



SCHOOL DISTRICT OF FLAGLER COUNTY

5400 Highway 100 East, Palm Coast, FL 32164
Telephone: (386) 586-2386

PERMIT APPLICATION

To be used for construction, renovation, remodeling and Contract Repair

WORK MAY NOT BEGIN UNTIL PERMIT IS ISSUED WITHOUT EXPRESS PERMISSION OF THE BUILDING OFFICIAL

Instructions: Submit one copy of the corrected form for each project you are requesting a building permit. Complete each item, if applicable. Reproduce this form in sufficient quantity for your use. Include One (2) sets of corrected project drawings/specifications with all appropriate permit stamps affixed to the drawings.

Re:

Project number (Budget #)
District
Facility Name
Facility Code Number

1. Date of application
2. Building Code in Effect
3. Proposed Occupancy

4. Certified District Statement: I Certify that all the fire safety plan review has been approved pursuant to s 633.081 by Certified Fire Safety Inspector

Fire Safety Inspector of Fire District

A Building permit will not be issued until proof of receipt of other required permits is furnished to the Building Official *Other permits include, but are not limited to: Department of Environmental Protection, Water Management, Department of Health, Department of Agriculture and Consumer Services, Department of Transportation, Utilities.

5. Contractor
Company Name
Owner Name
License Number
Phone Number
Mailing Address, (Street number & Name, City State, Zip Code)

Qualifying Agent
Name
License Number
Phone Number
Mailing Address, (Street number & Name, City State, Zip Code)

Contractor Email:

I hereby certify that I have read and examined this application and know the same to be true and correct. I Certify that all provisions and ordinances governing this type of work, Flagler County Board Rules & Procedures regulating construction in this jurisdiction will be complied with whether specified herein or not. I understand that separate permits may be required for electrical, plumbing, mechanical and roofing work and that there may be other permits required from other government agencies. GC shall submit a list of all subcontractors to be used not specifically listed below. I understand that subcontractors may not be changed without Flagler County School Board Authorization. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law regulating construction of performance of construction.

Date
Qualifying Agent's Signature

PERMIT APPLICATION (Continuation)

6. Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc. Certified District Statement: I Certify that the project for which the permit is requested is adequately funded and has been approved by the Superintendent of Schools or his designee. (Furnish Budget Information)

_____ Date

_____ District Administrator or Principal

6. Project Description

Check All that Apply

_____ Project Name

New Facility

Remodeling

Renovation

Describe work by Discipline

Electrical

Mechanical

Plumbing

Construction

Other

_____ **9. Construction Cost**

_____ **10. Student Stations(additional)**

_____ **11. Area (gross square feet)**

PERMIT APPLICATION (Continuation)

12. Design Consultants (Fill in all that apply):

Architect	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Civil Engineer	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Structural Engineer	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Mechanical Engineer	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Electrical Engineer	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		

13. Sub-Contractors (Fill all that apply):

Roofing	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Plumbing	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Gas	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Mechanical	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		
Electrical	_____	_____	_____
	Name	License Number	Phone Number

	Mailing Address		

Contractors failure to schedule inspections will result in cancellation of this permit.
Contact the Building Official for Electronic Version of this Application

