BUILDING PERMIT APPLICATION PACKAGE

1. Page 1 GENERAL INFORMATION/INSTRUCTIONS
2. Page 2 APPLICANT/GENERAL CONTACTOR INFORMATION:
   Type License/Number/Expiration date
   Copy of Contractor’s License to perform the work, State of Florida, or
   Miami-Dade County
   Qualifying Agents’ Signature
   Copy of Insurance Certificates- General Liability/ Liability, Workers’ Compensation and Employer’s
   Liability-indicating the policy carries an endorsement, which names the Florida International Board of Trustees,
   Florida International University, the State of Florida, the Florida Board of Governors, and their respective
   trustees, directors, officers, employees and agents listed as additional insured
   Project Name
   Project FM Number (obtain from FIU Project Manager)
   Other pertinent information (if applicable)
   Name of Architect/Engineer*
      License Number/Expiration date
   * Permits determined to be issued on basis of an affidavit will require executed
   Affidavit Letter by Architect/Engineer, referenced affidavit form letter will be made
   available upon request
3. Page 3 SUB-CONTRACTOR INFORMATION:
   Type/License Number/Expiration date
   Copy of License to perform their work, State of Florida, or Miami-Dade County
   Signature of Qualifying Agent
4. SUPPLEMENTAL DOCUMENTATION:
   a. Two sets of Construction Documents, (signed & sealed when required)
   b. Copy of State Fire Marshal’s Office approval letter & drawings (stamped)
   c. Copy of signed & sealed Sub-surface Soils/Geo-Technical Report
   d. Asbestos Notification Statement (if applicable)
   e. Hot Work Permit (if applicable), issued by FIU EH & S, 305-348-3574
   f. Structural Inspection Plan, per FS 553.79(5) (a), for threshold buildings
   g. Two sets of signed & sealed Shoring/Reshoring Plans (if applicable)
   h. Two copies of signed & sealed EECBC (energy calc’s) (if applicable)
   i. FIU Space Committee Approval (if applicable)
   j. Major projects involving new construction will also require;
      i. Site plan depicting construction site utilization
      ii. Separate permit for construction trailer(s) and for temporary electrical
          service to serve the construction site

APPLICABLE CODES AND STANDARDS:
FLORIDA INTERNATIONAL UNIVERSITY
Facilities Management Department
BUILDING PERMIT APPLICATION
GENERAL CONTRACTOR INFORMATION

APPLICANT:
Name: ___________________________________ Application Date: ____________
Street Address: ________________________________________________________
Phone Number: __________________ e-mail: ________________________________
Contractor Type/License No: ______________________ Expiration Date ___________
Qualifying Agent’s Name: _______________________________________________
Qualifying Agent’s Signature (Permit Holder): ______________________________

PROJECT NAME: ______________________________________ FM #: __________
FIU Project Manager Name (staff contact person): __________________________
Project Location: ________________________________________________________
Description of Work: ____________________________________________________
______________________________________________________________________
______________________________________________________________________
Valuation of Work: $____________________

TYPE OF WORK (Circle): DEMOLITION NEW ADDITION
REMODELING RENOVATION REPAIR

PER THE FBC:

<table>
<thead>
<tr>
<th>Occupancy Classification</th>
<th>Type of Construction</th>
<th>Building Area Per Story</th>
<th>Building Height-Stories</th>
<th>Building Height-Feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC Chpt. 3</td>
<td>FBC Chpt. 6</td>
<td>FBC Chpt. 5</td>
<td>FBC Chpt.5</td>
<td>FBC Chpt.5</td>
</tr>
</tbody>
</table>

ARCHITECT/ENGINEER OF RECORD:
Name/Firm:____________________________________________________________
Street Address: _________________________________________________________
License Number: _____________________ Expiration:__________________________
Phone Number: ____________ Fax No.: ___________ e-mail: ___________________

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied 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. I acknowledge to have read all pages of the Building Permit Application Package. Review and approval of construction documents by the Building Code Administrator does not relieve the contractor and/or his subcontractors from the responsibility of complying with all applicable codes and standards as adopted by the State and FIU/ Board of Trustees. In addition to the requirements of this permit, there may be additional restrictions applicable to this property, as such there may be additional permits required from federal or other state agencies. The Florida Building Code, 5th Edition-2014, is in effect for this application.
FLORIDA INTERNATIONAL UNIVERSITY
BUILDING PERMIT APPLICATION
SUBCONTRACTOR INFORMATION

Make additional copies of this form as needed to list all subcontractors performing work on project.

SUBCONTRACTOR, NAME: ________________________________________________
Indicate Trade: __________________________________________________________
Street Address: __________________________________________________________
Phone Number: _________________ e-mail: _________________________________
License No: ___________________ Expiration Date: _________________________
Qualifying Agent’s Name: _________________________________________________
Qualifying Agent’s Signature: ______________________________________________

SUBCONTRACTOR, NAME: ________________________________________________
Indicate Trade: __________________________________________________________
Street Address: __________________________________________________________
Mailing Address: _________________________________________________________
Phone Number: _________________ e-mail: _________________________________
License No: ___________________ Expiration Date: _________________________
Qualifying Agent’s Name: _________________________________________________
Qualifying Agent’s Signature: ______________________________________________

SUBCONTRACTOR, NAME: ________________________________________________
Indicate Trade: __________________________________________________________
Street Address: __________________________________________________________
Mailing Address: _________________________________________________________
Phone Number: _________________ e-mail: _________________________________
License No: ___________________ Expiration Date: _________________________
Qualifying Agent’s Name: _________________________________________________
Qualifying Agent’s Signature: ______________________________________________