



# School Board of Sumter County Building Permit Application

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

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

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

\_\_\_\_\_

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

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

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

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

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

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

Signature of Qualifying Agent

Date

Notary – Applicant/ Prime Contractor/ Qualifying Agent's Name:

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

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced identification type, - \_\_\_\_\_ # \_\_\_\_\_.

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

Description of Work: \_\_\_\_\_

**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 School Board of Sumter County, 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: \_\_\_\_\_ email: \_\_\_\_\_

**Plumbing Subcontractor Name:** \_\_\_\_\_

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

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

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

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

**Mechanical Subcontractor Name:** \_\_\_\_\_

Trade(s): \_\_\_\_\_

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

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

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

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

**Gas Subcontractor Name:** \_\_\_\_\_

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

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

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

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

**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: \_\_\_\_\_ email: \_\_\_\_\_

**Other Subcontractor Name and Discipline** \_\_\_\_\_

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

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

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

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

