



BUILDING PERMIT APPLICATION

Applicant:

Name: _____

Date: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

Qualifying Agent's Name: _____

Qualifying Agent's Signature: _____

Project:

Project Name/Number: _____

Type of permit:

Mechanical Building Gas
 Plumbing Electrical Other _____

Project Type: BR A&I Project Number: _____

Project Location or Address: _____

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: _____ Department: _____



PERMIT APPLICATION – SUBCONTRACTOR LIST Project: _____

Architect/Engineer (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

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: _____

Trade(s): _____

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: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

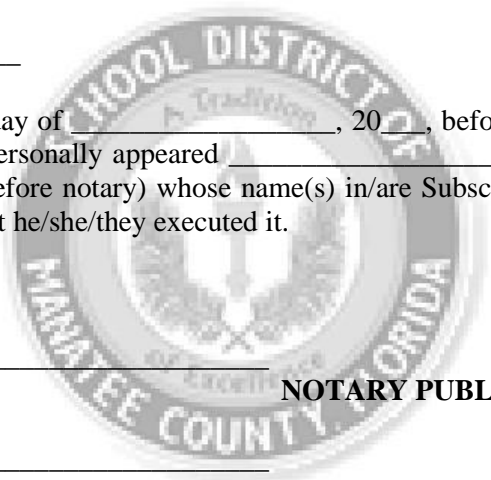
General Contractor / Construction Manager

Date

Signature

State of Florida
County of _____

On this the, _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and (Name(s) of individual(s) who appeared before notary) whose name(s) in/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.



NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or type as commissioned)

- Personally known to me, or
- Produced Identification:

- DID** take an oath, or
- DID NOT** take an oath

Contractor to provide copies of license holders current licenses and copies of certificates of insurance naming the School District of Manatee County and PDCS, LLC. as additional insured.