



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:

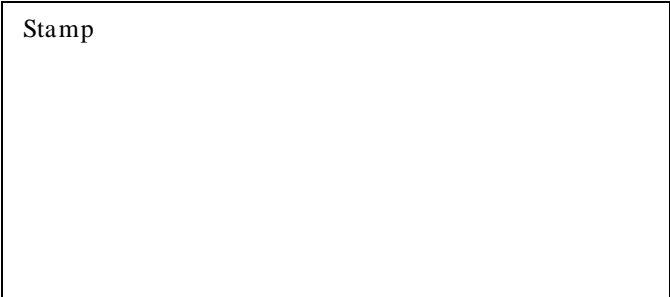
STATE OF _____, COUNTY OF _____ or _____

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 Valencia 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: _____