



# Florida A&M University

## APPLICATION FOR PERMIT

EMAIL COMPLETED FORM TO blackl@leonschools.net Copy:  
Gerred.Pogge@famou.edu

Date of Application \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

Project Location \_\_\_\_\_

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

Univ. Department \_\_\_\_\_

### **Applicant Information:**

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

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

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

### **Project Type (Check all that apply):**

New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_ Repair / Renovation \_\_\_\_\_ Roofing \_\_\_\_\_

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Fire Alarm \_\_\_\_\_ Other \_\_\_\_\_

What is the square footage of this construction/renovation? \_\_\_\_\_ Number of Stories? \_\_\_\_\_

Is this a Threshold Building ? \_\_\_\_\_ Total Cost of Construction \$ \_\_\_\_\_

### **Architect of Record:**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

### **Engineer of Record :**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

I hereby declare that all the information submitted herein is true and correct. I understand that it is the owner's or contractor's responsibility to comply with State and Federal laws, rules and regulations pertaining to notification and asbestos removal procedures. The work as described herein and certify that all provisions of the law shall be complied with whether specified herein or not

Name (Print) \_\_\_\_\_

Contractors License # \_\_\_\_\_

Signature \_\_\_\_\_

Contractor or Authorized Agent