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BUILDING PERMIT APPLICATION

Applicant:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Fla. Dept. of Business & Professional Regulation License No. \_\_\_\_\_

Qualifying Agent's Name: \_\_\_\_\_

Qualifying Agent's Signature: \_\_\_\_\_

Project:

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Building Use: Assembly Business Education Industrial Mercantile Residential Storage

Occupancy Classification: \_\_\_\_\_ Construction Type (SBC): \_\_\_\_\_

Building Area (sqft): \_\_\_\_\_ Building Height: \_\_\_\_\_

\$ Value of Work: \_\_\_\_\_ Class of Work: (New) (Repair) (Alteration) (Addition) (Demolition)

Description of Work: \_\_\_\_\_

Univ. Project Manager: \_\_\_\_\_ Univ. Department: \_\_\_\_\_

Architect/Engineer:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_