



INDIAN RIVER STATE COLLEGE

AUXILIARY SERVICES & FACILITIES PLANNING DEPARTMENT
ENGINEERING & BUILDING ADMINISTRATION DIVISION
3209 VIRGINIA AVENUE
FORT PIERCE, FLORIDA 34981

Phone (772) 462-7823
Fax (772) 462-4415

BUILDING PERMIT APPLICATION

GENERAL INFORMATION

(TO BE SUBMITTED BY THE PROJECT CONTRACTOR OR CONSTRUCTION MANAGER)

APPLICANT

NAME: _____ DATE: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
CONTRACTOR TYPE & LICENSE NUMBER: _____
QUALIFYING AGENT'S NAME: _____

QUALIFYING AGENT'S SIGNATURE: _____

PROJECT NAME: _____ BCA NUMBER: _____
STREET ADDRESS: _____
\$ VALUE & DESCRIPTION OF WORK: _____

Occupancy Classification	Construction Type (FBC)	Floor Area Gross Square Feet	Building Height (Feet)



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ARCHITECT/ENGINEER LIST

ARCHITECT

NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____

CIVIL ENGINEER

NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____

MECHANICAL ENGINEER

NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____



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SUB-CONTRACTOR LIST

ELECTRICAL SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

MECHANICAL SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

PLUMBING SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

ROOFING SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____



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SUB-CONTRACTOR LIST

(CONTINUED)

GAS SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

OTHER SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

OTHER SUB-CONTRACTOR

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

GENERAL / BUILDING CONTRACTOR'S SIGNATURE: _____

DATE: _____