



TN-00000

BCA TRACKING NUMBER

BUILDING PERMIT APPLICATION

A INITIATE BY FPU PROJECT MANAGER

DATE: _____

FROM: FPU PM Name

VIA: Contractor

D FORWARD TO BCA

TRACKING: _____

(DATE)

RECEIVED: _____

REVIEWED: _____

REVIEW PROVIDED: _____

B APPLICANT

BCA AND FCO APPROVAL OF CONSTRUCTION HAVE BEEN RECEIVED.

- FCO APPROVAL IS INCORPORATED IN THE BCA PERMIT.**
- FORM 1C, DESIGN DOCUMENT REVIEW – CODE LETTER** INDICATING APPROVAL OF THE PERMIT READY PLANS RECEIVED FROM BCA.

SITE LOGISTICS, UTILIZATION AND CONSTRUCTION ACCESS PLAN HAS BEEN REVIEWED AND APPROVED BY FPU-FM.

ACKNOWLEDGE & WILL COMPLY WITH THE FPU BUILDING CODE ADMINISTRATION PROGRAM, POLICIES AND PROCEDURES MANUAL.

ACKNOWLEDGE & WILL COMPLY WITH FPU BCA POLICY ON TIMELINESS AND READINESS FOR INSPECTIONS PRIOR TO INSPECTION REQUESTS.

REQUEST INVOICE BE SENT FOR FEE. **OR** WILL PAY AT BCA OFFICE WITH **CREDIT CARD** (DEFAULT IF INVOICE NOT CHECKED).

THIS PERMIT APPLICATION IS SUBMITTED TO OBTAIN A CONSTRUCTION PERMIT FOR BELOW DESCRIBED BUILDING PROJECT.

FIRM NAME	_____	PHONE	_____
FIRM ADDRESS	_____	CELL	_____
QUALIFYING AGENT	_____	FAX	_____
SIGNATURE	_____	EMAIL	_____
NAME	_____	DBPR No	_____

BY MY SIGNATURE ABOVE: I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLETED WITH, WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

C PROJECT

PROJECT NAME:	_____	OCCUPANCY CLASSIFICATION:	_____
FPU PROJECT No:	_____	CONSTRUCTION TYPE (SBC):	_____
FPU PM:	_____	BUILDING HEIGHT:	_____
USER DEPARTMENT:	_____	BUILDING AREA (SF):	_____
LOCATION/ADDRESS:	_____	DESCRIPTION OF PROJECT:	_____
		PROJECT AREA (SF):	_____
		\$ VALUE OF WORK:	_____
BUILDING USE:	<input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Industrial <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/>	DESCRIPTION OF WORK	_____
CLASS OF WORK:	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration Level 2 <input type="checkbox"/> Tent <input type="checkbox"/> Misc/Infrastructure <input type="checkbox"/> Alteration Level 3		

E ARCHITECT OF RECORD

FIRM NAME	_____	PHONE	_____
FIRM ADDRESS	_____	CELL	_____
PM NAME	_____	EMAIL	_____