



Office of Environmental Health and Safety
Building Code Administration
777 Glades Road, CO 69 – Suite 112
Boca Raton, FL 33431
Phone: 561.239.0106
email: hsmith31@fau.edu
www.fau.edu

PERMIT APPLICATION - SUBMITTAL DOCUMENTS CHECKLIST

ALL OF THE DOCUMENTS LISTED MUST BE SUBMITTED AT ONE TIME. DO NOT SEND PARTS OF THE REQUIRED DOCUMENTATION INDIVIDUALLY BY EMAIL OR ANY OTHER DELIVERY METHOD. ANY QUESTIONS PERTAINING TO THESE REQUIREMENTS MUST BE SENT BY EMAIL.

- (1) Completed FAU Permit Application
- (2) Copy of State contracting license
- (3) Copies of all required insurances
- (4) All related plans and specifications
- (5) *Completed Florida State Fire Marshal Application if applicable*



Office of Environmental Health and Safety
Building Code Administration
777 Glades Road, CO 69 – Suite 112 Boca Raton, FL 33431
Phone: 561.239.0106
email: hsmith31@fau.edu
www.fau.edu

BUILDING PERMIT APPLICATION

To be submitted by the Project Contractor or Construction Manager

Applicant:

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

Qualifying Agent's Signature: _____
Date: _____

Type of Work: New - Remodeling - Addition - Renovation - Repair - Alteration - Demo

Project:

Name: _____
Location: _____
\$ Value/Description of Work: _____

FAU Project Number _____
FAU Project Manager's Name _____

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

Architect/Engineer:

Name: _____
Street Address: _____
Mailing Address: _____
Phone No.: _____ Email: _____
A/E License No: _____ Expiration Date: _____

FAU Contractor Insurance Requirement

The Contractor agrees to furnish to FAU, contemporaneously with the signing of this Agreement, a Certificate of Liability Insurance (COI), naming FAU as the Certificate Holder and issued in a form and by a company acceptable to the University, evidencing proof of:

1. Commercial General Liability (CGL) insurance in an amount of at least \$1,000,000 each occurrence and at least \$2,000,000 general aggregate. Such insurance shall contain the following language and such language shall be evidenced on the COI: **“The Florida Atlantic Board of Trustees, the Florida Board of Governors, the State of Florida and their respective officers, agents, volunteers and employees are listed as Additional Insureds under this commercial general liability policy.”**
2. Business Automobile (BA) insurance evidencing liability coverage for any auto in an amount of at least \$1,000,000 each accident.
3. Workers compensation (WC) insurance as required by Florida law.

FAU reserves the right, in its sole discretion, to also require insurance coverage as set forth above from any of the Contractor's sub-contractors or others assisting Contractor in connection with this Agreement.

**DEPARTMENT OF FINANCIAL SERVICES*****Division of State Fire Marshal- Bureau of Fire Prevention*****APPLICATION FOR PLAN REVIEW**

By submitting this form you are requesting that the State Fire Marshal's Office complete a plan review in accordance with Chapter 633, Florida Statutes (F.S.). This form must be completed in its entirety.

1. TYPE OF SUBMITTAL	a. <input type="checkbox"/> Design Development (<100% Construction Documents)	
	b. <input type="checkbox"/> 100% Construction Documents	
	c. <input type="checkbox"/> Revision for Permit #: (Complete items 2, 3a and 7 only)	
	d. <input type="checkbox"/> Shop Drawings for Permit #: (Complete items 2, 3a and 7 only)	
	e. <input type="checkbox"/> Other:	
2. PROJECT NAME OR DESCRIPTION		
3. CONTACT INFORMATION		
a. Applicant's Name:	Email:	Phone:
b. State Agency Contact:	Email:	Phone:
c. Architect of Record:	Email:	Phone:
d. Engineer of Record for Fire Alarm System:	Email:	Phone:
e. Engineer of Record for Fire Sprinkler System:	Email:	Phone:
4. BUILDING INFORMATION	a. <input type="checkbox"/> State-Owned*	b. <input type="checkbox"/> State-Leased,** lease #:
	c. Design or State Agency Project #:	
	d. Project Square Footage:	e. State Agency or University:
	f. Building Name:	g. Building #:
	h. Building Street Address:	
	i. City/State/Zip:	j. County:
	k. NFPA Occupancy Type: (check all that apply)	
	Ambulatory Health Care <input type="checkbox"/>	Apartments <input type="checkbox"/>
	Detention and Correctional <input type="checkbox"/>	Day-Care <input type="checkbox"/>
	One and Two Family <input type="checkbox"/>	Mercantile <input type="checkbox"/>
	Hotels and Dormitories <input type="checkbox"/>	Health Care <input type="checkbox"/>
	Lodging or Rooming Houses <input type="checkbox"/>	Business <input type="checkbox"/>
	Residential Board and Care <input type="checkbox"/>	Industrial <input type="checkbox"/>
	Storage <input type="checkbox"/>	Assembly <input type="checkbox"/>
	l. Is this a change in occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	m. FBC Construction Type:
	n. Building Height:	o. Number of Stories:
p. Life Safety Systems: (check all that apply) <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Standpipe <input type="checkbox"/> Other:		
q. Estimated Construction Cost (not including the cost of land, site improvement, civil work or furniture and equipment):		



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR PLAN REVIEW

5. SITE INFORMATION	a. Site Name:	
	b. Site Street Address:	
	c. City/State/Zip:	
6. FEES	a. Person/Company responsible for payment of fees:	
	b. Street Address:	
	c. City/State/Zip:	d. Phone:
7. RETURN PLANS	a. Plans should be returned to:	
	b. Street Address:	
	c. City/State/Zip:	d. Phone:

Plans and specification shall be signed and sealed in accordance with Chapters 471 and 481, F.S. Submit this completed application with two sets of contract documents and one set of specifications to:

If Sending By Regular Mail

Division of State Fire Marshal
Plans Review Section
200 East Gaines Street
Tallahassee, Florida 32399-0342

If Sending By Overnight Service

Division of State Fire Marshal
Plans Review Section
325 John Knox Road, Atrium Building
Tallahassee, Florida 32303

* Rule 69A-3.009(12), Florida Administrative Code (F.A.C.), defines a state-owned building as:
(a) "State-owned building," as used in Chapter 633, F.S., and any rule adopted by the State Fire Marshal, except as provided in paragraph (b) of this subsection, means any structure used or intended for supporting or sheltering any use or occupancy of which the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the record owner of the legal title to such structure.(b) "State-owned building" does not mean or include a pole barn, a picnic shelter, a lift station, an animal pen, an animal feeder, a pump house, a one-family private residence, a two-family private residence, a forestry fire tower or other fire tower, a radio tower, a building no longer in use, an empty building, or a greenhouse.

** Rule 69A-3.009(13), F.A.C., defines a state-leased space as:
"State-leased" means that the state, any state agency or department, or the Trustees of the Internal Improvement Trust Fund is the lessee which is leasing the building or space from a lessor.

If this is a state lease at a Department of Management Services facility, please send a copy of this completed form to:

Real Property Administrator
4050 Esplanade Way,
Suite 315
Tallahassee, FL 32399-0950