



Lake Sumter State College 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:

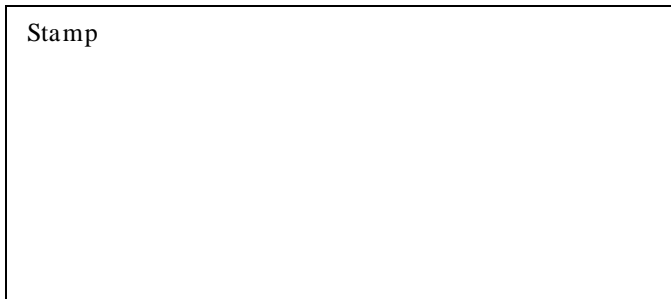
STATE OF _____, COUNTY OF _____ or _____

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: _____



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 Lake Sumter 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: _____

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 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: _____