grease traps **12.** Environmental requirements **13.** Plumbing riser

## Gas construction/Phase III documents:

- Submit OEF Form 208 - Letter of Transmittal with construction documents for review. (required on projects over \$200,000)
- Three (3) copies, Project Implementation Information OEF 110A noting Architect/Engineer of Record and proposed third party plan review entity (required on projects over \$200,000).
- Three (3) complete sets, project drawings/specifications, signed & sealed by the Architect/Engineer  
**Gas Plans shall indicate:** 1. Gas piping 2. Venting 3. Combustion air 4. Chimneys and vents 5. Appliances **6.** Type of gas **7.** Fire Alarm 8. LP tank location 9. Riser diagram/shutoffs **10.** Natural meter location

**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****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: _____

**ELECTRICAL CABLING 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: _____

**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 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: _____

**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: _____

**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: _____

**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	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ NO

2/11/10