

BUILDING PERMIT APPLICATION - RELOCATABLES

SBBC Office use only Project Manager: _____ Proj./W.O. No.: _____ Account No.: _____	BUILDING PERMIT APPLICATION (RELOCATABLES)
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: <input type="checkbox"/> New Relocatable <input type="checkbox"/> Remodel Relocatable <input type="checkbox"/> Renovation Relocatable <input type="checkbox"/> Site Work/Utilities <input type="checkbox"/> Moving Relocatable <input type="checkbox"/> Demolition Relocatable	
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: N=New RR=Remodel/Renovation
MR=Moving Relocatable SU=Site Work/Utilities DR=Demolition Relocatable

(N) New Relocatable

- Three (3) copies, Site Plan, showing location on school site /required setbacks /showing all utility connection.
- Three (3) copies sets, project drawings/specifications, Signed & approved by the DCA with Tracking No. #.
- Three (3) copies, Foundation plans for tie-down and wind resistance. (130mph) Exp B. Signed & sealed by the Engineer.

(RR) Remodel/ Renovation

- Three (3) copies, of the Signed & Sealed approved by the DCA with Tracking No. #.
- Submit copies of the Building, Electrical, Plumbing and Mechanical Contractor License, General Liability and Workers' Compensation

(MR) Moving Relocatable

- Three (3) copies, Site Plan, showing location on school site / required setbacks / all utility connection.
- Three (3) copies of Signed & Sealed by the A/E, Foundation plans for tie-down and wind resistance.(130mph) Exp B..

(SU) Site Work / Utilities

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

- Three (3) copies, Site Plan, showing location on school site all utility connection.
- Three (3) copies, Electrical plans showing location power panel and wire size & feeder's size & panel schedule.

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 Chapter 471, Florida Statutes:

Electrical documents for any new building or addition which requires an aggregate service capacity of 600 amperes (240 volts) or more on a residential electrical system or 800 amperes (240 volts) or more on a commercial or industrial electrical system and which costs more than \$50,000.

- Three (3) copies, Plumbing plans showing water and sewer line size & location of connections.
- Three (3) copies, Site plans for Ramps and side walks show location, width depth and length for compliance ADA

(DR) Demolition Relocatable

- Three (3) copies, Site plan, showing the Relocatable to be removed drawn, showing the Utilities to be removed, the Type and location
- Authorization from property owner for the (DCR) demolition of structure. (Board Approval)

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: _____

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: _____

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: _____

ELECTRICAL CABLING CONTRACTOR

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	Please submit a copy
Signature: _____	Date: _____

BUILDING CONTRACTOR

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	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
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