



**Facilities Permitting & Code Enforcement**  
 1254 South Florida Avenue, Rockledge, Florida 32955-2440  
 Office 321-633-3580 Ext. 13073 Fax 321-617-7795  
 Griffin.Judy@BrevardSchools.Org

*BPS use only*  
**BPS Project Manager** \_\_\_\_\_  
**Project Work Order No.** \_\_\_\_\_  
**Account No.** \_\_\_\_\_

## PERMIT APPLICATION

**Instructions: Application must be typed or printed. Submit original copy. Complete each item.**

**Codes Enforced:** Florida Building Code 2010, Florida Mechanical 2010, Florida Plumbing 2010, Florida Fuel Gas 2010, Florida Existing Building 2010, Florida Fire Prevention 2010, National Electric Code 2011, and State Requirements Educational Facilities 2007 (as revised 2009)

**Date:** \_\_\_\_\_ **Permit No.** \_\_\_\_\_ *BPS use only*

**1. Applicant:** \_\_\_\_\_  Contractor  Owner  
FIRST MI LAST

**2. Facility / School:** \_\_\_\_\_ **School: #** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Legal Description:** \_\_\_\_\_ **Parcel ID:** \_\_\_\_\_

**3. Proposed Work:** New  Addition  Remodel  Renovation  Site   
 Roofing  Relocatable  Demolition  Annual Facility Maintenance/Repair  IT

**4. Brief Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Project Cost:** \_\_\_\_\_ **Square Footage:** \_\_\_\_\_

**6. Occupancy Classification:** \_\_\_\_\_ **Mixed**  **Occupancy Load:** \_\_\_\_\_  
 Construction Type \_\_\_\_\_ Height \_\_\_\_\_ Stories \_\_\_\_\_ Protected  Unprotected  Sprinkled

**7. Contracting Firm:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_  
**License Holder:** \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Insurance Certificates:**  
 Workers Compensation Insurance  General Liability Insurance  Auto Liability   
Certificate Holder Box: Shall state School Board of Brevard County 2700 Judge Fran Jamieson Way Viera FL 32940-6699  
 Description of Operations/Location Box: Shall list School name and/or Board property work being performed on.  
 Please submit a copy

**8. Bonding Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Subcontractor licensing and insurance information is not required to be submitted for plan review, but is required to be submitted before permit is issued and work started. Please use subcontractor listing and information form as an attachment to permit application.**

APPLICATION FOR PERMIT (Continued...)

**9. Architect:** \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Engineer:** \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Threshold:** \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**10. On projects valued over \$300,000.00 the following forms must be submitted directly to Florida Department of Education Office of Educational Facilities. Copy of each completed form must be submitted to permitting office with the application.**

- . OEF 110A Project Implementation Information noting description of work, budget, student stations, square footage, architect, engineer, construction management firm, plan review entity. An OEF 209 Certificate of Final Completion will be required at project completion when OEF110A submitted.
- . OEF 208 Letter of Transmittal with one set of construction documents. Only required on projects submitted to FDOE for plan reviews or other third party entity.
- . OEF LCCA - Life Cycle Cost Analysis: Submit one copy of the completed form, signed and sealed, for each project with an air-conditioning load of 360,000 BTU per hour or greater. Reproduce this form in sufficient quantity for your use.

**On all projects regardless of cost or size the following must be submitted to the permitting office for code review and permitting.**

- . Three (3) complete sets, project drawings and specifications, signed & sealed by the architect or engineer of record. Documents shall contain statement of compliance by architect or engineer that states "To the best of my knowledge, these drawings and project manual are complete and comply with the State Requirements for Educational Facilities". When requested by this office, engineering calculations for mechanical, electrical, and structural systems shall be submitted. Changes to the construction documents as they occur must be submitted to the office for review and inspection purposes. One copy will be returned with permit.
- . One (1) copy reporting form 400C-07 for compliance methods to the Florida Energy Efficiency Code (FEEC) Signed & sealed by engineer of record, owner or designee signature, for submittal to the office and Department of Community Affairs.

**On all new construction, remodeling, change in space size, change in space use, change in student stations, and changes to room numbers the following must be submitted.**

- . One (1) copy OEF 208A Facilities Space Chart/Net & Gross Square Footage Chart.

"**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

**If applicable or required by other agencies the following must be submitted to the permitting office for inclusion in project file.**

- . One (1) copy of St. John Water Management District storm water permit.
- . One (1) copy of Florida DEP Potable Water permit.
- . One (1) copy of Florida DEP Sewage Collection permit.

APPLICATION FOR PERMIT (Continued...)

11. Owner/Contractor Affidavit: I certify that all the foregoing information is accurate and that all will work be done in compliance with all applicable laws regulating construction and zoning.

Owner/Contractor Electronic Statement: Under penalty of perjury, I declare that all the information contained in this application for permit is true and correct.

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit may be required for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, ROOFS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONS, ETC...

Printed Name of Owner

Printed Name of Contractor

Signature/Owner (Required)

Signature/Contractor

Date:

Date:

Notary as to Owner

Notary as to Contractor

STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me
This \_\_\_ day of \_\_\_, (year),
by (name of person making statement)
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known \_\_\_ OR Produced Identification \_\_\_
Type of Identification Produced

STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me
this \_\_\_ day of \_\_\_, (year),
by (name of person making statement).
(Signature of Notary Public - State of Florida)
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known \_\_\_ OR Produced Identification \_\_\_
Type of Identification Produced

Work shall not commence until a permit is issued.

BPS use only

Date Received Contractor Licenses: Comments:
Date Received Contractor Certificate of Insurance: Comments:
Date Reviewed: By: Comments:
Date Resubmitted: Reviewed By: Comments:

Approved Approved as noted:
By Plans Examiner Date

Approved Approved as noted:
By Fire Inspector Date

Approved Approved as noted:
By Building Official Date

**SUBCONTRACTOR LISTING AND INFORMATION**

**PLUMBING CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy) _____		Exp. Date: _____
Insurance Certificate: _____	(please submit copy) _____		Exp. Date: _____
Signature: _____	Date: _____		

**MECHANICAL CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy) _____		Exp. Date: _____
Insurance Certificate: _____	(please submit copy) _____		Exp. Date: _____
Signature: _____	Date: _____		

**ELECTRICAL CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy) _____		Exp. Date: _____
Insurance Certificate: _____	(please submit copy) _____		Exp. Date: _____
Signature: _____	Date: _____		

**FIRE ALARM CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy) _____		Exp. Date: _____
Insurance Certificate: _____	(please submit copy) _____		Exp. Date: _____
Signature: _____	Date: _____		

**ROOFING CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy) _____		Exp. Date: _____
Insurance Certificate: _____	(please submit copy) _____		Exp. Date: _____
Signature: _____	Date: _____		

**SUBCONTRACTOR LISTING AND INFORMATION**

**SITE CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy)	Exp. Date: _____	
Insurance Certificate: _____	(please submit copy)	Exp. Date: _____	
Signature: _____	Date: _____		

**UTILITY CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy)	Exp. Date: _____	
Insurance Certificate: _____	(please submit copy)	Exp. Date: _____	
Signature: _____	Date: _____		

**GAS CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy)	Exp. Date: _____	
Insurance Certificate: _____	(please submit copy)	Exp. Date: _____	
Signature: _____	Date: _____		

**ABATEMENT CONTRACTOR**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy)	Exp. Date: _____	
Insurance Certificate: _____	(please submit copy)	Exp. Date: _____	
Signature: _____	Date: _____		

**Other**

Name: _____			
Address: _____			
Phone No. _____	Fax No. _____	Email: _____	
License No. _____	(please submit copy)	Exp. Date: _____	
Insurance Certificate: _____	(please submit copy)	Exp. Date: _____	
Signature: _____	Date: _____		