

NEW PERMIT

University of North Florida BUILDING PERMIT University of North Florida Environmental Health, Safety, Insurance APPLICATION & Risk Management

Building Code Enforcement Program

1 UNF Drive
Jacksonville, FL 32224
Phone: 904-620-2026
Email: EHS@unf.edu

Existing Permit Amendment - Permit # Renew Expired Permit - Permit # Complete all applicable sections below (Print or Type). If a required field does not apply type N/A.			Phone: 904-620-2026 Email: EHS@unf.edu	
				SUBMIT Completed application to: codes@ehs.ufl.edu
APPLICANT INFORMATION	CONTRACTOR	University Int	ernal Project	
Qualifier/Applicant Name:	Florida Contracto	r's License No:		
Company Name:		nt Email:		
Company Address:	City:	State:_	Zip:	
Company Phone:	Authorized Desig	nee:		
Designee Phone:	Designee Email:_	Designee Email:		
PROJECT CONTACT INFORMATION				
UNF Project Manager (PM):	Design Professio	nal:		
PM Phone:	Design Prof. Pho	ne:		
PM Email:	Design Prof. Ema	ail:		
PROJECT INFORMATION* * List only one building and address per application			······································	
UNF Project Name:	UNF Project No:			
UNF Building Name:	UNF Building No:			
Project Street Address:				
Permit Type:				
Project Area (Sq.ft.):	Building Occupar	ncy:		
Valuation:(Include cost of all equipment, labor & owner furnis	shed items.) \$			
Description of work being performed (provide detailed summa	ry - "see attached" is not acc	ceptable).		
			 	
SUPPLEMENTAL FORM REQUIREMENTS If applicable, the following shall be submitted before permit iss 1. Provide a completed Florida Product Approval (FPA) Building_Code_Administration.aspx). The FPA Information Permit Application Form. 2. Provide a completed sub-contractors list (available a completed list shall be submitted in conjunction with 3. Notice of Commencement: The Building Department 4. Signature Authorization Form (available at https://www.) Information Sheet (availa mation Sheet shall be subi at https://www.unf.edu/ehs h the Building Permit Appli t will contact you if your pr	mitted in conjunct /Building_Code_/ ication Form. roject requires a N	Administration.aspx). A	
APPLICANT'S STATEMENT: Application is hereby made to on work or installation has commenced prior to the issuance of laws regulating construction in this jurisdiction. All work shall of and standards in affect at the time of application. This applicated Department and shall be deemed to have been abandoned 18 in good faith or a permit has been issued. I certify that all the from compliance with all applicable laws regulating construction.	of a permit and that all work wo comply with edition of the Flo tion is valid for 180 days upo 80 days after the date of filing	will be performed to orida Building Code on the date received g, unless such app	meet the standards of all and all applicable codes by the Building lication has been pursued	
Qualifier/ Applicant Signature*:	Print Name:		Date:	