



UCF

BUILDING DEPARTMENT

3528 N. Perseus Loop, Orlando FL 32816-3500, Phone 407-823-5323

BUILDING PERMIT APPLICATION

DATE: _____

Applicant: _____

General Contractor: _____

Mailing Address: _____

Phone Number: _____ Email: _____

FL Dept. of Business & Professional Regulation License Number: _____

Qualifying Agent's Name: _____

Qualifying Agent's Signature*: _____

(*Page 2 must be signed by Qualifying Agent)

Cost of Work: _____ Cost of Permit: _____ Account Number: _____ Expedite (+\$550)

MP Number/ Work Order Number: _____

Project Name: _____

Type of Permit: Mechanical Plumbing Building Electrical Gas Other: _____

Building Number: _____ Project Location or Address: _____

Submittal Contents: _____

Documents to be scanned by (Select one): UCF Project Manager UCF Building Department (\$2/page)
Number of Pages to be scanned: _____

Building Use - Check all that apply:

Assembly Business Educational Industrial Mercantile Residential Storage

Utility High-Hazard

Occupancy Classification: _____

Class of Work: New Repair Alteration Addition Demolition Re-roof

Electrical panel load calculation required Is system commissioning required per FBC?

Description of Work: _____

Estimated Duration of Work: _____

UCF!Project Manager: _____ Phone Number: _____

Email: _____

Architect/Engineer (if applicable):

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

PERMIT APPLICATION - SUBCONTRACTOR LIST Project

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Trade(s): _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Gas Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____
Fla. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Qualifying Agent's Signature: _____ **Date:** _____

*Original Signed Application required for processing

Office use only:

1. _____ 2. _____ 3. _____
Administration Fees Documen Review Fee Inspection Fees

Consultant

In house