



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: \_\_\_\_\_  
 FAU Project Number \_\_\_\_\_  
 FAU Project Manager's Name \_\_\_\_\_

Location: \_\_\_\_\_  
 \$ Value/Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.