

FLORIDA INTERNATIONAL UNIVERSITY

Facilities Management Department BUILDING CODE ADMINISTRATION

CSC-113, Modesto A. Maidique Campus, Miami FL 33199 Tel. 305-348-4666, Fax. 305-348-7199, e-mail: agoitia@fiu.edu

BUILDING PERMIT APPLICATION PACKAGE

- 1. Page 1 GENERAL INFORMATION/INSTRUCTIONS
- 2. Page 2 APPLICANT INFORMATION, Contractor Type/License Number/Expiration date

Copy of Contractor's License to perform the work, State of Florida, or Miami-Dade County

Copy of Insurance Certificates- General Liability, Automobile Liability, Workers Compensation and Employer 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

FM NUMBER, obtain from Project Manager

NAME OF ARCHITECT/ENGINEER, License Number/Expiration date Signature of Qualifying Agent (permit holder)

- 3. Permits issued on basis of an affidavit will require executed Affidavit Letter by Architect/Engineer (along with their Consultants), Affidavit Form will be made available upon request
- 4. Page 3 SUB-CONTRACTOR(S) LIST/INFORMATION, Contractor Type/License Number/Expiration date

Copy of Contractor's License to perform their work, State of Florida, or Miami-Dade County

Signature of Qualifying Agent

- 5. Two sets of signed and sealed Construction Documents (if required).
- 6. Provide a copy of the State Fire Marshal approval letter/stamped drawings (if required).
- 7. Asbestos Notification Statement (contained in the body of the building permit)-for renovation or demolition of an existing space/structure.
- 8. Copy of Hot Work Permit from FIU EHS, prior to commencing work involving welding and torch-cutting, call 305-348-3574.
- 9. Geo-Technical Report (for new construction or additions).
- 10. Structural Inspection Plan, per FS 553.79(5) (a), (for Threshold Buildings only).
- 11. Shoring and/Re-shoring plan (if required).
- 12. Energy Calculations (per FBC-EC).
- 13. NPDESP permit from Florida DEP (if required for new construction).
- 14. Miami-Dade County: WASD approval, Water Supply Allocation (new water service), HRS approval (if required)
- 15. FIU Space Committee approval (if required).

APPLICABLE CODES AND STANDARDS:

Florida Building Code (B, EB, EC, M, & P), 2010 edition

FACBC (accessibility), 2012 edition

IFGC w/ FL Supplement, 2009 edition

Florida Fire Prevention Code, 2010 edition

National Electric Code, 2008 edition

FLORIDA INTERNATIONAL UNIVERSITY

Facilities Management Department BUILDING PERMIT APPLICATION

(To be submitted by Project Contractor or Construction Manager)

AP	PLICANT									
Nar	ne:		Application Date:							
Stre	eet Address: _									
Mai	ling Address:									
Pho	ne Number: _		Fax No.: e-mail:							
			Expiration Date:							
Qualifying Agent's Name:										
	, , ,									
PROJECT NAME:FM #:FU Project Manager Name (staff contact person):										
FIU	Project Mana	ger Name (s	taff con	tact pers	on):					
Pro	ject Location:									
Project Location: Description of Work: Use of Building:										
Val	uation of Work	: \$	Use of Building:							
							•			
TYPE OF WORK (Circle):			New		Remodeling Addition			Renovation		
, ,			Rep	Repair		Alteration Demolition			1	
USE/OCCUPANCY (Circle):					Business Education					
				h Hazard			Mercantile	R	tesidential	
			Sto	rage	Utility		Day Care			
Ī	Indicate in Bo			T			1			
	Occupancy						ing	Altera		
	Classificatio	n Type (Fl	3C)	Gross	Sq. Ft.	Heigh	nt (FT)	Level	(FBC)	
	FBC	FBC		FBC				FBC-EB		
	Chpt. 3	Chpt. 6		Chpt. 10				Chpt.		
								6,7,or 8		
۸D	CHITECT/ENG	NINEED OF	DECO	חס						
		_								
Otra	me/Firm:									
Street Address:										
License Number:Expiration:e-mail:e										
FIIC	nie ivuilibei		_ гах і	NO		_ e-iiia				
I here	by certify that I have	read and examine	d this appli	cation and kn	ow the same	e to be true	e and correct.	All provisi	ons of law and	
ordin	ances governing this	type of work will be	complied	with whether	specified he	rein or not	t. The granting	g of a perm	it 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 four pages of this 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, University, or Board of Trustees. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the										
public records of this county, and there may be additional permits required from other government entities such as water										
mana	gement districts, state	e agencies, or fede	eral agencie	es. The Flori	da Building C	Code, 201	0 edition, is in	effect for the	nis application.	
_	alifying Agont's	Signature (Permit	Holder):						

FLORIDA INTERNATIONAL UNIVERSITY

Facilities Management Department BUILDING PERMIT APPLICATION SUBCONTRACTOR LIST

PROJECT NAME:	FM #:					
SUBCONTRACTOR:						
	Elec. Mech. Plumbing Gas Glass/Grazing Roofing Fire Sprinklers-Alarms Elevator Other:					
[Roofing requires a separate application (U Street Address:	Fire Sprinklers-Alarms Elevator Other:					
Mailing Address:						
Phone Number:	Fax Number: e-mail:					
ontractor License No: Expiration Date:						
Qualifying Agent's Name:						
Qualifying Agent's Signature:						
SUBCONTRACTOR:						
Indicate Trade. (Circle One):	Elec. Mech. Plumbing Gas Glass/Glazing Roofing					
	Fire Sprinklers-Alarms Elevator Other:					
	niform Roofing Application). Elevator permits are issued by Miami-Dade County]					
Mailing Address:						
Phone Number:	Fax Number: e-mail:					
Contractor License No:	Expiration Date:					
Qualifying Agent's Name:						
Qualifying Agent's Signature:						
SUBCONTRACTOR:						
Indicate Trade. (Circle One):	Elec. Mech. Plumbing Gas Glass/Glazing Roofing Fire Sprinklers-Alarms Elevator Other:					
[Roofing requires a separate application (U	niform Roofing Application). Elevator permits are issued by Miami-Dade County]					
Street Address:						
Mailing Address:						
Phone Number:	Fax Number: e-mail:					
Contractor License No:	ontractor License No: Expiration Date:					
Qualifying Agent's Name:						
Qualifying Agent's Signature:						

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