

Administration and Finance
Environmental Health, Safety, Insurance and Risk Management

University of North Florida
1 UNF Drive
Jacksonville, Florida 32224
Telephone (904) 620-2026
Fax (904) 620-2025

BUILDING PERMIT APPLICATION

Applicant:

Contractor Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Fla. Dept. of Business & Professional Regulation License No.: _____

Qualifying Agent's Name (please print): _____

Qualifying Agent's Signature (must be signed): _____ (1)

Authorized Contact Name: _____ Phone: _____

Email: _____

(1) Application is hereby made to obtain a permit to do the work described below. I certify that no work has commenced prior to the permit issuance, unless authorized by the BCO, and that all work will be performed to meet the standards of all laws regulating construction for the University of North Florida. This application is valid for 80 days upon date of filing. All work to comply with the Florida Building Code (current edition).

Project:

Project Name: _____ Project Number: _____
(For Official Use Only)

Project Location/Address: _____

Building/Project Area (SF): _____

Building Number: _____ Building Name: _____

Value of Work (labor and materials): \$ _____

Description of Work (please provide summary – "see attached" is not acceptable):

UNF Project Manager/Owner Contact: _____ Phone: _____

Architect/Engineer:

Name: _____ Phone: _____ Fax: _____