

Administrative Services
Facilities Construction
Tom Browning, Building Code Administrator
Building Code Administration Program

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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: _____

Equal Opportunity/Affirmative Action Institution