

BUILDING PERMIT APPLICATION

(To be submitted by the Project Contractor or Construction Manager)

Applicant:

Name: _____ Date: _____
 Street Address: _____
 City / State / Zip: _____
 Telephone No: _____ Cell No: _____ Fax No: _____
 Contractor Type/License No: _____
 Qualifying Agent's Name: _____
 Qualifying Agent's Signature: _____

Project:

Name: _____ B.C.A. No: _____
 Location: _____
 Street Address: _____
 City / State / Zip: _____

Job Description:

Occupancy Classification	Construction Type (FBC)	Floor Area Gross Square Feet	Building Height (Feet)

Architect/Engineer:

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone No: _____ Cell No: _____ Fax No: _____

Architect/Engineer:

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone No: _____ Cell No: _____ Fax No: _____

Architect/Engineer:

Name: _____
 Street Address: _____
 City/State/Zip: _____
 Telephone No: _____ Cell No: _____ Fax No: _____

PERMIT APPLICATION – SUBCONTRACTOR LIST

Project: _____ **Location:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

Subcontractor Trade: _____

Name and License No: _____

Street Address: _____

City/State/Zip: _____

Telephone No: _____ **Cell No:** _____ **Fax No:** _____

PM or General / Building Contractor's Signature: _____

Date: _____

Contractor / Sub Contractor Licensing

Business Information

Company Name _____

Trade Category _____

Owner _____

Qualifier _____

State License Number _____

Insurance Carriers

Liability Insurance* _____

Workers Compensation* _____

Other* _____

*** Insurance Carrier must send information directly to the Building
Department by mail (may send preliminary copy by fax) 772-344-4475.**

