



## Facilities Permitting Office

1254 South Florida Avenue, Rockledge, Florida 32955-2440  
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### PERMIT APPLICATION CHECKLIST

School/Site: \_\_\_\_\_

	<i>Yes</i>	<i>No</i>	<i>Explanation</i>
Date Submitted	_____	_____	_____
BPS Project Manager	_____	_____	_____
Master Library Project #	_____	_____	_____
Purchase Order Copy	_____	_____	_____
Description of Work	_____	_____	_____
Building Number(s)	_____	_____	_____
Contracting Firm	_____	_____	_____
Subcontractor List	_____	_____	_____
License Numbers	_____	_____	_____
Insurance Certificates	_____	_____	_____
Drawings/Plans (3 sets)	_____	_____	_____
EH&S Notification Letter	_____	_____	_____
Contractor Signature	_____	_____	_____
Owner Signature	_____	_____	_____
Application Complete	_____	_____	_____

\_\_\_\_\_ SEND INCOMPLETE PERMIT APPLICATIONS TO FACILITIES MANAGEMENT SERVICES

\_\_\_\_\_ SCAN COPY OF PERMIT APPLICATION KEPT IN OFFICE