



5400 Highway 100 East, Palm Coast, FL 32164
Telephone: (386) 586-5192

PERMIT APPLICATION

To be used for construction, renovation, remodeling and Contract Repair

WORK MAY NOT BEGIN UNTIL PERMIT IS ISSUED WITHOUT EXPRESS PERMISSION OF THE BUILDING

OFFICIAL

Instructions: Submit one copy of the corrected form for each project you are requesting a building permit. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use. Include two (2) sets of corrected project drawings/specifications with all appropriate permit stamps affixed to drawings.

Re: _____
 Project number (Budget #) _____
 District _____
 Facility Name _____
 Facility Code Number _____

_____ 1. Date of Application _____ 2. Building Code in Effect _____ 3. Proposed Occupancy _____

4. Certified District Statement: I Certify that all the fire safety plan review has been approved pursuant to s633.081 by Certified Fire Safety Inspector.

_____ of _____
 Fire Safety Inspector Fire District

A Building permit will not be issued until proof of receipt of other required permits is furnished to the Building Official *Other permits include, but are not limited to: Department of Environmental Protection, Water Management, Department of Health, Department of Agriculture and Consumer Services, Department of Transportation, Utilities.

5. Contractor _____
 Company Name _____
 Owner Name _____ License Number _____ Phone Number _____
 Mailing Address (Street number & Name, City, State, Zip Code) _____
 Qualifying Agent Name _____ License Number _____ Phone Number _____
 Contractor Email: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I certify that all provisions and ordinances governing this type of work, Flagler County Board Rules & Procedures regulating construction in this jurisdiction will be complied with whether specified herein or not. I understand that separate permits may be required for electrical, plumbing, mechanical and roofing work and that there may be other permits required from other government agencies. GC shall submit a list of all subcontractors to be used not specifically listed below. I understand that subcontractors may not be changed without Flagler County School Board authorization. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law regulating construction of performance of construction.

_____ Date _____ Qualifying Agent's Signature _____

PERMIT APPLICATION (Continuation)

6. Application is hereby made to obtain a permit to do the work and installations 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 must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, BOILERS, TANKS, AND AIR CONDITIONERS, etc.
Certified District Statement: I Certify that the project for which the permit is requested is adequately funded and has been approved by the Superintendent of Schools or his designee. (Furnish Budget Information)

_____ Date _____ District Administrator or Principal

7. Project Description: _____ Project Name

Check all that apply: NEW FACILITY REMODELING RENOVATION

Describe work by Discipline:

Electrical:

Mechanical:

Plumbing:

Construction:

Other:

_____ 8. Construction Cost

_____ 9. Student Stations (additional)

_____ 10. Area (gross sq. ft.)

PERMIT APPLICATION (Continuation)

11. Design Consultants (Fill in all that apply):

Architect: _____
Name License Number Phone Number

Mailing Address

Civil Engineer: _____
Name License Number Phone Number

Mailing Address

Structural Engineer: _____
Name License Number Phone Number

Mailing Address

Electrical Engineer: _____
Name License Number Phone Number

Mailing Address

12. Sub Contractors (Fill in all that apply):

Roofing: _____
Name License Number Phone Number

Mailing Address

Plumbing: _____
Name License Number Phone Number

Mailing Address

Gas: _____
Name License Number Phone Number

Mailing Address

Mechanical: _____
Name License Number Phone Number

Mailing Address

Electrical: _____
Name License Number Phone Number

Mailing Address

Contractor's failure to schedule inspections will result in cancellation of this permit. Contact the building official for electronic version of this Application.

PERMIT APPLICATION (Continuation)

Building Official Use Only

	DATE	REVIEWED BY:
Architectural		
Civil/Structural		
Mechanical		
Electrical		
Fire Safety		
In House		

Permit Number: _____

OTHER PERMITS DATE

Water Management _____

Corp. of Engineers _____

Florida Wildlife _____

UTILITY PERMITS DATE

Water _____

Electrical _____

Sewer _____

Municipal Roads _____