



# Seminole State College Building Permit Application



Project Address/Campus: \_\_\_\_\_

Project Name: \_\_\_\_\_

SSC Project Manager: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_

Applicant/Prime Contractor Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Qualifying Agent's Name \_\_\_\_\_

DBPR Florida License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature of Qualifying Agent

Date

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 issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

**CONTRACTOR'S AFFIDAVIT:** I affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulation, construction and zoning. I also affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

SWORN to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me \_\_\_\_\_ or has produced (type of identification) \_\_\_\_\_ as identification.

Notary Public Signature

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Stamp

**CONTRACTOR Permit Information**

Type of permit:

- Mechanical                       Building                       Gas                       Plumbing
- Electrical                       Other

Building Use- check all that apply:

- Assembly Business       Educational                       Industrial                       Mercantile
- Residential                       Storage

Occupancy Classification: \_\_\_\_\_ Construction Type (FBC): \_\_\_\_\_

Building Area (GSF): \_\_\_\_\_ Building Height: \_\_\_\_\_ Value of Work: \_\_\_\_\_

Class of Work:

- New                       Repair                       Alteration                       Addition                       Demolition

Estimated Duration of Work: \_\_\_\_\_

Project Director Name/Dept.: \_\_\_\_\_

**Architect/ Engineer (if applicable):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_

License Holder's Name: \_\_\_\_\_

**IMPORTANT NOTE:**

**Contractor(s)/Subcontractor(s) are to provide copies of current license holders and copies of certificates of insurance naming the Seminole State College, and PDCS, LLC as additional insured.**

**SUBCONTRACTOR Information**

**Electrical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Plumbing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Mechanical Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Gas Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Roofing Subcontractor Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_

**Other Subcontractor Name and Discipline:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
FL. Dept. of Business & Professional Regulation License No.: \_\_\_\_\_  
License Holder's Name: \_\_\_\_\_