Facilities Planning Department
777 Glades Road
Campus Operations Bldg. 69-Room 107
P.O. Box 3091
Boca Raton, Florida 33431-0991
P: 561-297-3139
F: 561-297-2818

BUILDING PERMIT APPLICATION

To be submitted by the Project Contractor or Construction Manager

Applicant:
Name:_____
Street Address:_____
Mailing Address:_____
Phone Number:_____ Fax No.:_____
Contractor Type/License No.:_____ Expiration Date:_____
Qualifying Agent's Names: _____
Qualifying Agent's Signature:_____

Type of Work: New Remodeling Addition Renovation Repair Alteration Demo
Project:
Name: _____ Project No:_____
Location:_____
$ Value/Description of Work:_____
_____
_____

Proposed Use: (Circle One) Assembly Business Educational Industrial Mercantile Residential Storage

Occupancy Classification	**Construction Type**	**Floor Area Gross Square Feet**	**Building Height (Feet)**

Architect/Engineer:
Name: _____
Street Address:_____
Mailing Address:_____
Phone No.:_____ Fax No.:_____
A/E License No:_____ Expiration Date:_____

Note: No inspection will be conducted for trades if subcontractors licenses have not been submitted.

ATTACHMENT "B"